# Form 990 For

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation) Do not enter social security numbers on this form as it may be made public.

2021

OMB No. 1545-

Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Department of the Treasury Internal Revenue Service For the 2021 calendar year, or tax year beginning 01-01-2021 and ending 12-31-2021 D Employer identification number C Name of organization **B** Check if applicable: YAKIMA VALLEY COMMUNITY FOUNDATION Address change 20-0697012 Name change Initial return Doing business as Final return/terminated E Telephone number Amended return Number and street (or P.O. box if mail is not delivered to street address) 316 E YAKIMA AVE 201 Application pending (509) 457-7616 City or town, state or province, country, and ZIP or foreign postal code YAKIMA, WA 98901 **G** Gross receipts \$ 151,088,093 F Name and address of principal officer: H(a) Is this a group return for SHARON MIRACLE subordinates? 316 E YAKIMA AVE 201 H(b) Are all subordinates YAKIMA, WA 98901 included? Tax-exempt status:  $\checkmark$  501(c)(3)  $\sim$  501(c) ( )  $\checkmark$  (insert no.)  $\sim$  4947(a)(1) or  $\sim$  527 If "No," attach a list. See instructions. **H(c)** Group exemption number ▶ Website:▶ WWW.YAKIMAVALLEYCF.ORG L Year of formation: 2003 M State of legal domicile: K Form of organization: ✓ Corporation ┌ Trust ┌ Association ┌ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities: TO CONNECT PEOPLE, RESOURCES AND IDEAS SO PEOPLE AND COMMUNITIES THRIVE Activities & Governance Check this box 📶 if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . 22 2 2 Number of independent voting members of the governing body (Part VI, line 1b)  $\,\cdot\,$ Total number of individuals employed in calendar year 2021 (Part V, line 2a) 14 5 2 2 Total number of volunteers (estimate if necessary) . . . 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 • Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 7,222,863 3,767,367 Program service revenue (Part VIII, line 2g) . . . . . 515,276 610,242 15,323,720 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 1,906,205 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9,644,344 19,701,329 5,776,952 4,601,062 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 958,517 955,926 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 130,405 1,190,356 1,459,486 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 7,925,825 7,016,474 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . . . . 1,718,519 12,684,855 Beginning of Current Net Assets or Fund Balances **End of Year** 20 Total assets (Part X, line 16) . 77,063,723 80,915,823 Total liabilities (Part X, line 26) . 7,143,048 6,900,215 Net assets or fund balances. Subtract line 21 from line 20 . 69,920,675 74,015,608 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2022-11-15 Signature of officer Sign LISA FRESCO CHIEF FINANCIAL OFFICER Here Type or print name and title Print/Type preparer's name Date 2022-11-14 Preparer's signature Check | if P00737884 **Paid** self-employed Firm's name CLARK NUBER PS Firm's EIN > 91-1194016 **Preparer Use Only** Firm's address 10900 NE 4TH ST SUITE 1400 Phone no. (425) 454-4919 BELLEVUE, WA 98004

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

Yes No

Cat. No. 11282Y

## Form 990 (2021) Page 3 **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," Yes 1 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 👹 . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Νo 3 candidates for public office? If "Yes," complete Schedule C, Part I 🥦 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 🗐 . . . . . . . . . . 4 Yes Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 📆 . . 5 Νo Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Yes 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Νo 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part Il 🐯 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a

custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🐯 . . . . . . . . . c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🐿 . . . . . . . . . . d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 为 . . . . . . . . . . . . . . . e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign

Did the organization report on Part IX column (A), line 3, more than \$5,000 of grants or other assistance to or for

**b** Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . . . . . . . . . . . . . .

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 🐒 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 🥦

negotiation services? If "Yes," complete Schedule D, Part IV 🥵

VIII, IX, or X, as applicable.

Νo

Νo

Nο

Nο

Nο

Νo

Νo

Nο

Nο

Νo

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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20a

20b

Yes

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Yes

Yes

Yes

Yes

Yes

Yes

orm	990 (2021)			Page
Pa	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes,"</i>	23	Yes	

Νo

Νo

Νo

Nο

Nο

Νo

Νo

Nο

Nο

Nο

Nο

Νo

Nο

Nο

Nο

Nο

No

24a

24b

24c

24d

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28a

28b

28c

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1a

1b

Yes

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Yes

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

Did the organization report any amount on Part X; line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

អ៊ីត៉េ<sup>ក</sup>អ៊ីទេ" សម្រាជខ្មែរ ទីក្រុំអ៊ីស្រីស ខិម្ចាំ អ៊ីត or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

ชี้เข้Yสระ" ชีญชิคโซโซเอิร์ทิติปูนโตโลใะ, terminate, or dissolve and cease operations? If "Yes," complete schedule N. Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

Wases " Complete Schedule R, Part II, III, or IV,

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

**Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V .

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

**b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

**b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

sections 301.7701-2 and 301.7701-3?

30

Part V

entity or family member of any of these persons?

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)						
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 on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.						
3a	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		Νo			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		No			
b	actroes t) enter the name of the foreign country: ▶						
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts						
	With the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		N o			
		5b 5c					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	6a		N o			
	organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	,	_					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N o			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No			
g	<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as						
h	required?						
-	Form 1098-C?						
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Νο			
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note. See the instructions for additional information the organization must report on Schedule O.		Į				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans						
c	in which the organization is licensed to issue qualified health plans						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No			
16	IS 't'Meso'r gameithtionstruetloostiomh/filesFiturtio4720bjSchedutleeNsection 4968 excise tax on net investment income?	16		No			
17	If "Yes," complete Form 4720, Schedule O. <b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17					

independent

year by the following: a The governing body? .

Section C. Disclosure

13

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apply.

Form 990 (2021) Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines

8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI						
Section A. Governing Body and Management						
				Yes	N	
1a Enter the number of voting members of the governing body at the end of the tax Yelfere are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	22	2			

**b** Enter the number of voting members included in line 1a, above, who are

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Cod

organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . .

**b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

**b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

**b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . .

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T

(section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that

State the name, address, and telephone number of the person who possesses the organization's books and records:

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

a The organization's CEO, Executive Director, or top management official . . . . . .

Own website 🗌 Another's website 📝 Upon request 🔲 Other (explain in Schedule O)

▶LISA FRESCO 316 E YAKIMA AVE STE 201 YAKIMA, WA 98901 (509) 457-7616

interest policy, and financial statements available to the public during the tax year.

**b** Other officers or key employees of the organization . . . . . . . . . . . . . . . .

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

List the states with which a copy of this Form 990 is required to be filed

**b** Each committee with authority to act on behalf of the governing body?

10a Did the organization have local chapters, branches, or affiliates? .

14 Did the organization have a written document retention and destruction policy? .

Did the organization have a written whistleblower policy? . . . .

1b

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

8a

9

10a

10b

11a

12a

12b

12c

13

14

15a

15b

16a

16b

Νo

Yes

Νo

Νo

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	N
e.	)
e.	) N

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		Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4	Yes	
5	$\frac{600}{100}$ dr. organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Νo
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			

Part VII

BOARD MEMBER

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII .

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from 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.

