NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



NOTICE

GuideStar has been informed of an IRS processing error on electronically filed Forms 990 between January 1, 2009 and December 3, 2010 for filing year 2008. These processing errors have resulted in inaccurate data appearing on the scanned images of these tax returns and do not reflect the information filed with the IRS.

These errors include:

- Organization's mission description (Part III, line 1) and the description of program
 achievements (Part III, line 4a) may not reflect what was originally submitted by the
 nonprofit organization
- 2. Gross Income for Special Events value transposed
 - Part VIII The value in Line 8a may not be accurate
- 3. Other Salaries and Wages, Management and General Expenses is not reported
 - Part IX Line 7c might show a blank where a value was originally reported
- 4. Endowments Funds, Possession by Related Organizations checkbox transposed
 - Schedule D, Part V Line 3a (ii) checkbox values may be transposed

GuideStar is working with the IRS and reaching out directly to this organization to obtain a true and accurate copy of the 2008 Form 990. GuideStar will replace this Form 990 when the accurate return is made available.

Please direct any questions to nposervices@guidestar.org.

Form **990**

Department of the Treasury Internal Revenue

Return of Organization Exempt From Income Tax

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

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

2008
Open to Public Inspection

┌Yes ┌No

Servi	ce									
A Fo	rthe 2	2008 ca	lendar yea	ır, or tax year beginning 0	1-01-2008 and ending 12-31-20	800				
B Che	eck if ap	plicable	Please	C Name of organization YAKIMA VALLEY COMMUNITY	/ FOUNDATION		D Employer i	dentification number		
┌ Add	tress cha	ange	use IRS label or				20-06970			
┌ Nar	ne chan	ige	print or	Doing Business As			E Telephone	number		
┌ Inıt	al returi	n	type. See Specific	Number and street (or P.O.	box if mail is not delivered to street add	dress) Doom/suit	(509) 457	-7616		
 ☐ Ter	mınatıor	n	Instruc- tions.	111 UNIVERSITY PARKWAY	box ii maii is not delivered to street add	ress) Room, suit	G Gross recei	pts \$ 11,573,946		
_	ended re		tions.	City or town, state or counti	ny and ZID ± 4		4			
_				YAKIMA, WA 98901	y, and ZIF + 4					
I App	dication	pending								
			F Nar	me and address of Principa	al Officer		nis a group retu			
						affil	ates?	⊤Yes 🔽 No		
						H(b) Are	all affiliates inclu	ded?		
I Ta	x-exem _l	pt status	▽ 501(c	() (3) 4 (insert no) 494	7(a)(1) or			st See instructions)		
J W	eb site	: ► ww	w yvcf com			H(c) Gro	up Exemption N	umber ►		
К Тур	e of orga	anızatıon	Corporat	tion trust association	other 🟲	L Year of F	ormation	M State of legal domicile		
Pa	rt I	Sumi	marv							
	1			he organization's mission	or most significant activities					
Governance	See A		al Data Tab		· ·					
E .	2	Check	this box	fif the organization discor	ntinued its operations or dispose	d of more than	25% of its ass	ets		
臺	3		•		j body (Part VI, line 1a)			22		
Š					the governing body (Part VI, line			22		
>6 √0				mployees (Part V, line 2a		,		2		
Activities &				olunteers (estimate if nec			6			
Ĭ					m Part VIII, line 12, column (C)		7	a 0		
¥		_			n Form 990-T, line 34		7			
					·	Pr	ior Year	Current Year		
	8	Contri	butions and	d grants (Part VIII, line 1	h)		6,006,808	3,047,274		
enne	9				g)		79,038	89,126		
Yen	10			me (Part VIII, column (A)			583,671	1,873,775		
Нэу	11				s 5, 6d, 8c, 9c, 10c, and 11e)			0		
	12				st equal Part VIII, column (A), l	ıne				
		12)					7,038,709	5,010,175		
	13	Grants	and simila	ar amounts paid (Part IX,	column (A), lines 1–3)		369,590	725,780		
	14	Benefi	ts paid to c	or for members (Part IX, c	olumn (A), line 4)			0		
ø	15		es, other co	ompensation, employee be	enefits (Part IX, column (A), line:	s 5-	198,234	242,560		
<u>8</u>	16-	10)			(A.) l 11		198,234			
Expenses	16a			draising fees (Part IX, colu				0		
五	Ь	•	_	penses, Part IX, column (D), lin	•					
	17			(Part IX, column (A), lines			758,605	360,938		
	18		•	•	qual Part IX, line 25, column (A))	1,326,429	1,329,278		
<u>_ 07</u>	19	Reven	ue less exp	penses Subtract line 18 f	rom line 12		5,712,280	3,680,897		
Net Assets or Fund Balances						Begin	ning of Year	End of Year		
9 g	20	Total	assets (Pa	rt X, line 16)			24,159,700	20,706,804		
₹ <u>8</u>	21	Totall	ıabılıtıes (f	Part X, line 26)				5,000		
žŽ	22	Netas	sets or fur	nd balances Subtract line	21 from line 20		24,159,700	20,701,804		
Pai	t II	Sign	ature Bl	ock		•				
					mined this return, including accompany					
DI		ا،	,	correct, and complete Declarat	ion of preparer (other than officer) is be	ised on all inform I	ation of which prep	arer has any knowledge		
Plea Sign		**** Sign:	*** ature of office	 er		200 Dat	9-08-24			
Here		'				Dut				
			N COLGAN Properties							
		17 -7 -7	F		Dot-		Dec	TN /Soc Con Toot \		
			parer's	alph Conner CPA	Date	Check If self-	Preparer's PT	IN (See Gen Inst)		
Paid			ature PR	аіри соппст сем		empolyed •	┌			
	pare		n's name (or	yours L						
Use		ıf se	elf-employed)),			EIN ▶			
Only	y	add	ress, and ZIP	LeMaster & Daniels PLLC						
				610 N 39th Avenue PO B	ox 2710		Phone no	(509) 453-0123		
				Yakıma, WA 98902			I none no F	(202) 433-0153		

