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Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Activities & Governance

SCANNED NOV 25

Preparer

Use Only

Firm's name

Firm's address

► Do not enter social security numbers on this form as it may be made public. Open to Public Department of the Treasury Internal Revenue Service ► Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection For the 2014 calendar year, or tax year beginning , 2014, and ending D Employer identification number Check if applicable 84-0794536 Address change YAMPA VALLEY COMMUNITY FOUNDATION PO BOX 881869 Telephone number Name change STEAMBOAT SPRINGS, CO 80488 Initial return 970-879-8632 Final return/terminated 4,663,758 Amended return G Gross receipts \$ MARK ANDERSEN H(a) Is this a group return for subordinates? Application pending F Name and address of principal officer: Yes H(b) Are all subordinates included?
If 'No,' attach a list (see instructions) SAME AS C ABOVE Tax-exempt status X 501(c)(3) 4947(a)(1) or 1501(c) ((insert no.) Website: ► WWW.YVCF.ORG H(c) Group exemption number > X Corporation 1996 M State of legal domicile. CO Form of organization Association L Year of formation Part I Summary 1 Briefly describe the organization's mission or most significant activities: SUPPORT COMMUNITY PROJECTS THROUGH 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) 3 Number of independent voting members of the governing body (Part VI, line 1b) 13 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 6 6 40 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 962.024 2,957,476. Program service revenue (Part VIII, line 2g).... 227,542. 243,423. 497,986 255,827. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . 3,456,726. 1,687,552 Grants and similar amounts paid (Part IX, column (A), lines 1-3).......... 745,516. 733,976. Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 198,976. 199.988 16a Professional fundraising fees (Part IX, column (A), line 11e) ·马克·斯尔斯·拉斯· b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 395,497 266,128. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)...... 1,341,001. 1,199,080. Revenue less expenses. Subtract line 18 from line 12. 346,551 2,257,646. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 10,427,453 13,180,414. Total liabilities (Part X, line 26) 1,788,387 1,746,566. Net assets or fund balances. Subtract line 21 from line 2 8,639,066 11,433,848. Part II Signature Block Under penalties of perjury, I declare that complete. Declaration of preparer (other Signature of officer Sign Here MARK ANDERSEN EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date Check GREGORY HENION GREGORY HENION 9/25/15 self-employed P00335215 Paid

May the IRS discuss this return with the preparer shown above? (see instructions)..... BAA For Paperwork Reduction Act Notice, see the separate instructions.

► PO BOX 773027

STEAMBOAT SPRINGS, CO 80477-3027

THPK

TEEA0113L 05/28/14

No



(970) 879-1787

Firm's EIN ► 84-0773720

..... X Yes

Forn	990 (2014) YAMPA VALLEY COMMUNITY FOUNDATION	84-079453	36 Page 2
Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	
1	Briefly describe the organization's mission		
	PROVIDE LEADERSHIP IN RAISING FUNDS, IN PARTNERSHIP WITH COMMUNI		<u>TO</u>
	SUPPORT INNOVATIVE PROGRAMS BENEFITING THE YAMPA VALLEY COMMUNIT	<u>Y</u>	
2	Did the organization undertake any significant program services during the year which were not listed on the pr		
	Form 990 or 990-EZ?	📋	Yes X No
	If 'Yes,' describe these new services on Schedule O.		🗔
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices?	Yes X No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported	vices, as measur ns to others, the	ed by expenses. total expenses,
4 a	(Code:) (Expenses \$ 841,215. including grants of \$ 733,976.) (Revenue \$	243,423.)
	THE FOUNDATION DEVELOPS ANNUAL AND GROWING FUNDS TO SUPPORT ORGA		
	PROGRAMS IN ROUTT AND MOFFAT COUNTIES. OVER 100 ORGANIZATIONS W		
	GRANTS		
4 b	(Code:) (Expenses \$ including grants of \$) (Fig. 2)	Revenue \$)
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
			<del></del>
4 C	(Code:) (Expenses \$including grants of \$) (Figure 1)	Revenue \$	,
		<b></b>	
4 d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		)
4 e	Total program service expenses ► 841,215.		
BAA	TEEA0102L 05/28/14		Form 990 (2014)

# Form 990 (2014) YAMPA VALLEY COMMUNITY FOUNDATION [Part IV | Checklist of Required Schedules

	1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2			X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		ر در	1 2 3 3 4 5 4 5 4 5 4 5 4 5 6 5 6 5 6 5 6 5 6 5
•	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
	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.	11 b		Х
(	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	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	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	18		X
		19		х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	<del></del>		Х
b	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules (continued) Yes No Х 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.... .... .... .... .... .... 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?...... 24d X 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete X Schedule L. Part I 25b 26 Х X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X 28a a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV... b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X Schedule L, Part IV. . 28b Х 28c  $\overline{\mathbf{x}}$ Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . . . 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If 'Yes,' complete Schedule M . ..... ... ... ... ... ... ... ... X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L..... 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete X 32 X 33 Х 34 X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 35b Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.... X 37 38 38 BAA Form 990 (2014)