See the instructions for the order in which to I Check this box if neither the organization n	•			con	npei	nsate	d ar	ny current officer,	director, or truste	e.	
(A) Name and title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	and related organizations	
(1) KRISTIN KERSHAW-SNAPP	4.00	х		Х				0	0	0	
BOARD CHAIR											
(2) CYNTHIA JUAREZ BOARD VICE CHAIR	2.00	х		х				0	0	0	
(3) JOSH BECK BOARD SECRETARY/TREASURER	3.00	х		х				0	0	0	
(4) DAVID ABEYTA BOARD MEMBER	1.00	х						0	0	0	
(5) MARTHA RICKEY BOARD MEMBER	1.00	х						0	0	0	
(6) GREG BAINTER BOARD MEMBER	1.00	х						0	0	0	
(7) PAUL NAGLE-MCNAUGHTON BOARD MEMBER	1.00	х						0	0	0	
(8) NEAL LESSENGER BOARD MEMBER	1.00	х						0	0	0	
(9) JOSE RIVERA BOARD MEMBER	1.00	х						0	0	0	
(10) IGNACIO MARQUEZ BOARD MEMBER	1.00	х						0	0	0	
(11) LISA CAMPBELL-JOHN BOARD MEMBER	1.00	х						0	0	0	
(12) RHONDA TAYLOR BOARD MEMBER	1.00	х						0	0	0	
(13) WENDY AGUILAR BOARD MEMBER	1.00	х						0	0	0	
(14) LAURA ARMSTRONG BOARD MEMBER	1.00	х						0	0	0	
(15) CORINNE MURPHY-HINES BOARD MEMBER	1.00	х						0	0	0	
(16) GWEN CHAPLIN BOARD MEMBER	1.00	х						0	0	0	
(17) CRAGG GILBERT	1.00	Y						0	0	0	

(A) Name and title	(B) Average hours per week (list any hours for	more pers	than on is	one bot	no bo h a	t chec x, unl n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estim amount o compen from	ated of other sation the
	related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organi: and re organiz	lated
(18) CHRISTIE TIRADO	1.00	.,									
BOARD MEMBER		X						0	0		0
(19) ESTHER MAGASIS	1.00	V						0	0		0
BOARD MEMBER	•	X						0	0		0
(20) ANITA QUINTANA	1.00	х						0	0		0
BOARD MEMBER	• • • • • • • • • • • • • • • • • • • •	^						U	0		
(21) DAVID SERVERN	1.00	х						0	0		0
BOARD MEMBER	•	^						U	0		
(22) MIHO SUGASAWA	1.00	х						0	0		0
BOARD MEMBER	• • • • • • • • • • • • • • • • • • • •	^						U	0		
(23) SHARON MIRACLE	50.00			X				191,420	0		15,769
PRESIDENT/CEO				^				191,420	0		13,709
(24) LISA FRESCO	55.00					X		101,450	0		18,771
VICE PRESIDENT						^		101,130			10,771
(25) LINDSAY BOSWELL	40.00					X		100,203	0		12,079
DIRECTOR OF GRANTS						^		100,203			12,073
1b Sub-Total					•	-					
c Total from continuation sheets to Part VI	ll, Section A .		•			-		202.072	0		46 610
d Total (add lines 1b and 1c)	<u> </u>	• •	•		•			393,073	U		46,619
2 Total number of individuals (including b \$100,000 of reportable compensation f				ed a	bov	e) who	o re	ceived more than			Γ
3 Did the organization list any <b>former</b> off	icer, director or	truste	e, ke	y er	mplo	oyee,	or h	ighest compensate	ed employee	Yes	No
on line 1a? If "Yes," complete Schedule .	•		•		•	•					Νο
<b>4</b> For any individual listed on line 1a, is the organization and related organizations individual											
maividuai									. 4	Yes	<u> </u>
5 Did any person listed on line 1a receive services rendered to the organization?								-	ndividual for		No
Section B. Independent Contracto	ors										<u> </u>
Complete this table for your five higher compensation from the organization. Re	st compensated									s tax year	
	(A) pusiness address								(B) tion of services	(C Comper	:)
										1	

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization  $\blacktriangleright$  0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	990 (2021)					Page <b>9</b>
Part	Statement of Revenue Check if Schedule O contains a re	snonse or note to	any line in this Pa	rt VIII		Г
	CHECK II Schedule O Contains a re	sponse of note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512 - 514
Contr	ibutions, Gifts, Grants, and OtherAmt Sim	b c d e f	Membership dues Fundraising events Related organizatio Government grants (cor All other contributions, or and similar amounts no above Noncash contributions in lines 1a - 1f:\$	ns 1a  1b  1c  ons 1d  ntributions) 1e  gifts, grants, t included in  1g	108,741 3,658,626	
		Business Code	<b>Total.</b> Add lines 1a	-1f	1	3,767,367
venue	2a FUND ADMIN FEES b ACT SIX MENTORSHIP	561000	590,242			
Program Service Revenue	c d e					
	<b>f</b> All other program service revenue.					
	9 Total. Add lines 2a-2f 3 Investment income (including dividend other 4 প্রান্টোর কেন্সিওমাণার Vestment of tax-exempt		1,326,42	8		1,326,428
Other Revenue	5 Royalties	events	13,997,29			13,997,292
	d All other revenue  e Total. Add lines 11a-11d		,			
			19,701,32	29 610	,242	0 15,323,720

Fori	m 990 (2021)				Page <b>10</b>
Р	art IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations must	t complete all colum	nns. All other organ	izations must compl	ete column (A).
	Check if Schedule O contains a response or note to	any line in this Part	IX		🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,601,062	4,601,062		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	207,189	99,244	107,945	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	589,407	235,763	294,704	58,940
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,175	13,950	8,738	3,487
9	Other employee benefits	74,439	29,775	37,219	7,445
	Payroll taxes	58,716	23,486	29,358	5,872
	Fees for services (non-employees):				
	Management	162,865	138,126	19,198	5,541
	DLegal	993	993		
	Accounting	46,315	11,579	23,158	11,578
	Lobbying				
•	Professional fundraising services. See Part IV, line 17				
	Investment management fees	184,429	184,429		
ģ	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule	580,882	557,309	19,303	4,270
12	Advertising and promotion	56,410	39,999	10,257	6,154
	Office expenses	142,205	134,122	5,776	2,307
	Information technology	80,296	66,893	8,377	5,026
15	Royalties				
16	Occupancy	97,612	41,444	46,806	9,362
17	Travel	11,794	4,082	6,996	716
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	38,414	21,069	14,454	2,891
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	3,952	1,581	1,976	395
	Insurance	23,802	14,281	5,951	3,570
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a DUES/MEMBERSHIP	25,434	10,174	12,717	2,543
	b				
	с				
	d				
	e All other expenses	4,083	2,232	1,543	308
	Total functional expenses. Add lines 1 through 24e	7,016,474	6,231,593	654,476	130,405
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form **990** (2021)

		(2021)			Page <b>11</b>
Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part IX $% \left( 1\right) =\left( 1\right) \left( 1\right$			<u> </u>
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	2,192,425	1	1,805,591
	2	Savings and temporary cash investments	1,581,933	2	6,209,471
	3	Pledges and grants receivable, net	0	3	20,000
	4	Accounts receivable, net	25,753	4	84,732
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		5	
	6	controlled entity or family member of any of these persons  Loans and other receivables from other disqualified persons (as defined			
	•	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net	2,648,559	7	1,924,383
ssets	8	Inventories for sale or use		8	
SS	9	Prepaid expenses and deferred charges	18,000	9	33,244
4	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 304,222			
	b	Less: accumulated depreciation 10b 297,376	5,502	<b>10</b> c	6,846
	11	Investments—publicly traded securities .	57,594,022	11	61,429,751
	12	Investments—other securities. See Part IV, line 11	12,886,015	12	9,290,291
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	111,514	15	111,514
	16	Total assets: Add lines 1 through 15 (must equal line 33)	77,063,723	16	80,915,823
	17	Accounts payable and accrued expenses	20,884	17	5,188
	18	Grants payable	514,440	18	0
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D	4,182,943	21	4,504,444
Liabilities	22	Loans and other payables to any current or former officer, director, trustee,			
ō		key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
-20	23	Secured mortgages and notes payable to unrelated third parties		22	
		' ' '	108,741		0
	24	Unsecured notes and loans payable to unrelated third parties	2,316,040	24 25	2,390,583
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24).	2,310,040	23	2,090,000
		Complete Part X of Schedule D		_	
	26	Total liabilities. Add lines 17 through 25	7,143,048	26	6,900,215
Assets or Fund Balances		Organizations that follow FASB ASC 958, check here 🕨 🗹 and complete			
an	27	lines 27, 28, 32, and 33.  Net assets without donor restrictions	68,794,146	27	72,674,129
Ba			<u></u>		<u> </u>
Pu	28	Net assets with donor restrictions	1,126,529	28	1,341,479
Ē		Organizations that do not follow FASB ASC 958, check here 🕨 🗌 and			
10	20	complete lines 29 through 33.		29	
Sts	29 30	Capital stock or trust principal, or current funds		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds		31	
t A	32	Total net assets or fund balances	69,920,675	32	74,015,608
=	33	Total liabilities and het assets/fund balances	77,063,723	33	80,915,823
	<b>J</b> J	iotal liabilities and net assets/rund balances	11,000,123	<b>33</b>	Form <b>990</b> (2021)

2b

2c

За

3b

Yes

Yes

Νo

Form 990 (2021)

Consolidated basis ☐ Both consolidated and separate basis

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

**b** Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

basis, consolidated basis, or both: Separate basis Consolidated basis

Separate basis

Schedule O.

Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Single Audit Act and OMB Circular A-133?

Form 990 (2021)		
Additional Data		Return to Form
	Software ID:	
	Software 1D:	
	Software Version:	
Form 990, Special Condition Des	cription:	
	Special Condition Description	

# (Form 990) Department of the Treasury

Internal Revenue Service

Name of the organization

For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ.

**SCHEDULE A** 

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

4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.
 Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to P

Schedule A (Form 990) 2021

**Employer identification number** 

Open to Publ Inspection

OMB No. 1545-0047

YAKIM	IA VALL	EY COMMUNITY FOUNDATION	N				20-0697012		
Pa	rt I	Reason for Publi	c Charity St	atus (All organiza	tions must co	mplete this p		ns.	
		zation is not a private fo							
1		A church, convention	of churches, or	association of churcl	nes described ir	section 170(l	o)(1)(A)(i).		
2		A school described in	section 170(b)	( <b>1)(A)(ii).</b> (Attach So	chedule E (Form	າ 990).)			
3		A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>							
4		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state:							
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section</b> 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or loc	al government	or governmental unit	described in <b>se</b>	ction 170(b)(1	L)(A)(v).		
7	V	An organization that n described in <b>section 1</b>				m a governme	ntal unit or from the g	eneral public	
8		A community trust des				t II.)			
9		An agricultural researd university or a non-lar							
10		An organization that n receipts from activitie from gross investment organization after June	ormally receive s related to its income and u	es: (1) more than 331 exempt functions—su nrelated business tax	/3% of its suppo ubject to certain able income (le	ort from contrib exceptions, a ss section 511	outions, membership f nd (2) no more than 3	ees, and gross 33 1/3% of its support	
11		An organization organi	•			•	509(a)(4).		
12		An organization organi one or more publicly s the box on lines 12a tl	upported orgar	nizations described in	section 509(a)	(1) or section 5	509(a)(2). See section	<b>1 509(a)(3).</b> Check	
а		<b>Type I.</b> A supporting o supported organization organization. <b>You mus</b>	(s) the power	to regularly appoint o	r elect a majorit				
b		Type II. A supporting management of the su must complete Part IV	pporting organ	ization vested in the s			•		
c		Type III functionally is supported organization	-		•	·	, -	rated with, its	
d		Type III non-function not functionally integral (see instructions). You	ated. The orga	nization generally mu	st satisfy a disti	ribution require		` '	
е		Check this box if the o	-				s a Type I, Type II, T	ype III functionally	
f	Enter	the number of support	ed organizatior	ns			· · · · · · · <u> </u>		
g		Provide the following in						Г	
organization organization listed in your governing monetary support other support						(vi) Amount of other support (see instructions)			
	1- 10 above (see instructions))  Yes  No								
Tota	ı						I		

Cat. No. 11285F

Schedule A (Form 990) 2021 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year **(e)** 2021 (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (f) Total (or fiscal year beginning in) Gifts, grants, contributions, and 1,075,525 1,474,940 1.774.374 7,222,863 3,767,367 15,315,069 membership fees received. (Do not include any "unusual grant.") . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge... 1,075,525 1,474,940 1.774.374 7.222.863 3,767,367 15.315.069 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 2,624,452 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from 12,690,617 line 4. Section B. Total Support Calendar year (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) 7,222,863 15,315,069 1,075,525 1,474,940 1,774,374 3,767,367 Amounts from line 4. . Gross income from interest, dividends, payments received on 767,282 850,239 813,596 783,835 1,326,428 4,541,380 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried

- 10 Other income. Do not include gain 235,470 506,375 or loss from the sale of capital assets (Explain in Part VI.). .
  - **Total support.** Add lines 7 through 12
- 741,845
  - 20,598,294 2,832,982
- 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

  - Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . . 14
  - 61.610 % Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . 15 63.110 %
- 16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

  - b 33 1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this
- 17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain
  - in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

  - h 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly
    - Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990) 2021

Sche	edule A (Form 990) 2021						Page	
P	Support Schedule 1 (Complete only if you					ion failed to qu	alify under Part	
	II. If the organization	fails to qua	ify under the t	ests listed belo	ow, please com	plete Part II.)		_
	ection A. Public Support							_
	endar year fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
•	Gifts, grants, contributions, and							-
•	membership fees received. (Do not							
	include any "unusual grants.") .							
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished in							
	any activity that is related to the							
_	organization's tax-exempt purpose							_
3	Gross receipts from activities that are not an unrelated trade or							
	business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
	<u> </u>							_
5	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
6	<b>Total.</b> Add lines 1 through 5							-
	Amounts included on lines 1, 2,							-
7a	and 3 received from disqualified							
	persons							
b	Amounts included on lines 2 and 3							
	received from other than							
	disqualified persons that exceed							
	the greater of \$5,000 or 1% of the							
	amount on line 13 for the year.							_
	Add lines 7a and 7b							_
8	<b>Public support.</b> (Subtract line 7c from line 6.)							
	ection B. Total Support							-
						1		_
	endar year fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
9	Amounts from line 6							-
10a	Gross income from interest,							-
<b>10</b> a	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
								_
b	Unrelated business taxable income							
b	(less section 511 taxes) from							
	businesses acquired after June 30, 1975.							
_	Add lines 10a and 10b.							-
с 11	Net income from unrelated							-
11	business activities not included on							

9	Amounts from line 6
10a	Gross income from intere

10a	Gross income from interes
	dividends, payments recei

- line 10b, whether or not the business is regularly carried on.
- Other income. Do not include gain or loss from the sale of capital
- assets (Explain in Part VI.) . . Total support. (Add lines 9, 10c,

11, and 12.). .

- First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,
- Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) . . . . . . . . . 15
- Public support percentage from 2020 Schedule A, Part III, line 15 . . . . . . . . . . . . . . . . . 16
- Section D. Computation of Investment Income Percentage 17

  - Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f)) . . . . . . Investment income percentage from 2020 Schedule A, Part III, line 17 . . . . . . . . . . . . .

b 33 1/3% support tests-2020. 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

- - 17

- 19a 331/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than  $\overline{33}$  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 . . . . . . . .
  - 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) 2021

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2021

Page 4

## Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

Section A. All Supporting Organizations

implete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you mplete Sections A and D, and complete Part V.)

checked	box 12b, of Part I, co
checked box	12d, of Part I, cor

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		
	describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization		
	was described in section 509(a)(1) or (2).	2	

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

3b and 3c below.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

made the determination.

**b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

**b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

Supporting Organizations (continued)

Has the organization accepted a gift or contribution from any of the following persons?