May the IRS discuss this return with the preparer shown above? (See instructions)

Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission The organization is chartered to improve the donors achieve their philanthropic goals. Groundation during 2008				
2	Did the organization undertake and the prior Form 990 or 990-EZ?	y sıgnıfıcant program serv	ices during the year whi	ch were not listed on	Yes 🔽 No
	If "Yes," describe these new servi	ces on Schedule O			
3	Did the organization cease conductservices?		hanges in how it conduc		Yes 🔽 No
	If "Yes," describe these changes of	on Schedule O			
4	Describe the exempt purpose ach Section 501(c)(3) and (4) organiz others, the total expenses, and re	atıons and 4947(a)(1) tru	ists are required to repor		
4a	(Code) (Expens The organization is chartered to improve help donors achieve their philanthropic g Foundation during 2008	the cultural, economic, social, l			
4b	(Code) (Expens	es \$ ın	ncluding grants of \$) (Revenue \$)
4c	(Code) (Expens	es \$ ın	ncluding grants of \$) (Revenue \$)
4d	Other program services (Descri (Expenses \$	be in Schedule O) including grants of \$)	(Revenue \$)
4e	Total program service expenses	\$ 725,780	Must equal Part IX, Line	25, column (B).	

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Νο
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part 🕬	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

	rt V Statements Regarding Other IRS Filings and Tax Compliance			Page
r q	Statements Regarding other IRS I milys and Tax compliance		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
C	gaming (gambling) winnings to prize winners?	1c		Νο
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			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	20	res	
	return?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
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		No
Ь	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, <i>Report of Foreign Bank and</i>			
	Financial Accounts.			L
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
с	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		No
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		Νo
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		l No
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7с		No
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νο
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
h	Gross income from other sources (Do not net amounts due or paid to other sources			
ט	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		l No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	-		
	vear 12b	Ì	l	1

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A	Δ.	Governing	Body	and	Management
	٦.	JOV CI IIIII 9	Doug	ana	rianagement

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 22			
Ь	Enter the number of voting members that are independent 1b 22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		Νο
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	166		N. a
		16b		Νo

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed WA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply won website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization John Colgan

111 S 33rd Street Suite 103

Yakıma, WA 98901

(509) 457-7616

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

	·	Posit ti	(C) chec	k al			or key employee	(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Errector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
TERRY P ABEYTA	1 00							0	0	0
STELLA VASQUEZ	1 00							0	0	0
RICARDO GARCIA	1 00							0	0	0
PAUL WARD	1 00							0	0	0
PAUL LARSON	1 00							0	0	0
NATHANIEL DAVENPORT	1 00							0	0	0
MICHAEL RICHARDSON	1 00							0	0	0
MARVIN SUNDQUIST	1 00							0	0	0
LEONE CHEATOM	1 00							0	0	0
JUSTIN NOEL	1 00							0	0	0
JOHN K ROTHENBUELER	1 00							0	0	0
JOHN COLGAN	40 00				Х			125,525	0	0
JEANNE OLNEY	1 00							0	0	0
JAY SENTZ	1 00							0	0	0
JAN LURING	1 00							0	0	0
GINA GAMBOA	1 00							0	0	0
GEORGE ALLAN	1 00							0	0	0
EVANGELINA SHREEVE	1 00							0	0	0
EMILY MEDERIOS	40 00					Х		59,001	0	0
ELIZABETH M MCGREE	1 00							0	0	0
DENNIS GREEN	1 00							0	0	0
DARLENE PICATTI	1 00							0	0	0
CYNDI MULLENHOFF	1 00							0	0	0
BILL DOUGLAS	1 00							0	0	0
							<u> </u>			
					<u> </u>					
			<u> </u>				<u> </u>			

Part VII	Continue	d
	COLLUIAC	•

		(C) Position (check all that apply)							(E)	(F)			
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W- 2/1099MISC)	compensation	Reportable compensation from related organizations (W- 2/1099- MISC)	or	Estimat amount of compensa from th organizatio relate organizat	f other ation he on and
										+			
										+			
										+			
										+			
										+			
			1							+			
			-							+			
										+			
							Ļ	104.536		+-			
lb Total			•		•	•	-	184,526					
Total number of individuals (in compensation from the organism		a) who	recei	ved	mo	re tha	า \$1	00,000 ın reportabl	e				
											Yes	No	
B Did the organization list any for on line 1a? If "Yes," complete 5									ated employee	3		No	
•										,		140	

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

rendered to the organization? If "Yes," complete Schedule J for such person .

