

**B** Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return

☐ Amended return

☐ Application pending

<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization YAKIMA VALLEY COMMUNITY FOUNDATION	
	Number and street (or P O box if mail is not delivered to street address) 111 UNIVERSITY PARKWAY	Room/suite
	City or town, state or country, and ZIP + 4 YAKIMA, WA 98901	

<b>D Employer identification number</b>	
20-0697012	
<b>E Telephone number</b>	
(509) 457-7616	
<b>F Accounting method</b>	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
<input type="checkbox"/> Other (specify) <input type="text"/>	

**G Web site:**  [www.yvcf.com](http://www.yvcf.com)

**Organization type** (check only one) ☒ 501(c) (3) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 **14,576,953**

**H** and **I** are not applicable to section 527 organizations

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

**H(b)** If "Yes" enter number of affiliates  \_\_\_\_\_



**H(c)** Are all affiliates included? ☐ Yes ☐ No  
(If "No," attach a list See instructions )

**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

**I** Group Exemption Number 

**M** Check  ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)	
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Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received						
	<b>a</b>	Contributions to donor advised funds . . . . .	<b>1a</b>		2,648,626			
	<b>b</b>	Direct public support (not included on line 1a) . . . . .	<b>1b</b>		3,358,182			
	<b>c</b>	Indirect public support (not included on line 1a) . . . . .	<b>1c</b>					
	<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>					
	<b>e</b>	<b>Total</b> (add lines 1a through 1d) (cash \$ <u>6,006,808</u> noncash \$ _____)				<b>1e</b>	6,006,808	
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93) .				<b>2</b>	79,038	
	<b>3</b>	Membership dues and assessments . . . . .				<b>3</b>		
	<b>4</b>	Interest on savings and temporary cash investments . . . . .				<b>4</b>		
	<b>5</b>	Dividends and interest from securities . . . . .				<b>5</b>	583,671	
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>					
	<b>b</b>	Less rental expenses . . . . .	<b>6b</b>					
	<b>c</b>	Net rental income or (loss) subtract line 6b from line 6a . . . . .				<b>6c</b>		
	<b>7</b>	Other investment income (describe ► ) . . . . .				<b>7</b>		
	<b>8a</b>	Gross amount from sales of assets	<b>(A) Securities</b>			<b>(B) Other</b>		
		other than inventory . . . . .	7,907,436	<b>8a</b>				
	<b>b</b>	Less cost or other basis and sales expenses	7,538,244	<b>8b</b>				
	<b>c</b>	Gain or (loss) (attach schedule) . . . . .	 369,192	<b>8c</b>				
	<b>d</b>	Net gain or (loss) Combine line 8c, columns (A) and (B) . . . . .				<b>8d</b>	369,192	
	<b>9</b>	Special events and activities (attach schedule) If any amount is from <b>gaming</b> , check here ► <input type="checkbox"/>						
	<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1b) . . . . .	<b>9a</b>					
<b>b</b>	Less direct expenses other than fundraising expenses . . . . .	<b>9b</b>						
<b>c</b>	Net income or (loss) from special events Subtract line 9b from line 9a . . . . .				<b>9c</b>			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
<b>b</b>	Less cost of goods sold . . . . .	<b>10b</b>						
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a . . . . .				<b>10c</b>			
<b>11</b>	Other revenue (from Part VII, line 103) . . . . .				<b>11</b>			
<b>12</b>	<b>Total revenue</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 . . . . .				<b>12</b>	7,038,709		
Expenses	<b>13</b>	Program services (from line 44, column (B)) . . . . .				<b>13</b>	369,590	
	<b>14</b>	Management and general (from line 44, column (C)) . . . . .				<b>14</b>	956,839	
	<b>15</b>	Fundraising (from line 44, column (D)) . . . . .				<b>15</b>		
	<b>16</b>	Payments to affiliates (attach schedule) . . . . .				<b>16</b>		
	<b>17</b>	<b>Total expenses</b> Add lines 16 and 44, column (A) . . . . .				<b>17</b>	1,326,429	
Net Assets	<b>18</b>	Excess or (deficit) for the year Subtract line 17 from line 12 . . . . .				<b>18</b>	5,712,280	
	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A)) . . . . .				<b>19</b>	18,123,412	
	<b>20</b>	Other changes in net assets or fund balances (attach explanation)  . . . . .				<b>20</b>	324,008	
	<b>21</b>	Net assets or fund balances at end of year Combine lines 18, 19, and 20 . . . . .				<b>21</b>	24,159,700	