Page 5

No

<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 3 below, the governing body of a supported organization?					
b	A family member of a person described on 11a above?	11a 11b			
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in	11c			
Se	<u>Part VI.</u> ection B. Type I Supporting Organizations				
			Yes	No	
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.				
Se	ection C. Type II Supporting Organizations				
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or		Yes	No	
	trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported	1			
Se	ection <sup>z</sup> d <sup>:</sup> Aft)Type III Supporting Organizations				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		Yes	No	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2			
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations	3			
Se	ection E. Type III Functionally-Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructio	ns):		
ā	The organization satisfied the Activities Test. Complete <b>line 2</b> below.				
Ŀ	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.				
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity instructions)	(see			
2	Activities Test. Answer lines 2a and 2b below.	ļ	Yes	No	
ā	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those</b> supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a			

b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

**b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.

2b

За

3b

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

**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency

temporary reduction (see instructions)

instructions)

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See

Page **6** 

7 Total annual distributions. Add lines 1 through 6.	nnual distributions. Add lines 1 through 6.				
8 Distributions to attentive supported organizations to (provide details in <b>Part VI</b> ). See instructions	which the organization is re	sponsive	8		
9 Distributable amount for 2021 from Section C, line 6	9				
<b>10</b> Line 8 amount divided by Line 9 amount			10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdis	(ii) derdistributions Pre-2021		(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6					

,			
9 Distributable amount for 2021 from Section C, line 6	9	-	
10 Line 8 amount divided by Line 9 amount		10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI ). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
<b>a</b> From 2016			

		_	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI).			
See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021:			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			

Schedule A (Form 990) (2021)

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount

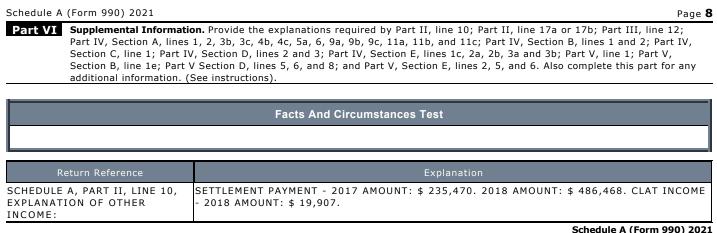
See instructions.

c Excess from 2019. d Excess from 2020. e Excess from 2021. . .

3j and 4c. 8 Breakdown of line 7: a Excess from 2017. . . **b** Excess from 2018. . . .

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in  ${\it Part~VI}$ 

6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines



# SCHEDULE C

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**Political Campaign and Lobbying Activities** 

OMB No. 1545-0047

Open to Public Inspection

# (Form 990)

Department of the Treasury Internal Revenue Service

2

2

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

 Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization

Employer identification number YAKIMA VALLEY COMMUNITY FOUNDATION 20-0697012 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description	of the organization's o	lirect and indirect politication	al campaign activities in Pa	art IV. See instructions for

definition of "political campaign activities."

Political campaign activity expenditures. See instructions .....

Volunteer hours for political campaign activities. See instructions ......

Part I-B Complete if the organization is exempt under section 501(c)(3).

Enter the amount of any excise tax incurred by the organization under section 4955 ......

Enter the amount of any excise tax incurred by organization managers under section 4955 ......

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes

Was a correction made? ..... If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... 1

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ......

Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.......... Did the filing organization file Form 1120-POL for this year? ..... ☐ Yes □ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a

separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (b) Address (c) EIN (d) Amount paid from (e) Amount of

(a) Name filing organization's political contributions funds. If none, enter received and -0-. promptly and directly delivered to a separate political organization. If none, enter -0-.

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

1

3

Part III-B

Part IV

(a) (b)

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. During the year, did the filing organization attempt to influence foreign, national, state or local 1 legislation, including any attempt to influence public opinion on a legislative matter or referendum,

Yes | No Amount

Page 3

through the use of: Volunteers?

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .......

Media advertisements? .....

Mailings to members, legislators, or the public? ..... Publications, or published or broadcast statements? .....

Grants to other organizations for lobbying purposes? h

Direct contact with legislators, their staffs, government officials, or a legislative body? .....

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ...... Other activities? Total. Add lines 1c through 1i ..... Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....

If "Yes," enter the amount of any tax incurred under section 4912 ......

2a

If "Yes," enter the amount of any tax incurred by organization managers under section 4912 ...... If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? ..... Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or

section 501(c)(6).

line 3, is answered "Yes." Dues, assessments and similar amounts from members ...... 1 2

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year .....

Carryover from last year

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . 3

political expenditure next year? ..... Taxable amount of lobbying and political expenditures. See Instructions ...... **Supplemental Information** 

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and

Were substantially all (90% or more) dues received nondeductible by members? ..... 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? ..... 2

2a

2b 2c

3

4

5

Did the organization agree to carry over lobbying and political expenditures from the prior year? ..... Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, 1

Yes

No

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

	nme of the organization  KIMA VALLEY COMMUNITY FOUNDATION		Employer identification number					
YAI	KIMA VALLEY COMMUNITY FOUNDATION		20-0697012					
Pā	art I Organizations Maintaining Donor		•					
	Complete if the organization answered		(h) Funda and athan accounts					
	Total number at and of year	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year	34	7					
2 3	Aggregate value of contributions to (during year)	1,098,194	2,523,65					
	Aggregate value of grants from (during year)	1,283,254	3,317,80					
4	Aggregate value at end of year	10,334,829	70,580,99					
5	Did the organization inform all donors and donor at the organization's property, subject to the organization	<u>-</u>						
6	Did the organization inform all grantees, donors, are charitable purposes and not for the benefit of the dimpermissible private benefit?	onor or donor advisor, or for any other purpo	ose conferring					
Pa	Conservation Easements. Complete if the organization answered							
1	Purpose(s) of conservation easements held by the							
_	Preservation of land for public use (e.g., recrea		historically important land area					
	Protection of natural habitat	Preservation of a	certified historic structure					
	Preservation of open space	•—						
_								
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	eid a qualified conservation contribution in t	Held at the End of the Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easemen	ts	2b					
С	Number of conservation easements on a certified h	istoric structure included in (a)	2c					
d	Number of conservation easements included in (c) historic structure listed in the National Register .	· · · · · · · · · · · · · · · · · · ·	2d					
3	Number of conservation easements modified, trans		d by the organization during the					
_	· -	ryation assement is located						
4 5	Number of states where property subject to conse	<del></del>						
3	Does the organization have a written policy regards violations, and enforcement of the conservation ea		Yes No					
6	Staff and volunteer hours devoted to monitoring, in year	nspecting, handling of violations, and enforc	ing conservation easements during the					
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing c	onservation easements during the year					
8	Does each conservation easement reported on line $(B)(i)$ and section $170(h)(4)(B)(ii)$ ?	• • • • • • • • • • • • • • • • • • • •	` ` `					
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	of the footnote to the organization's financia	·					
Pai	rt IIII Organizations Maintaining Collect Complete if the organization answered	ions of Art, Historical Treasures, (""Yes" on Form 990, Part IV, line 8.	or Other Similar Assets.					
1a	If the organization elected, as permitted under FA of art, historical treasures, or other similar assets service, provide in Part XIII, the text of the footn	held for public exhibition, education, or rese	earch in furtherance of public					
b	service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$					
(	ii) Assets included in Form 990, Part X		<b>&gt;</b> \$					
2	If the organization received or held works of art, h following amounts required to be reported under F		r financial gain, provide the					
а	Revenue included on Form 990, Part VIII, line 1 .		<b>.</b> \$					
b	Assets included in Form 990, Part X		<b>&gt;</b> \$					
	Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 202					