	(A) Name and business address	(B) Description of services	(C) Compensation				
7	2. Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation						

ATTT	_							
					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated car	mpaigns 1a	1				
\$ \$	ь	Membership o	dues					
豆萝			1b					
o E	С	Fundraising e	vents 1c					
contributions, gins, grants and other similar amounts	d	Related organ	nizations1d					
s E	e		nts (contributions) 1e					
<u>5</u> .≅	f	All other contribu	itions, gifts, grants, and	3,047,274				
<u> </u>	•		not included above					
<u> </u>	g	Noncash cont	1f cributions included in					
ς E		lines 1a-1f \$						
	h	Total (Add lin	nes 1a-1f)		3,047,274			
				Business Code				
E E	2a	FUND ADMINIST	RATIVE FEES	561,000	89,126	89,126		
e Ke	ь							
å≛ ov	С							
Š	d	-						
À	e							
an an	f	All other prog	ram service revenue					
Program Serwice Revenue			Tam service revenue					
Δ	g	Total. Add line	es 2a-2f					
	3	► \$ 89,126	ncome (including divi	dends interest				
			amounts)	·	554,569			554,56
				•	0			
	4	Income nom inv	estment of tax-exempt b	ond proceeds	Ů			
	5	Royalties .	<u> </u>		0			
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d		ome or (loss)		0			
			(ı) Securities	(II) O ther				
	7a	Gross amount	7,882,977	(ii) ciici				
		from sales of assets other						
	ь	than inventory Less cost or	6,563,771					
	"	other basis and sales expenses	3,333,771					
	С	Gain or (loss)	1,319,206					
	d	Net gaın or (lo	oss)		1,319,206			1,319,20
	0-			. •				
	8a	events (not in	from fundraising icluding					
ψ		\$	<u> </u>					
Other Kevenue		of contribution 1c) See Part	ns reported on line IV . line 18					
Ψ >-		Attach Schedu	le G ıf total exceeds					
Ť		\$15,000 	a					
Ē	ь		expensesb		0			
5	С	Net income oi	r (loss) from fundraıs	ing events	U			
	9a	Gross income						
		Complete Sche	e part IV, line 19 edule G if total					
		exceeds \$15,0						
	١.		a					
	Ь		expensesb r (loss) from gaming :		0			
	С		r (loss) from gaining	activities -				
	10a		of inventory, less					
		returns and al	llowances . a					
	ь	less cost of	goods sold b					
	c		r (loss) from sales of		0			
		Miscellaneou		Business Code				1
	11a							
	ь							
	С							
		Λ II <u>α+</u> β = = = : : :	nuo					
	d e		nue es 11a-11d					
		rvian Aud IIII		0				
	12		e. Add lines 1h, 2g, 3	3, 4, 5, 6d, 7d,	5,010,175	89,126		1,873,77
		8c, 9c, 10c, and	11e					

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	725,780	725,780		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	125,525		125,525	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	64,001			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,400		8,400	
9	Other employee benefits	30,793		30,793	
10	Payroll taxes	13,841		13,841	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
c	Accounting	23,114		23,114	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	115,821		115,821	
g	Other	6,287		6,287	
12	Advertising and promotion	36,637		36,637	
13	Office expenses	0			
14	Information technology	8,392		8,392	
15	Royalties	0			
16	Occupancy	24,531		24,531	
17	Travel	8,214		8,214	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	9,506		9,506	
23	Insurance	0			
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	SUPPLIES	6,151		6,151	
ь	Postage and Shipping	4,630		4,630	
c	OTHER EXPENSES	5,149		5,149	
d	MEALS AND ENTERTAINMENT	7,294		7,294	
e	ADMINISTRATIVE FEES	89,124		89,124	
_	All other expenses	16,088		16,088	
25	Total functional expenses. Add lines 1 through 24f	1,329,278	725,780	603,498	0
26	Joint Costs. Check if if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	2,323,270	3,7.30	333, 130	