Part II

Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.			(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) <input checked="" type="checkbox"/> (cash \$ 369,590 _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	369,590	369,590		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule) . . . . .	25a	126,102		126,102	
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule) . . . . .	25b				
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c . . . . .	26	56,115		56,115	
27	Pension plan contributions not included on lines 25a, b and c . . . . .	27	1,654		1,654	
28	Employee benefits not included on lines 25a - 27 . . . . .	28	14,363		14,363	
29	Payroll taxes . . . . .	29	13,019		13,019	
30	Professional fundraising fees . . . . .	30				
31	Accounting fees . . . . .	31	16,890		16,890	
32	Legal fees . . . . .	32				
33	Supplies . . . . .	33	4,941		4,941	
34	Telephone . . . . .	34	2,691		2,691	
35	Postage and shipping . . . . .	35	2,132		2,132	
36	Occupancy . . . . .	36	20,903		20,903	
37	Equipment rental and maintenance . . . . .	37	457		457	
38	Printing and publications . . . . .	38				
39	Travel . . . . .	39	7,387		7,387	
40	Conferences, conventions, and meetings . . . . .	40				
41	Interest . . . . .	41				
42	Depreciation, depletion, etc (attach schedule)	42	17,811		17,811	
43	Other expenses not covered above (itemize)					
a	See Additional Data Table	43a				
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13–15) . . . . .	44	1,326,429	369,590	956,839	0

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_


Part III

Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶	AS A COMMUNITY FOUNDATION THE ORGANIZATION IS CHARTERED TO IMPROVE THE CULTURAL, ECONOMIC, SOCIAL, HEALTH AND EDUCATIONAL QUALITY OF LIFE FOR RESIDENTS OF YAKIMA COUNTY AND TO HELP DONORS ACHIEVE THEIR PHILANTHROPIC GOALS. THE ORGANIZATION ATTRACTS, MANAGES, AND DISTRIBUTES THE INCOME FROM GIFTS OF CAPITAL FOR COMMUNITY BETTERMENT. THE ORGANIZATION ASSISTS COMPATIBLE NON-PROFIT GROUPS IN PROVIDING AND IMPROVING SERVICES IN HEALTH, EDUCATION, THE ARTS/HUMANITIES, COMMUNITY DEVELOPMENT AND SOCIAL PROGRAMS.	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
<small>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</small>		
<b>a</b>	The organization is chartered to improve the cultural, economic, social, health and educational quality of life for residents of Yakima and Kittitas Counties and to help donors achieve their philanthropic goals. Grants in the amount of \$369,500 were awarded to 31 local non-profit organizations by Yakima Valley Community Foundation during 2007.	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	369,590
<b>b</b>		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>c</b>		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>d</b>		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e</b>	Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f</b>	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . ▶	369,590

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing . . . . .	20,402	45	84,426
	46	Savings and temporary cash investments . . . . .	452,829	46	830,300
	47a	Accounts receivable . . . . .	47a		
	b	Less allowance for doubtful accounts	47b		47c
	48a	Pledges receivable . . . . .	48a	5,034,469	
	b	Less allowance for doubtful accounts	48b		48c
	49	Grants receivable . . . . .		49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .		50b	
	51a	Other notes and loans receivable (attach schedule) . . . . .	51a		
	b	Less allowance for doubtful accounts	51b		51c
	52	Inventories for sale or use . . . . .		52	
	53	Prepaid expenses and deferred charges . . . . .		53	
	54a	Investments—publicly-traded securities <input checked="" type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	4,103,980	54a	11,950,030
	b	Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	7,713,277	54b	6,098,406
	55a	Investments—land, buildings, and equipment basis . . . . .	55a		
	b	Less accumulated depreciation (attach schedule) . . . . .	55b		55c
	56	Investments—other (attach schedule) . . . . .	45,579	56	 125,996
57a	Land, buildings, and equipment basis	57a	83,614		
b	Less accumulated depreciation (attach schedule) . . . . .	57b	47,541	57c	
58	Other assets, including program-related investments (describe <input checked="" type="checkbox"/> _____ )		58		
59	Total assets (must equal line 74) Add lines 45 through 58 . . . . .	18,123,412	59	24,159,700	
Liabilities	60	Accounts payable and accrued expenses . . . . .		60	
	61	Grants payable . . . . .		61	
	62	Deferred revenue . . . . .		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63	
	64a	Tax-exempt bond liabilities (attach schedule) . . . . .		64a	
	b	Mortgages and other notes payable (attach schedule) . . . . .		64b	
	65	Other liabilities (describe <input checked="" type="checkbox"/> _____ )		65	
	66	Total liabilities Add lines 60 through 65 . . . . .	0	66	0
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted . . . . .	4,117,373	67	6,312,032
	68	Temporarily restricted . . . . .	14,006,039	68	17,847,668
	69	Permanently restricted . . . . .		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds . . . . .		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71	
	72	Retained earnings, endowment, accumulated income, or other funds . . . . .		72	
	73	Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	18,123,412	73	24,159,700
	74	Total liabilities and net assets / fund balances Add lines 66 and 73 . . . . .	18,123,412	74	24,159,700