52283D

Public exhibition

collection items (check all that apply):

b	Г	Scholarly research				e  Other				_	
c		Preservation for future	gonorations							•	
4	Prov	ride a description of the	•	llections ar	nd explain	how they furthe	er the organizatio	n's exempt p	urpose in		
	Part	XIII.	-		•	•	-				
5		ng the year, did the org ets to be sold to raise fu				•			Yes	□ No	
Pa	rt IV	Escrow and Cust Complete if the or Part X, line 21.			s" on For	m 990, Part I	V, line 9, or re	oorted an a	ımount or	ı Form	າ 990,
1a		ne organization an agen uded on Form 990, Part				,			Yes	<b>V</b> No	
b	If "Y	es," explain the arrang	ement in Part XII	I and comp	lete the fo	ollowing table:		Ar	nount		_
С		nning balance		•		-	1c				_
d	_	tions during the year .					1d				_
e		ributions during the yea									_
f		ng balance									_
2a		the organization include						unt liahility?	Yes	□ No	_
b	If "Y	es," explain the arrang	ement in Part XII	I. Check he	ere if the e	explanation has	been provided in	Part XIII .	<b>v</b>		
Pa	rt V	Endowment Fun		1 1157		000 5 1 7					
		Complete if the or	ganization ansv	vered "Ye (a) Curren		m 990, Part I  (b) Prior year	V, line 10. (c) Two years back	(d) Three yea	ers hack (e)	Four ve	ars hack
1a	Beain	ning of year balance .	[		49,246	30,754,919	27,096,941		49,570		713,068
	-	ibutions	-		6,382	8,947	14,690	1	90,199		66,147
		nvestment earnings, ga	ins, and losses	2,3	19,459	3,028,691	4,622,989	-1,5	53,363	3,	808,605
d	Grant	s or scholarships .		1,0	19,115	943,311	979,701	1,1	89,465		938,250
е		expenditures for facility rograms	ties								
f	Admi	nistrative expenses .									
g	End o	f year balance		34,1	.55,972	32,849,246	30,754,919	27,0	96,941	29,	649,570
2	Prov	ide the estimated perce	entage of the curr	ent year er	ıd balance	(line 1g, colum	n (a)) held as:				
а	Boai	rd designated or quasi-	endowment 🕨	5.090 %							
b			4.690 %								
С		n endowment 🕨 90.2									
_		percentages on lines 2	•	•				1.6			
3a		there endowment funds inization by:	not in the posses	ssion of the	organizat	ion that are neit	and administere	a for the		Yes	No
	_	Inrelated organizations							3a(i)	1.00	No
	(ii)	Related organizations							3a(ii)		No
b		es" on 3a(ii), are the re	-	ns listed a	s required	on Schedule R?			3b		
4				e organizat	ion's endo	wment funds.					
Pa	rt VI										
		Complete if the or	ganization ansv	wered "Ye					, Part X,	line 1	0.
	Descr	iption of property	(a) Cost or other (investmen		(b) Cost or	other basis (other)	(c) Accumulated of	lepreciation	<b>(d)</b> B	ook valu	ıe
1a	Land										
		ings									
		chold improvements				116,728		116,728			0
		ment				127,067		120,221			6,846
-	041	• • •		+		60 427		60.427			

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its

**d** Loan or exchange programs

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line (a) Description of security or category (including name of security)		ments - Other Securities.				Page
Company   Comp	(a) Desc	scription of security or category			(c) Method of v	aluation:
(4) ALTERNATIVE INVESTMENTS 9,290,291 F  (B)	Financial derivativ	ives		Cost	or end or year	market value
(C)		ity interests				
(C) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Fart X. col. (8) line 12.)   Part X Other Assets. Complete if the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description of investment   (b) Book value   (c) Method of valuat Cost or end-of-year mark (b) (d) Method of valuat Cost or end-of-year mark (c) (e) Method of valuat Cost or end-of-year mark (d) (f) Method of valuat Cost or end-of-year mark (d) (g) Method of valuat (d) (g) Method of valuat (d) (g) Method of valuat (d) (g) M	ALTERNATIVE IN	NVESTMENTS	9,290,29	91	F	
(C) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Fart X. col. (8) line 12.)   Part X Other Assets. Complete if the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description of investment   (b) Book value   (c) Method of valuat Cost or end-of-year mark (b) (d) Method of valuat Cost or end-of-year mark (c) (e) Method of valuat Cost or end-of-year mark (d) (f) Method of valuat Cost or end-of-year mark (d) (g) Method of valuat (d) (g) Method of valuat (d) (g) Method of valuat (d) (g) M						
(c) (c) (d) Total. (Column (b) must equal Form 990, Part X, col. (8) line 12.)						
(c) (d) (e) (filt)   Total. (Column (b) must equal Form 990, Part X, col. (8) line 12.)   9,290,291     Part   Investments - Program Related.						
(G) (H)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII  Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  (a) Description of investment  (b) Book value  (c) Method of valuat Cost or end-of-year mark  (c) Method of valuat Cost or end-of-year mark  (d) Description of investment  (e) Book value  (f) Method of valuat Cost or end-of-year mark  (g) Book value  (h) Book value  (h) Method of valuat Cost or end-of-year mark  (h) Book value  (h) Method of valuat Cost or end-of-year mark  (h) Book value  (h) Book value  (h) Method of valuat Cost or end-of-year mark  (h) Book value  (h)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)   Part VIII						
Investments - Program Related.   Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line		_				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 15c. See Form 990, Pa	,		9,290,29	91		
Cost or end-of-year mark   (1)		ete if the organization answered 'Yes' o	on Form 990, Part			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)		(a) Description of investment		(b) Book value	` ,	
(3) (4) (5) (6) (7) (8) (9)  Part XX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)						
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.						
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.						
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.						
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.						
(8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.						
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description  (b) Book  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.						
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.						
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)						
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			•			
(1) (2) (3) (4) (5) (6) (7) (8)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.			n Form 990, Part 1	IV, line 11d. See	e Form 990, Pai	t X, line 15.
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)		(a) Descriptio	on			(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)						
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)						
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.						
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.						
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.						
(8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.						
(9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.						
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.						
Part X Other Liabilities.						
See Form 990, Part X, line 25.	Complet	ete if the organization answered 'Yes' or	n Form 990, Part I	IV, line 11e or 1	.1f.	
			liability			(b) Book value
(1) Federal income taxes (2)		axes				
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that r			ext of the footnote to	the organization		2,390,58 ements that reports t
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided $x_{\rm III}$	anization's liability					

Other (Describe in Part XIII.)

Subtract line 2e from line 1 . .

Add lines 4a and 4b . . . .

Other (Describe in Part XIII.)

Subtract line 2e from line 1 .

Other (Describe in Part XIII.)

Supplemental Information

Return Reference

Add lines 4a and 4b . . . .

Part XI

3

5

1

2

3

Part XIII

PART IV, LINE 2B:

PART V, LINE 4:

ADJUSTMENTS:

ADJUSTMENTS:

PART XI, LINE 2D - OTHER

PART XII, LINE 4B - OTHER

Part XII

10,384,704

-9,316,625 19,701,329

19,701,329

6,289,771

6,289,771

726,703 7,016,474

Schedule D (Form 990) 2021

0

111 990) 2021	
econciliation of Revenue per Audited Financial Statements With Revenue per	

Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	

- 1
- 1 Total revenue, gains, and other support per audited financial statements .
- 2

Donated services and use of facilities . . . . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses and losses per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25: 

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .

Recoveries of prior year grants . . . .

Add lines **2a** through **2d** . . . . . .

Add lines 2a through 2d . . . . .

- Amounts included on line 1 but not on Form 990, Part VIII, line 12:
- Net unrealized gains (losses) on investments . . . . 2a

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

- -8,589,922

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

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

ASSETS HELD IN PERPETUITY.

ADMINISTRATIVE FEES 542,274.