Dart Y	Ralance	Sheet

Cash—non-interest-bearing 84,425 1 66,261						(A) Beginning of year		(E	
2 Savings and temporary cash investments 500,300 2 2,085,575		1	Cash—non-interest-bearing				1	Lilu o	-
## Accounts receivable, net		_		•		· · · · · · · · · · · · · · · · · · ·			
A Accounts receivable, net						· · · · · · · · · · · · · · · · · · ·			
S Receivables from current and former officers, directors, trustees, key employees or other related perture. Complete Part I of Schedule 1. S D		-				2,22 ,, 22			
other related parties. Complete Part II of Schedule 1. 6 Receivables from Other disqualified persons (as defined under section 49 58(f)(1)) and persons described in section 49 58(f)(13)(8). Complete Part II of Schedule 1. 7 Notes and loans receivable, net: 8 Inventories for sale or use. 9 Prepard expenses and deferred charges. 9 Land, buildings, and equipment cost basis 10a Land, buildings, and equipment cost basis 10b Less accumulated depreciation Complete Part IV of Schedule 0. 11 Investiments—publicity traded securities. 12 Investiments—publicity traded securities. 12 Investiments—publicity traded securities. 13 Investiments—publicity traded securities. 14 Interestiments—publicity traded securities. 15 Other assets See Part IV, line 11 Complete Part VIII of Schedule 0. 13 Investiments—program-related See Part IV, line 11 Complete Part VIII of Schedule 0. 14 Intengible assets. 15 Other assets See Part IV, line 11 Complete Part VIII of Schedule 125,996 15 130,457 16 Total assets. Add Jines 1 through 15 (must equal line 34) 24,150,700 16 20,708,804 17 Accounts payable and accrued expenses. 17 Accounts payable and accrued expenses. 18 Grants payable and accrued expenses. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 20 Tax-exempt bond liabilities. 20 Tax-exempt bond liabilities. 21 Escruer account liability Complete Part IV of Schedule 0. 22 Payable to current and former officers, directors, trustees, key employees, and disqualified persons. Complete Part II of Schedule 0. 23 Secured mortsgages and notes payable to unrelated third parties. 23 Secured mortsgages and notes payable to program and program and disqualified persons. Complete Part II of Schedule 0. 25 Total liabilities. Add lines 17 through 25 . 26 Total liabilities. Add lines 17 through 25 . 27 Uncertained net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 29 Permanently restricted net assets. 20 Organizations that do not follow SFAS 117, check here ▶ 「and complete lines 27 through 25 . 27 Uncertained parti							_		
persons described in section 4958(c)(3)(8) Complete Part II of Schedule L			other related parties				5		0
Solution		6					6		0
9		7	Notes and loans receivable, net				7		0
10a		8	Inventories for sale or use				8		0
b Less accumulated depreciation Complete Part VI of Schedule D	÷	9	Prepaid expenses and deferred charges				9		0
b Less accumulated depreciation Complete Part VI of Schedule D	essi	10a	Land, buildings, and equipment cost basis	102	83 613				
Schedule D 26,567 10	•	<u>.</u>	Lace accumulated depreciation Complete Part VI of	104	00,010				
12 Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D		"		10b	57,046	36,073	10 c		26,567
12 12 13 1 1 1 1 1 1 1		11	Investments—publicly traded securities	•		18,048,436	11	1	2,575,444
13 14 14 15 14 16 15 15 15 15 15 15 15		12		t VII c	f		12		0
14 Intengible assets		13		rt VIII			13		0
15 Other assets See Part IV, line 11 Complete Part IX of Schedule D		14				14		0	
16 Total assets. Add lines 1 through 15 (must equal line 34) 24,159,700 16 20,706,804 17 Accounts payable and accrued expenses 17 5,000 18 Grants payable 18 19 19 Deferred revenue 20 19 20 Tax-exempt bond liabilities 20 21 21 Escrow account liability Complete Part IV of Schedule D 21 22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule D 22 23 Secured mortgages and notes payable 24 24 Unsecured notes and loans payable 24 25 Other liabilities Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 0 26 5,000 27 Unrestricted net assets 17,847,668 28 18,078,980 28 Temporarily restricted net assets 29 29 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 20 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 24,159,700 33 20,701,804 34 Total liabilities and net assets/fund balances 24,159,700 34 20,706,804		15	Other assets See Part IV, line 11 Complete Part IX of Schedule		125,996	15		130,457	
17 Accounts payable and accrued expenses 17 5,000		16				24.159.700			20.706.804
18 19 Deferred revenue 19 19 20 20 21 20 21 22 21 22 22		1				21,100,100			
19 Deferred revenue		1							
Tax-exempt bond liabilities		1							
Escrowaccount liability Complete Part IV of Schedule D									
23 Secured mortgages and notes payable to unrelated third parties	S.	1	·						
23 Secured mortgages and notes payable to unrelated third parties	bilitie	1	Payable to current and former officers, directors, trustees, key						
23 Secured mortgages and notes payable to unrelated third parties	<u>.</u> E						22		
24 Unsecured notes and loans payable		23	· ,		-				
25 Other liabilities Complete Part X of Schedule D		1							
26 Total liabilities. Add lines 17 through 25		1	·						
Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		1				0			5,000
through 29, and lines 33 and 34. 27 Unrestricted net assets				ete lin	es 27				
Part XI Financial Statements and Reporting Permanently restricted net assets	φ		- · · · · · · · · · · · · · · · · · · ·						
Part XI Financial Statements and Reporting Permanently restricted net assets	an	27	Unrestricted net assets			6,312,032	27		2,622,824
Part XI Financial Statements and Reporting Permanently restricted net assets	Bal	28	Temporarily restricted net assets			17,847,668	28	1	8,078,980
Sines 30 through 34. 30 30 31 31 32 32 32 33 34 34 35 36 36 37 36 37 38 39 39 39 39 39 39 39	둳	29	Permanently restricted net assets				29		
30 Capital stock or trust principal, or current funds	r Fur		•	lete					
31 Paid-in or capital surplus, or land, building or equipment fund		30	_				30		
Total net assets or fund balances	ěť	1							
Total net assets or fund balances	ΔSS	l			-				
Part XI Financial Statements and Reporting		1				24,159,700		2	20,701,804
	Ż	1							
	Dэ	rt YI	Financial Statements and Penorting						
i ies i iiu	r a	LC VI	. mandar statements and keporting					Yes	No

Dart YT	Financial	Statements	and D	anartina

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
ь	Were the organization's financial statements audited by an independent accountant?	2b		No
c	If "Yes" to lines 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		No
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		Νo
ь	If "Yes," did the organization undergo the required audit or audits?	3b		Νο