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>a</b>	7,362,717	
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12				
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>			324,008
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>			
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>			
<b>4</b>	Other (specify) _____	<b>b4</b>			
	Add lines <b>b1</b> through <b>b4</b> . . . . .		<b>b</b>	324,008	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .		<b>c</b>	7,038,709	
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b>				
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>			
<b>2</b>	Other (specify) _____	<b>d2</b>			
	Add lines <b>d1</b> and <b>d2</b> . . . . .				<b>d</b>
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b> . . . . .		<b>e</b>	7,038,709	

<b>a</b>	Total expenses and losses per audited financial statements . . . . .		<b>a</b>	1,326,429	
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17				
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>			
<b>2</b>	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>			
<b>3</b>	Losses reported on Part I, line 20 . . . . .	<b>b3</b>			
<b>4</b>	Other (specify) _____	<b>b4</b>			
	Add lines <b>b1</b> through <b>b4</b> . . . . .		<b>b</b>		
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .		<b>c</b>	1,326,429	
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :				
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>			
<b>2</b>	Other (specify) _____	<b>d2</b>			
	Add lines <b>d1</b> and <b>d2</b> . . . . .		<b>d</b>		
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b> . . . . .		<b>e</b>	1,326,429	

[illegible]

Part V-A		Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . .	18			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	75b			No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" . . . . . If "Yes," attach a statement that includes the information described in the instructions	75c			No
d	Does the organization have a written conflict of interest policy? . . . . .	75d	Yes		

Part V-B

Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0- )	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI		Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . .	76			No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . If "Yes," attach a conformed copy of the changes	77			No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . .	78a			No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	78b			No
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	79			No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization? . . . . .	80a			No
b	If "Yes," enter the name of the organization ► _____ _____and check whether it is <input type="checkbox"/> exempt <b>or</b> <input type="checkbox"/> nonexempt				
81a	Enter direct or indirect political expenditures (See line 81 instructions ) . . . . <b>81a</b> _____	81b			No
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .				

Part VI

Other Information (continued)

Yes

No

82a

Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?

82a

No

b

If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)

82b

83a

Did the organization comply with the public inspection requirements for returns and exemption applications?

83a

Yes

b

Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83b

Yes

84a

Did the organization solicit any contributions or gifts that were not tax deductible?

84a

No

b

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

84b

No

85

501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?

85a

No

b

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

85b

No

If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year.

c

Dues assessments, and similar amounts from members

85c

d

Section 162(e) lobbying and political expenditures

85d

e

Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85e

f

Taxable amount of lobbying and political expenditures (line 85d less 85e)

85f

g

Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

85g

No

h

If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?

85h

No

86

501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12

86a

0

b

Gross receipts, included on line 12, for public use of club facilities

86b

0

87

501(c)(12) orgs. Enter a Gross income from members or shareholders

87a

0

b

Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

87b

0

88a

At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.

88a

No

b

At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes, complete Part XI.

88b

No

89a

501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955

89b

No

b

501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.

89b

No

c

Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.

89c

d

Enter Amount of tax on line 89c, above, reimbursed by the organization.

89d

e

All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?

89e

No

f

All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?