2h

2c

2d

4a 4h

2a

2c

2d

4a

4b

Explanation

THE FOUNDATION RECEIVES AND DISTRIBUTES FUNDS HELD FOR OTHERS IN WHICH THE FOUNDATION ACCEPTS A CONTRIBUTION FOR ANOTHER ENTITY AND AGREES TO TRANSFER THOSE ASSETS AND THE RETURN ON THE ASSETS TO THE SEPARATE ENTITY. THESE FUNDS

THE FOUNDATION HAS A GENERAL POLICY OF APPROPRIATING FOR DISTRIBUTION EACH

YEAR 4 PERCENT OF ITS ENDOWMENT FUND'S AVERAGE FAIR VALUE OVER THE PRIOR 12 QUARTERS THROUGH THE CALENDAR YEAR-END PRECEDING THE FISCAL YEAR IN WHICH THE DISTRIBUTION IS PLANNED. IN ESTABLISHING THIS POLICY, THE FOUNDATION CONSIDERED THE LONG-TERM EXPECTED RETURN ON ITS ENDOWMENT. ACCORDINGLY, OVER THE LONG TERM, THE FOUNDATION EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO GROW AT A RATE EQUAL TO INFLATION. THIS IS CONSISTENT WITH THE FOUNDATION'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT

ARE TREATED AS AGENCY FUNDS BY YAKIMA VALLEY COMMUNITY FOUNDATION

ADMINISTRATIVE FEES -542,274. INVESTMENT EXPENSES -184,429.

-726,703

2e

4c

1

2e

3

4c

184,429

542,274

SCHEDULE F	Sta	atement of	ates	OMB No. 1545-0047				
(Form 990)  Complete if the organization answered "Yes" to Form 990, Part IV, line 14l  Attach to Form 990.  Pepartment of the Treasury  Department of the Treasury					line 14b,	15, or 16.	2021 Open to Public Inspection	
Internal Revenue Service  Name of the organiza						Employer ident	tification number	
YAKIMA VALLEY CO	MMUNITY FO	UNDATION				20-0697012		
		on on Activit Part IV, line 14		the United States. C	Complete	e if the organiz	ation answered	
1 For grantmak	<b>cers.</b> Does the	organization	maintain recor	ds to substantiate the	amount	of its grants		
			_	or assistance, and the	selectio	n criteria used		
to award the	grants or assis	stance?					Yes No	
	<b>cers.</b> Describe tside the Unit		organization's	procedures for monitor	ring the	use of its gran	ts and other	
3 Activites per Re	egion. (The follo	wing Part I, line	3 table can be	duplicated if additional sp	ace is ne	eeded.)		
<b>(a)</b> Regi	on	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program spe	vity listed in (d) is a n service, describe ecific type of e(s) in the region	(f) Total expenditures for and investments in the region	
CARIBBEAN (2)	RICA AND THE	0	0	INVESTMENTS			8,749,639	
(3)								
(4)								
(5)								
( 6)								
(7)								
(8)								
(9)								
( 10)								
11)								
( 12)								
( 13)								
( 14)								
( 15)								
( 16)								
( 17)								
_=- /		<u> </u>	<del> </del>					

**3a** Sub-total . . . . **b** Total from continuation sheets 8,749,639 to Part I . . . 0 c Totals (add lines 3a and 3b)

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

Cat. No. 50082W

8,749,639 Schedule F (Form 990) 2021

enedate : (1 e1111 33	0, 2021							. 496 =
						plete if the organiza onal space is needed		" on Form 990,
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
( 2)								
( 3)								
( 4)								
( 5)								
( 6)								
(7)								
( 8)								
( 9)								
( 10)								
( 11)								
12)								
( 13)								
( 14)								
( 15)								
( 16)								
				ecognized as charition vided a section 501(		untry, recognized a etter	s	

(2) (3) (4) (5) (6) (7) (8) (9)

10) ( 11)

12) 13) ( 14)

15)

16) ( 17)

18)

Schedule F (Form 990) 2021

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (b) Region (c) Number of (d) Amount of (e) Manner of cash (f) Amount of (a) Type of grant or (a) Description (h) Method of

(a) Type of grant of	(b) Region	(c) Number of		(e) Manner of Cash	(1) Amount of	(g) Description	(ii) Method of
assistance		recipients	cash grant	disbursement	noncash	of noncash	valuation
					assistance	assistance	(book, FMV,
							appraisal, other)
(1)							

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021	Page <b>5</b>
method; amounts of investigation (accounting method); and	tion equired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting stments vs. expenditures per region); Part II, line 1 (accounting method); Part III d Part III, column (c) (estimated number of recipients), as applicable. Also complete dditional information. See instructions.
ReturnReference	Explanation
PART III ACCOUNTING METHOD:	
-	
	Schedule F (Form 990) 2021

# Additional Data Software ID: Software Version:

Note: To capture the full content of this document, please select landscape mode ( $11" \times 8.5"$ ) when printing.

### Schedule I (Form 990)

## Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

OUTREACH 500 UNIVERSITY PARKWAY

Name of the organization
YAKIMA VALLEY COMMUNITY FOUNDATION

20-0

nce	
а	ance

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part III that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Descrip (if applicable) (book, FMV, appraisal, organization grant cash noncash ass or government other) assistance (1) APOYO 91-1970470 501(C)(3) 0 44.690 PO BOX 194 ELLENSBURG, WA 98926 23-6393377 0 (2) CAMP GHORMLEY 501(C)(3) 17,719 640 LOST LAKE RD NACHES, WA 98937 (3) CAPITOL THEATRE 91-0939384 0 501(C)(3) 23.500 COMMITTEE PO BOX 102 YAKIMA, WA 98907 (4) CASCADIA NOW 47-1954164 501(C)(3) 12,500 0 PO BOX 30181 SEATTLE, WA 98113 (5) CATHOLIC CHARITIES 91-1370404 501(C)(3) 20,738 0 SÉRVING CENTRAL WA 5301 TIETON DRIVE STE G YAKIMA, WA 98908 (6) COLLEGE SUCCESS 0 91-2036088 501(C)(3) 15,000 FOUNDATION 15500 SE 30TH PLACE BELLEVUE, WA 98007 (7) COWICHE CANYON 91-1312184 501(C)(3) 26,750 0 CÓNSERVANCY PO BOX 877 YAKIMA, WA 98907 (8) DISPUTE RESOLUTION 0 91-1606046 97,500 501(C)(3) CENTER 132 N 1ST AVE YAKIMA, WA 98902 (9) ENTRUST COMMUNITY 91-0862938 501(C)(3) 50,000 0 SERVICES PO BOX 9727 YAKIMA, WA 98909 (10) FILIPINO-AMERICAN 28-7865070 10,000 0 COMMUNITY OF YAKIMA VALLEY PO BOX 298 **WAPATO, WA 98951** (11) FRIENDS IN SERVICE 91-1059920 501(C)(3) 30,310 0 TO HUMANITY 804 ELMVIEW RD ELLENSBURG, WA 98926 (12) GARDEN VILLAGE 91-2090034 501(C)(3) 25,000 0 206 S 10TH AVE YAKIMA, WA 98902 (13) GENERATING HOPE 20-3070634 0 501(C)(3) 60,500 INC PO BOX 1562 YAKIMA, WA 98907 (14) GRACE CITY 84-4485102 0 501(C)(3) 95,500