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization YAKI

YAKIM	A VALLE	EY COMMUNITY FOUNDATION									
			20-0697012								
	rt I	Reason for Public Charity Status (to be completed by all organizations) (S	See Instructions)								
	rganı	zation is not a private foundation because it is (Please check only one organization)									
1	<u> </u>	A church, convention of churches, or association of churches described in Section 170(b)	(1)(A)(i).								
2	<u> </u>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)									
3		A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A		•							
4	Г	A medical research organization operated in conjunction with a hospital described in Secti hospital's name, city, and state	on 170(b)(1)(A)(iii). Enter 1	the						
5	_		overnmental unit de								
5	,	An organization operated for the benefit of a college or university owned or operated by a case Section 170(b)(1)(A)(iv). (Complete Part II)	overninental unit de	scribed	***						
6	\vdash	A federal, state, or local government or governmental unit described in Section 170(b)(1)	Δ \/w\								
7	<u> </u>	An organization that normally receives a substantial part of its support from a government		anaral ni	ماطر						
,	Į*	described in Section 170(b)(1)(A)(vi) (Complete Part II)									
8	Г	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)									
9	Ė	An organization that normally receives (1) more than 331/3% of its support from contribu	tions, membership f	ees.and	aros	s					
	•	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of									
		its support from gross investment income and unrelated business taxable income (less se	• •								
		acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part									
10	Г	An organization organized and operated exclusively to test for public safety. See Section 5	•	ructions)						
11	Ė	An organization organized and operated exclusively for the benefit of, to perform the function or more publicly supported organizations described in section 509(a)(1) or section 500 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally Integrated	ons of, or to carry o 19(a)(2) See Sectio 11h	ut the pu	rpose (3). (Check					
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organizatio section 509(a)(2)									
f		If the organization received a written determination from the IRS that it is a Type I check this box	I or Type III suppo	rting org	anıza	tion,					
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?									
		(i) a person who directly or indirectly controls, either alone or together with persons descr	ribed in (ii)	١	res	No					
		and (III) below, the governing body of the the supported organization?	[1	l1g(i)							
		(ii) a family member of a person described in (i) above?	1	.1g(ii)							
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	1	1g(iii)							
h		Provide the following information about the organizations the organization supports									

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organization in		(v) Did you notify the organization in col (i) of your support?		organiz col (i) o	s the ation in organized US?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you check	kea the box c	on line 5, 7, or	8 of Part I.)				
	ublic Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		16,449,045	1,317,668	6,006,808		1,797,274	25,570,795
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0
4	Total. Add line 1-3		16,449,045	1,317,668	6,006,808		1,797,274	25,570,795
5	The portion of total contribution by each		, ,					<u> </u>
5	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							6,962,326
6	Public Support subtract line 5 from line							10.500.150
-	4							18,608,469
T	otal Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4		163,757	1,317,668	6,006,808		1,797,274	25,570,795
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar		163,757	402,645	583,671		554,564	1,704,637
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							0
11	Total Support (Add lines 7 through 10)							27,275,432
12	Gross receipts from related activities, etc	(See instructio	ns)			12		
13 C	First Five Years. If the Form 990 is for the coorganization, check this box and stop here omputation of Public Support Perce		irst, second, third	l, fourth, or fifth	tax year as a 5	01(c)(▶ ▼
14	Public Support Percentage for 2008 (line 6		ded by line 11 co	lumn (f))		14		0 %
15	Public Support Percentage for 2007 Schedi					15		
	33 1/3% Test - 2008. If the organization did			nd line 14 is 33	1/3% or more.		this box	
Ь	and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did box and stop here. The organization qualifies 10% Facts and Circumstances Test - 2008. If	a publicly sup d not check the es as a publicly	ported organization box on line 13 of supported organ	on r 16a, and line 1 ization	l5 is 33 1/3% o	r more	, check thı	▶ ┌
	more, and if the organization meets the "fac organization meets the "facts and circumst: 10% Facts and Circumstances Test - 2007. I more, and if the organization meets the "fact the organization meets the "facts and circuit	ts and circums ances" test Th Ifthe organizat tts and circums	tances" test, che ne organization qu ion did not check tances" test, che	eck this box and ualifies as a pub a box on line 1. eck this box and	stop here. Exp licly supported 3, 16a, 16b, or stop here. Exp	laın ın organı 17a ar laın ın	Part IV ho zation nd line 15 i Part IV ho	w the ► s 10% or
18	Private Foundation. If the organization did i		-	•			_	· •-

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

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DLN: 93493236006069

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasurv Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** YAKIMA VALLEY COMMUNITY FOUNDATION 20-0697012 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 7 99.989 Aggregate Contributions to (during year) Aggregate Grants from (during year) 90,666 4 Aggregate value at end of year 2,763,730 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements ь Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service,

historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art,

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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Schedule D (Form 990) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D

provide, in Part XIV, the text of the footnote to its financial statements that describes these items