89f

No

g

For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

89g

No

90a

List the states with which a copy of this return is filed. WA

90b

2

91a

The books are in care of Karen Johnson. Telephone no (509) 457-7616. 111 S 33rd Street Suite 103. Located at Yakima, WA. ZIP + 4 98901

91b

No

b

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)?

91b

No

If "Yes," enter the name of the foreign country.

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Form 990 (2007)

<b>Part VI</b> Other Information <i>(continued)</i>		Yes	No
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States?		<b>91c</b>	No
If "Yes," enter the name of the foreign country <span>▶</span> _____			
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> —Check here <span>▶</span> <input type="checkbox"/>			
and enter the amount of tax-exempt interest received or accrued during the tax year <span>▶</span> <b>92</b>			

**Part VII** Analysis of Income-Producing Activities *(See the instructions.)*

<b>Note:</b> Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		<b>(E)</b> Related or exempt function income
	<b>(A)</b> Business code	<b>(B)</b> Amount	<b>(C)</b> Exclusion code	<b>(D)</b> Amount	
<b>93</b> Program service revenue					
<b>a</b> FUND ADMINISTRATIVE FEES					79,038
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . .					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities . . . .			14	583,671	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property . . . . .					
<b>b</b> non debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	369,192	
<b>101</b> Net income or (loss) from special events . . .					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . .				952,863	79,038
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . . <span>▶</span>					1,031,901

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII** Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

<b>Line No.</b> ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	Revenues received from fees charged to Donor funds Donor funds established at Yakima Valley Community Foundation are subject to an administrative service fee This fee helps cover the cost of administering the fund, defraying costs associated with grantmaking, marketing, investing and related clerical services

**Part IX** Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

<b>(A)</b> Name, address, and EIN of corporation, partnership, or disregarded entity	<b>(B)</b> Percentage of ownership interest	<b>(C)</b> Nature of activities	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets
	%			
	%			
	%			
	%			

**Part X** Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

<b>(a)</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>(b)</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>NOTE:</b> If "Yes" to <b>(b)</b> , file Form 8870 <b>and</b> Form 4720 (see instructions).	

Part XI

Information Regarding Transfers To and From Controlled Entities





Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106 Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				Yes	No
					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

107 Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				Yes	No
					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?				Yes	No
					No

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	*****			2008-09-15	
	Signature of officer			Date	
	JOHN COLGAN President Type or print name and title				

Paid Preparer's Use Only	Preparer's signature  Ralph Conner CPA		Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4  LeMaster & Daniels PLLC 610 N 39th Avenue PO Box 2710 Yakima, WA 98902				EIN 
					Phone no  (509) 453-0123

SCHEDULE A  
(Form 990 or 990EZ)

Organization Exempt Under Section 501(c)(3)  
(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust  
Supplementary Information—(See separate instructions.)  
MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047  
2007

Department of the Treasury  
Internal Revenue Service

Name of the organization  
YAKIMA VALLEY COMMUNITY FOUNDATION

Employer identification number  
20-0697012

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
EMILY MEDERIOS 14960 SUMMITVIEW EXT YAKIMA, WA 98908	DIR PROGRAM SER 40 00	56,115	14,905	0
Total number of other employees paid over \$50,000				

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services  
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services		

Part II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services  
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services		

**Part III** **Statements About Activities** (See page 2 of the instructions.)

**Yes** **No**

<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ►\$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )	<b>1</b>		No
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
<b>a</b>	Sale, exchange, or leasing property?	<b>2a</b>		No
<b>b</b>	Lending of money or other extension of credit?	<b>2b</b>		No
<b>c</b>	Furnishing of goods, services, or facilities?	<b>2c</b>		No
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	Yes	
<b>e</b>	Transfer of any part of its income or assets?	<b>2e</b>		No
<b>3a</b>	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )	<b>3a</b>		No
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees?	<b>3b</b>		No
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	<b>3c</b>		No
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>3d</b>		No
<b>4a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	<b>4a</b>		No
<b>b</b>	Did the organization make any taxable distributions under section 4966?	<b>4b</b>		No
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>4c</b>		No
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year	►7		
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	►2,652,454		
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	►		
<b>g</b>	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	►		

Part IV

Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box )

5

☐

A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6

☐

A school Section 170(b)(1)(A)(ii) (Also complete Part V )