YAKIMA,WA 98901					
(15) GRACE OF CHRIST PRESBYTERIAN CHURCH 9 S 8TH AVE YAKIMA, WA 98902	91-0221750	501(C)(3)	10,000	0	
(16) HEARTLINKS HOSPICE & PALLIATIVE CARE 3920 OUTLOOK RD	91-1067873	501(C)(3)	10,000	0	
OUTLOOK, WA 98944 (17) HERITAGE	91-1160585	501(C)(3)	14,900	0	
UNIVERSITY 3240 FORT ROAD TOPPENISH,WA 98948	91 1100303	301(0)(3)	14,300	o de la companya de l	
(18) HIGHLAND FOOD BANK 614 RUDD RD TIETON,WA 98947	90-0714318	501(C)(3)	15,000	0	
(19) JUSTICE HOUSING YAKIMA PO BOX 1097	81-2749702	501(C)(3)	65,000	0	
YAKIMA, WA 98907  (20) KITTITAS COUNTY HABITAT FOR HUMANITY 307 S MAIN PO BOX 873 ELLENSBURG, WA 98926	91-1595008	501(C)(3)	30,000	0	
(21) LA CASA HOGAR 106 S 6TH ST YAKIMA, WA 98901	94-3070007	501(C)(3)	51,250	0	
(22) LA SALLE HIGH SCHOOL FOUNDATION 3000 LIGHTNING WAY UNION GAP, WA 98903	91-1836124	501(C)(3)	259,500	0	
(23) LATINO COMMUNITY	20-5987399	501(C)(3)	150,000	0	
FUND OF WASHINGTON STATE PO BOX 30669 SEATTLE, WA 98103	20-3987399	301(0)(3)	130,000	0	
(24) LATINX LLC 581 OLD NACHES HWY YAKIMA,WA 98908	85-2229662	501(C)(3)	324,000	0	
(25) NACHES VALLEY DOLLARS FOR SCHOLARS PO BOX 66	46-5727310	501(C)(3)	35,000	0	
NACHES, WA 98937 (26) NAMI YAKIMA PO BOX 10918 YAKIMA, WA 98909	91-1151684	501(C)(3)	50,000	0	
(27) NORTHWEST COMMUNITIES EDUCATION CENTER 1040 S HENDERSON ST SEATTLE, WA 98108	91-0969818	501(C)(3)	74,500	0	
(28) OIC OF WASHINGTON 815 FRUITVALE BLVD YAKIMA, WA 98902	91-0873024	501(C)(3)	50,000	0	
(29) PACIFIC NORTHWEST UNIVERSITY OF HEALTH SCIENC 111 UNIVERSITY PARKWAY STE 202	06-1744054	501(C)(3)	31,500	0	
YAKIMA,WA 98901					

(30) PEACEKEEPER SOCIETY 4140 HARRAH RD PO BOX 441	47-3686988	501(C)(3)	37,500	0	
HARRAH, WA 98933  (31) PEOPLE FOR PEOPLE 304 W LINCOLN YAKIMA, WA 98902	91-0783225	501(C)(3)	65,000	0	
(32) PLANNED PARENTHOOD 1117 TIETON DRIVE YAKIMA,WA 98902	91-6071384	501(C)(3)	15,500	0	
(33) PROJECT MERCY INC 7011 ARDMORE AVENUE FORT WAYNE,IN 46809	35-1410753		40,000	0	
(34) ROD'S HOUSE 204 S NACHES AVE YAKIMA, WA 98901	36-4659738	501(C)(3)	61,750	0	
(35) SEATTLE PACIFIC UNIVERSITY 3307 3RD AVE WEST SEATTLE, WA 98119	91-0565553	501(C)(3)	8,000	0	
(36) TEACH FOR AMERICA WASHINGTON 210 S HUDSON ST SUITE 307 SEATTLE, WA 98134	13-3541913		50,000	0	
(37) TEAMCHILD 1225 SOUTH WELLER ST SUITE 420 SEATTLE, WA 98144	91-1930194	501(C)(3)	50,000	0	
(38) THE MEMORIAL FOUNDATION 3111 TIETON DRIVE YAKIMA, WA 98902	91-1022358	501(C)(3)	240,400		
(39) TIETON ARTS & HUMANITIES PO BOX 171 TIETON, WA 98947	26-0587575	501(C)(3)	16,000	0	
(40) TOPPENISH COMMUNITY CHEST 4 NORTH B ST TOPPENISH, WA 98948	55-0845518	501(C)(3)	30,000	0	
(41) TTAWAXT BIRTH JUSTICE CENTER 71 MCKEE RD SELAH,WA 98942	84-2803522	501(C)(3)	104,692	0	
(42) UNION GOSPEL MISSION 1300 N 1ST ST YAKIMA, WA 98901	23-7050061	501(C)(3)	73,489	0	

(43) UNITED WAY OF CENTRAL WASHINGTON 116 SOUTH 4TH ST YAKIMA, WA 98901	91-0639892	501(C)(3)	8,420	0	
(44) UNIVERSITY OF WASHINGTON FOUNDATION 4333 BROOKLYN AVE NE SEATTLE, WA 98195	94-3079432	501(C)(3)	65,000	0	
(45) UW FOUNDATION UW MEDICAL ADVANCEMENT SEATTLE, WA 98195	94-3079432	501(C)(3)	200,000	0	
(46) WASHINGTON ASSOCIATION FOR INFANT MENTAL HEALTH (WA-AIMH) 1833 N 105TH STREET 203 SEATTLE, WA 98133	46-4567104	501(C)(3)	48,000	0	
(47) WASHINGTON STATE TREE FRUIT ASSOCIATION 105 S 18TH STREET SUITE 116 YAKIMA, WA 98901	91-0465890	501(C)(6)	20,000	0	
(48) WELLNESS HOUSE 210 S 11TH AVE STE 40 YAKIMA, WA 98902	91-1418100	501(C)(3)			
(49) WSU FOUNDATION PO BOX 641925 PULLMAN,WA 99164	91-1075542	501(C)(3)	10,000	0	
(50) YAKAMA WARRIORS ASSOCIATION PO BOX 920 TOPPENISH,WA 98948	20-1797897	501(C)(19)	10,000	0	
(51) YAKIMA BUDDHIST CHURCH 212 W 2ND ST WAPATO,WA 98951	91-1046073	501(C)(3)	10,000	0	
(52) YAKIMA COUNTY DEVELOPMENT ASSOCIATION PO BOX 1387 YAKIMA, WA 98901	91-1284283	501(C)(6)	15,000	0	
(53) YAKIMA HERALD REPUBLIC ACCOUNTING DEPT YAKIMA,WA 98909	91-1539864		112,500	0	
(54) YAKIMA MUSIC EN	30-0893939	501(C)(3)	25,000	0	

ACCION PO BOX 317 YAKIMA, WA 98907		,,,,			
(55) YAKIMA NEIGHBORHOOD HEALTH SERVICES 12 S 8TH ST YAKIMA, WA 98901	91-0928817	501(C)(3)	33,872	0	
(56) YAKIMA PARKS AND RECREATION 2301 FRUITVALE BLVD YAKIMA,WA 98902	91-6001293	501(C)(5)	8,895	0	
(57) YAKIMA POLICE PATROLMEN'S ASSOCIATION 200 SOUTH THIRD STREET YAKIMA, WA 98901	23-7068651	501(C)(5)	21,000	0	
(58) YAKIMA ROTARY TRUST PO BOX 464 YAKIMA, WA 98907	91-1686206	501(C)(3)	941,865	0	
(59) YAKIMA SCHOOLS FOUNDATION PO BOX 1173 YAKIMA, WA 98907	91-1548926	501(C)(3)	17,700	0	
(60) YAKIMA SYMPHONY ORCHESTRA 32 N 3RD ST YAKIMA, WA 98901	23-7346119	501(C)(3)	5,500	0	
(61) YAKIMA VALLEY COLLEGE - SCHOLARSHIP PO BOX 22520 YAKIMA,WA 98907	91-0671107		5,500	0	
(62) YAKIMA VALLEY COUNCIL ON ALCOHOLISM DBA TRIUMPH TREATMENT SERVICES PO BOX 2849 YAKIMA, WA 98907	91-0755984	501(C)(3)	55,000	0	
(63) YAKIMA VALLEY MUSEUM 2105 TIETON DR YAKIMA, WA 98902	91-0828572	501(C)(3)	12,557	0	
(64) YMCA OF YAKIMA 5 N NACHES AVE YAKIMA, WA 98901	91-0568717	501(C)(3)	54,200	0	
(65) YOUNG WOMEN'S CHRISTIAN ASSOCIATION 818 W YAKIMA AVE YAKIMA,WA 98902	91-0565563	501(C)(3)	42,250	0	