Par	TITLE Organizations Maintaining Co	ollections of Art, His	tori	<u>cal Treasur</u>	es, or Other	· Similar Asse	ts (co	ntınued)		
3	Using the organization's accession and othe items (check all that apply)	r records, check any of th	e foll	owing that are	a sıgnıfıcant us	e of its collection	า			
а	Public exhibition	d	Γ	Loan or exch	ange programs					
ь	☐ Scholarly research e ☐ Other									
с	Preservation for future generations									
4	Provide a description of the organization's c Part XIV	ollections and explain hov	v the	y further the or	ganızatıon's ex	empt purpose in				
5	During the year, did the organization solicit assets to be sold to raise funds rather than		,				Yes	┌ No		
Par	Trust, Escrow and Custodial Part IV, line 9, or reported an ar	Arrangements. Com	plete	e if the orgar		ered "Yes" to Fo	orm 9	90,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other intermediary	for c	ontributions or	other assets n		Yes	┌ No		
b	If "Yes," explain why in Part XIV and comple	ete the following table								
						A mou	ınt			
с	Beginning balance				1c					
d	Additions during the year				1d					
e	Distributions during the year				1e					
f	Ending balance				1f					
2a	Did the organization include an amount on F					Г	Yes	│ No		
b	If "Yes," explain the arrangement in Part XI\									
Pa	rt V Endowment Funds. Complete		were Prior '				NEour Ye	ears Back		
1a	Beginning of year balance	107,949	,, ,,,,,,	(6)	rears back (a)	mee rears back (e	y . ou	ars Back		
b	Contributions	201,074								
c	Investment earnings or losses	5,696								
d	Grants or scholarships									
e	Other expenditures for facilities and programs	3,362								
f	Administrative expenses									
g	End of year balance	311,357								
2	Provide the estimated percentage of the year	r end balance held as								
а	Board designated or quasi-endowment 🕨	100 000 %								
b	Permanent endowment 🕨									
c	Term endowment ►									
3a	Are there endowment funds not in the posse	ssion of the organization t	thata	are held and ad	mınıstered for t	:he				
	organization by (i) unrelated organizations					3a/i)	Yes	No No		
	(ii) related organizations		•			3a(i)		No		
ь	If "Yes" to 3a(II), are the related organization					3b	<u> </u>	No		
4	Describe in Part XIV the intended uses of th						I			
Par	t VI Investments—Land, Building	s, and Equipment. S	ee F	orm 990, Pa	rt X, line 10.					
	Description of investment			a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ook value		
1a	Land									
	Buildings									
c	Leasehold improvements									
	Equipment		_				-			
					83,613	57,046		26,567		
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, column (B)	, line	10(c).)		•		26,567		

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,010,175
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,329,278
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,680,897
4	Net unrealized gains (losses) on investments	4	-7,138,791
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	·	9	-7,138,791
10	Total adjustments (net) Add lines 4 - 8	10	-3,457,894
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	-2,128,616
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		2,120,010
- а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-7,138,791
3	Subtract line 2e from line 1	3	5,010,175
4	A mounts 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 XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	5,010,175
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	1,329,278
2	A mounts 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	Losses reported on Form 990, Part IX, line 25 2c		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,329,278
4	A mounts 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 XIV) 4b	1	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,329,278
Pa	rt XIV Supplemental Information		
	TEXIVE Supplemental Information nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art XI\	

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
· ·	endowment fund	THE INTENDED USES OF THE ENDOWMENT FUNDS ARE TO PROVIDE GENERAL CHARITABLE DONATIONS IDENTIFIED BY THE DONOR, TO SUPPORT A PARTICULAR ORGANIZATION, TO SUPPORT CHARITABLE CAUSES SPECIFIED BY THE DONOR, AND TO SUPPORT A PARTICULAR NONPROFIT AGENCY

Part XIV Supplemental Information(continued)							
Ident if ier	Return Reference	Explanation					
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	THE INTENDED USES OF THE ENDOWMENT FUNDS ARE TO PROVIDE GENERAL CHARITABLE DONATIONS IDENTIFIED BY THE DONOR, TO SUPPORT A PARTICULAR ORGANIZATION, TO SUPPORT CHARITABLE CAUSES SPECIFIED BY THE DONOR, AND TO SUPPORT A PARTICULAR NONPROFIT AGENCY					

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493236006069

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Open to Public Inspect ion

Name of the organization						Employer identi	fication number
YAKIMA VALLEY COMMUNIT	Y FOUNDATION					20-0697012	
Part I General Inform	mation on Gra	nts and Assistanc	e			•	
Does the organization mathe selection criteria useDescribe in Part IV the organization	d to award the gra rganization's proc	nts or assistance? . . edures for monitoring tl	he use of grant funds in t	he United States			
Part IV and Sch	IV, line 21 for ai edule I-1 if addi	ny recipient that rec tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the o if no one recipient rec	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sec organizations					<u> </u>		26
3 Enter total number of other					<u></u>	<u></u> .	• 4
For Paperwork Reduction Act Not	ice, see the Instruct	tions for Form 990.		Cat No 50055	P	Sc	hedule I (Form 990) 2008

schedule 1 (Form 990) 20						Page Z
Part IIII Grants an Use Schedu	d Other Assista ule I-1 (Form 990	nce to Individua) if additional spac	Is in the United Some is needed.	tates. Complete if the	organization answered "Ye	s" on Form 990, Part IV, line 22.
(a)Type of grant o	or assistance	(b)Number of recipients	(c)A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Part IV Suppler	mental Informa	tion. Complete thi	s part to provide the	e information required i	ın Part I, lıne 2, and any otl	her additional information.
Ident if ier	Return Referenc	ce l	Explanation			