7

☐

A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8

☐

A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9

☐

A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state

10

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b

☐

A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12

☐

An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A )

13

☐

An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I

☐ Type II

☐ Type III - Functionally Integrated

☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)					
(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

14

☐

An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )

Part IV-A Support Schedule

(Complete only if you checked a box on line 10, 11, or 12 ) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	1,016,660	8,051,457			9,068,117
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	27,261				27,261
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	402,645	163,759			566,404
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	1,446,566	8,215,216			9,661,782
24 Line 23 minus line 17	1,419,305	8,215,216			9,634,521
25 Enter 1% of line 23	14,466	82,152			
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				26a	192,690
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts				26b	2,802,367
c Total support for section 509(a)(1) test Enter line 24, column (e)				26c	9,634,521
d Add Amounts from column (e) for lines 18 566,404 19 0 22 26 b 2,802,367				26d	3,368,771
e Public support (line 26c minus line 26d total)				26e	6,265,750
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	6503 00 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals ) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2006) (2005) (2004) (2003)					
c Add Amounts from column (e) for lines 15 16 17 20 21				27c	0
d Add Line 27a total and line 27b total				27d	
e Public support (line 27c total minus line 27d total)				27e	
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h	
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					


Part V Private School Questionnaire (See page 7 of the instructions.)


(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		Yes	No
		29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
		30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )			
		31		
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A

Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)  
(To be completed ONLY by an eligible organization that filed Form 5768)


Check  **a** ☐ if the organization belongs to an affiliated group

Check  **b** ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred )			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
41	Lobbying nontaxable amount Enter the amount from the following table— <div><div>If the amount on line 40 is—</div><div>The lobbying nontaxable amount is—</div><div>Not over \$500,00020% of the amount on line 40</div><div>Over \$500,000 but not over \$1,000,000\$100,000 plus 15% of the excess over \$500,000</div><div>Over \$1,000,000 but not over \$1,500,000\$175,000 plus 10% of the excess over \$1,000,000</div><div>Over \$1,500,000 but not over \$17,000,000\$225,000 plus 5% of the excess over \$1,500,000</div><div>Over \$17,000,000\$1,000,000</div></div>		
42	Grassroots nontaxable amount (enter 25% of line 41)		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 on page 11 of the instructions )

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) 	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B

Lobbying Activity by Nonelecting Public Charities  
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .)			
<b>c</b> Media advertisements			0
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .)			
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities			

**Exempt Organizations** (See page 12 of the instructions.)

Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Yes	No
-----	----

- |               |  |     |
|---------------|--|-----|
| <b>51a(i)</b> |  | N o |
| <b>a(ii)</b>  |  | N o |
| <b>b(i)</b>   |  | N o |
| <b>b(ii)</b>  |  | N o |
| <b>b(iii)</b> |  | N o |
| <b>b(iv)</b>  |  | N o |
| <b>b(v)</b>   |  | N o |
| <b>b(vi)</b>  |  | N o |
| <b>c</b>      |  | N o |

<b>C</b>		No
----------	--	----

If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

**▶** ☐ **Yes** ☒ **No**

**b** If "Yes," complete the following schedule

[illegible]

Additional Data

Software ID: 07000211  
Software Version: 2007v2.4  
EIN: 20-0697012  
Name: YAKIMA VALLEY COMMUNITY FOUNDATION

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a PLEDGE RECEIVABLE FORGIVEN	43a	436,436		436,436	
b OTHER EXPENSES	43b	1,660		1,660	
c MEALS AND ENTERTAINMENT	43c	12,660		12,660	
d MARKETING	43d	30,560		30,560	
e INFORMATION TECHNOLOGY	43e	7,971		7,971	
f EDUCATION & TRAINING	43f	3,370		3,370	
g DUES AND MEMBERSHIPS	43g	1,866		1,866	
h CONSULTANTS	43h	6,797		6,797	
i BANK FEES	43i	92,014		92,014	
j ADMINISTRATIVE FEES	43j	79,040		79,040	