Page 2

Schedule I (Form 990) 2021

(2)

(3) (4)

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(7)

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

Explanation

Return Reference

PART I, LINE 2: EACH GRANTEE IS REQUESTED TO COMPLETE AND FILE A FINAL REPORT WHEN ALL GRANT FUNDS ARE EXPENDED. BY SIGNING AND

DEPOSITING THE GRANT CHECK, ALL GRANT RECIPIENTS ACKNOWLEDGE AND AGREE TO THE TERMS AND CONDITIONS OF THE GRANT. Schedule I (Form 990) 2021

#### **Compensation Information** Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization YAKIMA VALLEY COMMUNITY FOUNDATION

Open to Public Inspection

OMB No. 1545-0047

**Employer identification number** 20-0697012 **Questions Regarding Compensation** No Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or

reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 4c

Νo Νo Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Νo 5a Νo Any related organization? . . . . If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? . . . . . 6a Any related organization? . . . . . . . . . If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed

Νo Νo payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . . . . . . . . 7 Νo 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2021 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule instructions, on row (ii). Do not list any individuals that are not listed <b>Note.</b> The sum of columns (B)(i)-(iii) for each listed individual must eq	on Fo	rm 990, Part VII.						that individual.
(A) Name and Title		(B) Breakdown o		C compensation,		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	
1SHARON MIRACLE PRESIDENT/CEO	(i)	191,420	0	0	8,700	7,069	207,189	0
	(ii)	0	0	0	0	0	0	0
							Schedule J	(Form 990) 2021

Schedule J (Form 990) 2021 Page 3 Part Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021



(Form 990)

**SCHEDULE M** 

### **Noncash Contributions**

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

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

2021

OMB No. 1545-0047

Open to Public

	Il Revenue Service					Inspe	ectio	n
	e of the organization				Employer identificat	ion nu	mber	
YAKI	MA VALLEY COMMUNITY FOUNDATION							
D-	rt I Types of Property				20-0697012			
Гε	Types of Property	(-)	(1-)	(-)	1			
		(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, lin	Method of contrib	determ		ıts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
	Books and publications							
5	Clothing and household goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	1	101,15	0 FAIR MARKET VA	LUE		
	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation							
	contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles Food inventory				+			
	Drugs and medical supplies .				+			
	Taxidermy				-			
	Historical artifacts				-			
	Scientific specimens							
	Archeological artifacts							
25	Other ▶ ()							
26	Other ▶ ()							
27	Other ▶ ()							
28	Other ► ()							
29	Number of Forms 8283 received by for which the organization complete				29			0
	·				·		Yes	No
30a	During the year, did the organization of the year hold for at least three year exempt purposes for the entire ho	rs from the	date of the initial contribut					
	exempt purposes for the entire no	• .				30a		Νo
b	If "Yes," describe the arrangemen							
31	Does the organization have a gift	acceptance	policy that requires the re	eview of any nonstandard	contributions?	31	Yes	-
32a	Does the organization hire or use contributions?	third partie	s or related organizations	to solicit, process, or sell	noncash • • •	32a		Νo

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

**b** If "Yes," describe in Part II.

describe in Part II.

Schedule M (Form 990) (2021)	F	Page <b>2</b>
organization is reporting	ion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the g in Part I, column (b), the number of contributions, the number of items received, or a so complete this part for any additional information.	
Return Reference	Explanation	
, , ,	THE NUMBER OF CONTRIBUTIONS REPORTED IN SCHEDULE M, PART I, COLUMN (B) REPRESENTS THE NUMBER OF DONATIONS RECEIVED DURING THE YEAR.	
	Schedule M (Form 990) (2	2021)

#### **SCHEDULE 0** (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Open to Public

OMB No. 1545-0047

Inspection Employer identification number

Schedule O (Form 990) 2021

YAKIMA VALLEY COMMUNITY FOUNDATION

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

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

20-0697012 Return Explanation Reference 22 BOARD MEMBERS THAT SERVE PRE-DETERMINED TERMS AND SERVE ON BOTH STANDING AND AD HOC COMMITTEES. FORM 990. PART I. LINE TIME COMMITMENT IS <1 HR PER WEEK. 6 FORM 990. THE BYLAWS WERE REVISED FOR CHANGES TO BOARD OF DIRECTOR QUALIFICATIONS AND QUORUM REQUIREMENTS. PART VI. SECTION A. I INF 4 FORM 990. THE EXECUTIVE COMMITTEE, WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY, WILL BE GIVEN A COMPLETE PART VI. COPY OF THE FORM 990 FOR REVIEW PRIOR TO FILING WITH THE IRS. THE PRESIDENT/CEO WILL BE AVAILABLE FOR SECTION B. QUESTIONS REGARDING THE TAX RETURN. AFTER THE EXECUTIVE COMMITTEE MEMBERS HAVE REVIEWED THE RETURN AND LINE 11B QUESTIONS HAVE BEEN ANSWERED. A COPY WILL BE PROVIDED TO THE FULL BOARD AND THE RETURN WILL BE FILED. WITH THE INTERNAL REVENUE SERVICE. FORM 990. IT IS THE POLICY OF YAKIMA VALLEY COMMUNITY FOUNDATION THAT ALL BOARD MEMBERS. COMMITTEE MEMBERS. PART VI. EMPLOYEES AND VOLUNTEERS WILL FULLY DISCLOSE PERCEIVED. POTENTIAL AND ACTUAL CONFLICTS OF INTEREST TO SECTION B. THE APPROPRIATE INDIVIDUALS. IN ACCORDANCE WITH THIS POLICY. IN ADVANCE OF ANY DECISION MAKING AND RECUSE LINF 12C THEMSELVES FROM DECISIONS WHERE A CONFLICT OF INTEREST COULD INTERFERE WITH OBJECTIVE DECISION MAKING. ANNUAL CONFLICT OF INTEREST POLICY FORMS ARE SIGNED BY ALL STAFF AND BOARD MEMBERS. FORM 990. THE ADMINISTRATION OF THE COMPENSATION PLAN HAS BEEN DELEGATED TO THE EXECUTIVE COMMITTEE BY THE BOARD PART VI. OF DIRECTORS OF THE FOUNDATION. THE EXECUTIVE COMMITTEE FUNCTIONS AS THE ADMINISTRATIVE COMMITTEE TO SECTION B. ADMINISTER THE PLAN ON BEHALF OF THE BOARD. THE ADMINISTRATIVE COMMITTEE MAY NEVER BE FEWER THAN TWO LINF 15A MEMBERS. ALL ACTIONS OF THE EXECUTIVE COMMITTEE. IN ITS CAPACITY AS THE ADMINISTRATIVE COMMITTEE FOR THE PLAN. SHALL REQUIRE AN AFFIRMATIVE VOTE OF A MAJORITY OF THE EXECUTIVE COMMITTEE AT A MEETING AT WHICH A QUORUM IS PRESENT. THIS ADMINISTRATIVE COMMITTEE HAS THE AUTHORITY TO ADMINISTER THE PLAN IN ACCORDANCE WITH THE EXPRESSED TERMS OF THE PLAN. ALL GOOD FAITH DECISIONS OF THE ADMINISTRATIVE COMMITTEE SHALL BE CONCLUSIVE AND BINDING ON ALL PERSONS COVERED BY THE PLAN. THE LAST COMPENSATION REVIEW WAS PERFORMED ON JUNE 30, 2021. FORM 990. DOCUMENTS INCLUDING POLICIES AND CONFLICT OF INTEREST STATEMENTS ARE PROVIDED UPON REQUEST. THE AUDITED PART VI. FINANCIAL STATEMENTS ARE INCLUDED ON THE ORGANIZATION'S EXTERNAL WEBSITE. WHICH IS AVAILABLE TO THE SECTION C, PUBLIC. LINE 19

Cat. No. 51056K