Software ID: 08000091

Software Version: 2008v2.7

EIN: 20-0697012

Name: YAKIMA VALLEY COMMUNITY FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF YAKIMA215 W YAKIMA AVE YAKIMA,WA 98902	91-0565583		2,000	0			
YOUNG LIFE OF YAKIMA YAKIMA YAKIMA,WA 98908	84-0385934		2,000	0			
YMCA OF YAKIMA5 N NACHES AVE YAKIMA, WA 98903	91-0568717		2,000	0			
YAKIMA YOUTH SOCCER ASSOCIATION313 S 11TH AVE YAKIMA,WA 98903	91-1238415		46,000	0			
YAKIMA YOUTH GOLF ORGANIZATION2612 WNob Hill Boulevard Suite 101 YAKIMA,WA 98902	20-5416294		3,000	0			
YAKIMA VALLEY SCHOOL 609 Speyers Rd selah, WA 98942	91-6013974		12,000	0			
YAKIMA VALLEY MEMORIAL HOSTIPIAL CHARIT2811 Tieton Drive YAKIMA, WA 98908	91-1022358		13,000	0			
YAKIMA VALLEY COMMUNITY COLLEGE SOUTH 16TH NOB HILL BLVD YAKIMA,WA 98902	91-1028928		40,000	0			
YAKIMA VALLEY COMMINTY BANDYAKIMA YAKIMA,WA 98908	94-3238873		1,000	0			
YAKIMA TOWN HALL5000 WEST LINCOLN AVENUE YAKIMA,WA 98908	23-7209728		5,000	0			

Form 990,Schedule I,	Part II, Gran	ts and Other As	sistance to Gove	ernments and Or	ganizations in t	he United States	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YAKIMA SYMPHONY ORCHESTRA32 N 3rd St Ste 333 YAKIMA,WA 98902	23-7346119		10,500	0			
YAKIMA SCHOOLS FOUNDATION6 SOUTH 2ND STREET SUITE 919 YAKIMA,WA 98901	91-1548926		2,000	0			
YAKIMA COUNTY SHERIFF SEARCH AND RESCUEYAKIMA YAKIMA, WA 98908	91-1510289		2,000	0			
YAKIMA COUNTY MEDICAL SOCIETY YAKIMA YAKIMA,WA 98908	91-6048285		2,000	0			
YAKIMA AREA ARBORETUM1401 ARBORETUM DR YAKIMA,WA 98901	91-6073776		9,000	0			
YAKAMA NATION AAOA YAKIMA YAKIMA,WA 98903	91-0576806		2,000	0			
WASHINGTON STATE UNIVERSITY FOUNDATOIN255 E Main Street Suite 301 PULLMAN,WA 99164	91-1075542		31,000	0			
WASHINGTON APPLE EDUCATION FOUNDATIONYAKIMA YAKIMA,WA 98903	91-1638890		1,500	0			
WAPATO YOUTH SPORTS3274 BRANCH RD WAPATO,WA 98951	20-4397096		6,000	0			
UPSTREAM NORTHWEST INC11750 Pear Tree Court Leavenworth, WA 98826	05-0576642		9,500	0			

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant section cash grant valuation (book, non-cash assistance orassistance organization cash FMV, appraisal, or government ıf applıcable assistance other) 35,000 UNIVERSITY OF 91-6001537 0 WASHINGTONBOX 355060 SEATTLE, WA 98195 0 UNITED WAY 91-1726189 494 FOUNDATION OF YAKIMA COUNTY116 S 4TH ST YAKIMA, WA 98901 0 ST JOSEPHMAROUETTE 91-0567739 2.000 SCHOOLYAKIMA YAKIMA, WA 98908 82,950 0 SO CENTRAL WA 91-1810332 RESOURCE CONSERVATION & D1606 Perry STE E YAKIMA, WA 98902 SEASONS MUSIC 20-3242324 40,000 0 FESTIVAL101 N Naches Ave YAKIMA, WA 98903 2,000 0 SALVATION ARMY310 N 94-1156347 16th Ave YAKIMA, WA 98908 20,000 0 PROSSER MEMORIAL 91-2081470 HOSPITAL723 MEMORIAL STREET PROSSER, WA 99350 PRIME TIME INC6 S 2ND 91-1348128 2,000 0 STREET 802 WHITE PASS, WA 98901 91-6071384 25,000 0 PLANNED PARENTHOOD OF CENTRAL WA1117 Tieton Drive YAKIMA, WA 98902 91-0570848 6,000 0 PERRY TECHINICAL INSTITUTE2011 W WASHINGTON YAKIMA, WA 98903