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
JOHN COLGAN 111 SO 33RD STREET SUITE 103 YAKIMA, WA 98901	President 40 00	110,000	16,102	
JANE VILLANUEVA 111 S 33RD STREET SUITE 103 YAKIMA, WA 98901	Director 1 00	0		
STELLA VASQUEZ 111 S 33RD STREET SUITE 103 YAKIMA, WA 98901	Secretary 1 00	0		
MARVIN SUNDQUIST 111 S 33RD STREET SUITE 103 YAKIMA, WA 98901	Director 1 00	0		
ELIZABEITH M MCGREE 111 S 33RD STREET SUITE 103 YAKIMA, WA 98901	Director 1 00	0		
JAY SENTZ 111 S 33RD STREET SUITE 103 YAKIMA, WA 98901	Director 1 00	0		
JOHN KROTHENBUELER 111 S 33RD STREET SUITE 103 YAKIMA, WA 98901	Chairman 1 00	0		
MICHAEL RICHARDSON 111 S 33RD STREET SUITE 103 YAKIMA, WA 98901	Director 1 00	0		
DARLENE PICATTI 111 S 33RD STREET SUITE 103 YAKIMA, WA 98901	Treasurer 1 00	0		
ROBERT OZUNA 111 S 33RD STREET SUITE 103 YAKIMA, WA 98901	VICE CHAIR 1 00	0		

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
JAN LURING 111 S 33RD STREET SUITE 103 YAKIMA, WA 98901	Director 1 00	0		
DENNIS GREEN 111 S 33RD STREET SUITE 103 YAKIMA, WA 98901	Director 1 00	0		
BILL DOUGLAS 111 S 33RD STREET SUITE 103 YAKIMA, WA 98901	Director 1 00	0		
PAUL LARSON 111 S 33RD STREET SUITE 103 YAKIMA, WA 98901	Director 1 00	0		
LEONE CHEATOM 111 S 33RD STREET SUITE 103 YAKIMA, WA 98901	Director 1 00	0		
ROGER BRACCHI 111 S 33RD STREET SUITE 103 YAKIMA, WA 98901	Director 1 00	0		
GINA GAMBOA 111 S 33RD STREET SUITE 103 YAKIMA, WA 98901	Director 1 00	0		
RICHARD ESPARZA 111 S 33RD STREET SUITE 103 YAKIMA, WA 98901	Director 1 00	0		
TERRY P ABEYTA 111 S 33RD STREET SUITE 103 YAKIMA, WA 98901	Director 1 00	0		

**TY 2007 Cash Grants Paid Schedule****Name:** YAKIMA VALLEY COMMUNITY FOUNDATION**EIN:** 20-0697012**Software ID:** 07000211**Software Version:** 2007v2.4

<b>Class of Activity</b>	<b>Recipient's name</b>	<b>Address</b>	<b>Amount</b>	<b>Relationship</b>
	YAKIMA GREENWAY FOUNDATION	111 S 18TH ST YAKIMA, WA 98901	1,200	
	GHORMLEY MEADOW CHRISTIAN CAMP	640 LOST LAKE RD RIMROCK, WA 98937	2,140	
	KITTITAS COMMUNITY HOSPITAL FOUNDAT	603 S CHESTNUT ST ELLENSBURG, WA 98926	3,250	
	NAMI YAKIMA	402 S 4TH AVE YAKIMA, WA 98902	21,000	
	WAPATO WRESTLING CLUB	3274 BRANCH RD WAPATO, WA 98951	8,000	
	CITY OF GRANDVIEW	207 W SECOND ST GRANDVIEW, WA 98930	15,000	
	YMCA OF YAKIMA	5 N NACHES AVE YAKIMA, WA 98901	27,200	
	WAREHOUSE THEATRE COMPANY	5000 W LINCOLN AVE YAKIMA, WA 98908	5,000	

<b>Class of Activity</b>	<b>Recipient's name</b>	<b>Address</b>	<b>Amount</b>	<b>Relationship</b>
	FOR A BETTER TOMORROW	32 N 3RD ST YAKIMA, WA 98901	5,000	
	UNITED WAY	116 S 4TH ST YAKIMA, WA 98901	2,400	
	PERRY TECHNICAL INSTITUTE	2011 W WASHINGTON AVE YAKIMA, WA 98903	1,200	
	DR BARG VERAM GRANT	YAKIMA YAKIMA, WA 98901	11,982	
	THE CAPITOL THEATRE	19 S 3RD ST YAKIMA, WA 98901	36,200	
	YAKIMA SYMPHONY ORCHESTRA	32 N 3RD ST YAKIMA, WA 98901	1,200	
	YAKIMA SPECIALTIES INC	1819 WEST J ST YAKIMA, WA 98902	1,200	
	PROVIDENT HORIZON GROUP	1510 S 36TH AVE YAKIMA, WA 98909	41,200	