Form 990,Schedule I, F	<u>Part II, Grant</u>	ts and Other As	sistance to Gove	ernments and Or	ganizations in	the United States	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		(e) A mount of non- cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant
PEGASUS PRO JECT4680 US Highway 12 YAKIMA, WA 98908	87-0700052		12,000	0			
PACIFIC NORTHWEST UNIVERSITY OF HEALTH S111 UNIVERSITY PARKWAY YAKIMA,WA 98901	06-1744054		33,333	0			
OIC OF WASHINGTON YAKIMA YAKIMA, WA 98908	91-0873024		2,000	0			
NUESTRA CASA730 SKYLINE DRIVE SUNNYSIDE,WA 98944	65-1206137		15,000	0			
NORTHWEST HARVEST 701 N 1ST ST YAKIMA,WA 98901	91-0826037		7,000	0			
NORTHWEST COMMUNITIES EDUCATION CENTER YAKIMA YAKIMA, WA 98902	91-0969818		2,000	0			
LOWER VALLEY HOSPICESUNNYSIDE SUNNYSIDE, WA 98944	91-1067873		2,000	0			
LATINAS NETWORKING FOR JUSTICE121 SUNNYSIDE AVE GRANGER, WA 98932	14-2001415		25,000	0			
LARSON GALLERY GUILD YAKIMA YAKIMA,WA 98908	23-7450104		1,500	0			
LA CASA HOGAR106 SO 6TH STREET YAKIMA,WA 98902	94-3070007		32,000	0			

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (e) Amount of non-(f) Method of (a) Description of (h) Purpose of grant cash valuation (book, non-cash assistance orassistance organization section grant or government ıf applıcable assistance FMV, appraisal, other) IMPACT 94-3196958 8.333 0 CAPITALIMPACT WASHINGTON401 2nd avenue s seattle, WA 98104 20-3987157 21,000 0 INSPIRE KIDS33 S SECOND AVENUE YAKIMA, WA 98902 0 HERITAGE UNIVERSITY 91-1160585 4.500 3240 FORT ROAD TOPPENISH, WA 98948 12,000 0 GRANVIEW SCHOOL 91-6001612 DISTRICT # 200913 W 2nd Street GRANDVIEW, WA 98930 0 **GHORMLEY MEADOW** 23-6393377 2,170 CHRISTIAN CAMP640 Lost Lake Rd RIMROCK, WA 98937 0 GALLERY ONE VISUAL 91-0850195 5.000 ARTS CENTERYAKIMA YAKIMA, WA 98903 6,000 FOR A BETTER 56-2379533 0 TOMORROW32 N 3RD ST YAKIMA, WA 98902 91-1785524 9,000 0 CONSUMER CREDIT COUNSELING SERVICE 1115 W Lincoln Ave Ste 119 YAKIMA, WA 98902 91-1448171 5,000 0 CHILDRENS ACTIVITY MUSEUM OF ELLENSBURG400 N MAIN ELLENSBURG, WA 98926 0 CENTRAL WASHINGTON 91-1043304 2,000 COMPREHENSIVE MENTAL402 S 4TH AVE YAKIMA, WA 98902

Form 990,Schedule I,	Part II, Gran	ts and Other As	sistance to Gov	ernments and Or	rganizations in t	the United States	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL WA MONTAIN RESCUEP O BOX 2663 YAKIMA,WA 98907	94-3096734		5,000	0			
CATHOLIC FAMILY & CHILD SERVICES5301 TIETON DRIVE YAKIMA,WA 98908	91-0564959		24,000	0			
CATHOLIC CHARITIES HOUSING SERVICES 5301 TIETON DRIVE YAKIMA,WA 98908	91-1955616		21,000	0			
CAMP FIRE USA ROGANUNDA COUNCIL YAKIMA YAKIMA,WA 98902	91-0569879		5,000	0			
BETHEL RIDGE FAMILY RESOURCES1450 N 16th Ave YAKIMA, WA 98908	01-0613834		2,000	0			
A WA RE INC312 W Washington A ve YA KIMA, WA 98901	32-0033925		30,000	0			
ALLIED ARTS OF YAKIMA VALLEY5000 WEST LINCOLN AVE YAKIMA, WA 98902	91-0749380		15,000	0			

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As Filed Data -

DLN: 93493236006069

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization YAKIMA VALLEY COMMUNITY FOUNDATION **Employer identification number**

20-0697012

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	All governing documents including policies, financials statements, 990's, and conflict of interest statements are included on the companies external website, which is available to the public. Please see www.yvcf.com

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	THE COMPENSATION PLAN IS ADMINISTERED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS OF THE EMPLOYER (THE "BOARD") THE BOARD MAY AT ANY TIME APPOINT AN ADMINISTRATIVE COMMITTEE CONSISTING OF NO LESS THAN TWO MEMBERS TO ADMINISTER THE PLAN ON BEHALF OF THE BOARD THE ADMINISTRATIVE COMMITTEE HAS THE AUTHORITY TO ADMINISTER THE COMPENSATION PLAN IN ACCORDANCE WITH THE EXPRESSED TERMS OF THE PLAN ALL DECISIONS MADE BY THE COMMITTEE THAT ARE MADE IN GOOD FAITH, SHALL BE FINAL, CONCLUSIVE, AND BINDING UPON ALL PERSONS ALL ACTIONS OF THE ADMINISTRATIVE COMMITTEE SHALL REQUIRE THE AFFIRMATIVE VOTE OF MEMBERS WHO CONSTITUTE A MAJORITY OF A QUORUM

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Yakıma Valley Community Foundation expects representatives to fully disclose perceived, potential, and actual conflicts of interest to the appropriate individuals in accoardance with this policy in advance of any decision-making, and excuse themselves from decisions where a conflict of interest could interfere with objective decision-making

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	Board of Directors or finance committee reviews the form 990 annually prior to filing

Additional Data

Software ID: Software Version:

EIN: 20-0697012

Name: YAKIMA VALLEY COMMUNITY FOUNDATION

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

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.

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

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.