Class of Activity	Recipient's name	Address	Amount	Relationship
	ALLIED ARTS OF YAKIMA	5000 W LINCOLN AVENUE YAKIMA, WA 98908	1,200	
	YAKIMA SCHOOLS FOUNDATION	6 S 2ND ST SUITE 919 YAKIMA, WA 98901	1,200	
	EPIC	2902 CASTLEVALE ROAD SUITE A YAKIMA, WA 98902	31,500	
	WELLNESS HOUSE	210 S 11TH AVENUE YAKIMA, WA 98902	1,200	
	SPECIAL OLYMPICS WASHINGTON	2150 N 107TH ST SUITE 220 SEATTLE, WA 98133	2,500	
	NUESTRA CASA	YAKIMA YAKIMA, WA 98901	18,000	
	CIRCLE OF SUCCESS	15 N NACHES AVE YAKIMA, WA 98902	16,450	
	YAKIMA VALLEY MUSEUM	2105 TIETON DRIVE YAKIMA, WA 98902	26,200	

Class of Activity	Recipient's name	Address	Amount	Relationship
	YAKIMA VALLEY COMMUNITY COLLEGE	S 16TH NOB HILL BLVD YAKIMA, WA 98901	36,000	
	BOOKS FOR BABIES	YAKIMA YAKIMA, WA 98902	1,168	
	HERITAGE UNIVERSITY	3240 FORT ROAD TOPPENISH, WA 98948	51,000	

**TY 2007 Gain/Loss from Sale of Public Securities Schedule****Name:** YAKIMA VALLEY COMMUNITY FOUNDATION**EIN:** 20-0697012**Software ID:** 07000211**Software Version:** 2007v2.4**Gross Sales Price:** 7,907,436**Basis:** 7,538,244**Sales Expenses:****Total (net):**

## TY 2007 General Explanation Attachment

**Name:** YAKIMA VALLEY COMMUNITY FOUNDATION

**EIN:** 20-0697012

**Software ID:** 07000211

**Software Version:** 2007v2.4

Identifier	Return Reference	Explanation
		FORM 990 PART II LINE 25, COMPENSATION TO OFFICERS COMPENSATION INCLUDES CASH SALARIES \$110,000TOTAL COMPENSATION \$110,000CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS, ETC HEALTH INSURANCE \$10,141DENTAL INSURANCE 1,078LIFE INSURANCE 2,033IRA CONTRIBUTION 2,850TOTAL BENEFITS \$16,102

**TY 2007 Investments - Other Schedule****Name:** YAKIMA VALLEY COMMUNITY FOUNDATION**EIN:** 20-0697012**Software ID:** 07000211**Software Version:** 2007v2.4

Description	Book Value	Cost/FMV
CASH VALUE LIFE INSURANCE	80,417	F
Charitable gift annuity	45,579	F

**TY 2007 Investments - Securities Schedule****Name:** YAKIMA VALLEY COMMUNITY FOUNDATION**EIN:** 20-0697012**Software ID:** 07000211**Software Version:** 2007v2.4

Description	Book Value	Cost/FMV
Fixed income securities	6,098,406	F
Equity Securities	11,950,030	F

# **TY 2007 Land etc. Schedule**

**Name:** YAKIMA VALLEY COMMUNITY FOUNDATION

**EIN:** 20-0697012

**Software ID:** 07000211

**Software Version:** 2007v2.4

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Furniture and Fixtures	83,614	47,541	36,073

TY 2007 Other Changes in Net Assets Schedule

**Name:** YAKIMA VALLEY COMMUNITY FOUNDATION

**EIN:** 20-0697012

**Software ID:** 07000211

**Software Version:** 2007v2.4

Description	Amount
Unrealized gains on Investments	324,008

TY 2007 Employee Compensation Explanation

**Name:** YAKIMA VALLEY COMMUNITY FOUNDATION

**EIN:** 20-0697012

**Software ID:** 07000211

**Software Version:** 2007v2.4

Employee	Explanation
EMILY MEDERIOS	