# Form 990 (2014) YAMPA VALLEY COMMUNITY FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V			<u>.       </u>
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.   1 a	- 5.25	1	0.6
<u> </u>	의 등 등		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	شتسا <b>X</b>	المراجعة المراجعة المراجعة
2 a 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 2 a	ر بر رین ا	模式	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	77.5	2	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0.</i>	3 b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b If 'Yes,' enter the name of the foreign country: ►		,2,	135,
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)	ا در د شا	· · · · · · ·	1
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).	F 3 7	150.5	(1)
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ر کا در	, , ,
services provided to the payor?	7 a	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	2.72	5	اريا مانده
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7h	72334	
organization have excess business holdings at any time during the year?	8	the history	X
9 Sponsoring organizations maintaining donor advised funds.	127,000	3 5 h	562
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a	4 St. C. avelue	rest "
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:	, ,,	435.0	7 . 2
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
11 Section 501(c)(12) organizations. Enter.			5 S
a Gross income from members or shareholders	1,50		34
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	an tarifu		د کار مستخدمه
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			<u> </u>
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	January.	12 - 20 - 2 20 - 2 20 - 2	J
a is the organization licensed to issue qualified health plans in more than one state?	13a		ļ.,
Note. See the instructions for additional information the organization must report on Schedule O.		الخور كالم	
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	1.53		113.
c Enter the amount of reserves on hand	1	7,707a3	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	المهلمية المهادية	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	14b		
BAA TEEA0105L 05/28/14		990 (	2014)

Form 990 (2014) YAMPA VALLEY COMMUNITY FOUNDATION 84-0794536 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management 1 a Enter the number of voting members of the governing body at the end of the tax year ... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1 a 13 **b** Enter the number of voting members included in line 1a, above, who are independent. 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?. 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?.... 3 Х Did the organization make any significant changes to its governing documents 4 Х X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . . . X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?...... .... 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a 8 b X 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 Code.) Yes No 10 a X 10 a Did the organization have local chapters, branches, or affiliates? ... b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a  $\overline{X}$ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?...... b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c X X 13 14 14 Did the organization have a written document retention and destruction policy?...... 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. . SEE. SCHEDULE . O ....

	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?
Se	ction C. Disclosure
17	List the states with which a copy of this Form 990 is required to be filed NONE
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  Wighted Description of the public inspection. Indicate how you made these available. Check all that apply.  Other (explain in Schedule O)
19	Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  SEE SCHEDULE O
20	State the name, address, and telephone number of the person who possesses the organization's books and records:
	YAMPA VALLEY COMMUNITY FNDN P.O. BOX 881869 STEAMBOAT SPRINGS CO 80488 970 879-8632

**b** Other officers or key employees of the organization ..... .... If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).

taxable entity during the year? .... . ... . ... . ....

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

15 a 15 b

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Form <b>990</b> (2014)	VAMPA	VALLEY	COMMINTTY	FOUNDATION

										The State of the S			
Part	VII.	Com	pensa	tion o	f Officers,	Directors,	Trustees	, Key	Employees	Highest	Compensated	Employe	es, and
		ʻlndei	bende	nt Coi	ntractors [°]	Ť		_	• •	_	-		

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any relat	ed organiz	ation	com	npen	sate	ed any o	current officer, direct	or, or trustee.	
	(C)								
(A) Name and Title	(B) Average hours per	than	n one s both dire	box, an c ector/	unles fficer truste/		Reportable compensation from	(E)  Reportable  compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) JAY FETCHER	1								
DIRECTOR	0	Х			l		0.	0.	0.
(2) PAULA COOPER BLACK	_1_								
EMERITUS	0	X					0.	0.	0.
(3) ROD HANNA	1	]							
DIRECTOR	0	X	Ш				0.	0.	0.
_(4) ADONNA ALLEN	5								
CHAIR.	0	X		X			0.	0.	0.
(5) KATHRYN PEDERSEN	1_1_								
DIRECTOR	0	X					0.	0.	0.
_(6) PAM_VANATTA	1_1_								
DIRECTOR	0	X			<u> </u>		0.	0.	0.
_(7) TOM SHARP	1								
DIRECTOR	0	Х					0.	0.	0.
(8) LAURA CUSENBARY	2	]							
VICE CHAIR	0	X		X			0.	0.	0.
(9) CHRIS DIAMOND	11								
DIRECTOR	0	X	Ш		$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ld}}}}}}$		0.	0.	0.
(10) GARY NEALE	1_								
DIRECTOR	0	X					0.	0.	0.
(11) JIM BRONNER	2								
VICE CHAIR	0	X		X			0.	0.	0.
(12) DANA TREDWAY	1						1		
SECTY/TREASURER	0	X		Х		<u> </u>	0.	0.	0.
(13) RON KRALL	1								
DIRECTOR	0	Х					0.	0.	0.
(14) MARK ANDERSEN	40								
EXECUTIVE DIREC	0			X			88,250.	0.	0.
BAA	TEEA0	107L	02/27	7/14					Form 990 (2014)

Part VII. Section A. Officers, Directors, Tru	ıstees,	Key	En	ıplo	oye	es,	and	d Highest Con	pensated Emp	loyees (continued)
,	(B)			((	C)					
(A) Name and title	Average hours per	box	. unie	ess pe	erson	than is bot or/trus	h an	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
	week	9 <u>8</u>	TS.	Officer	<u>\$</u>	en E	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
	for related	or director	nstitutional trustee	Cer	Key employee	iest c	mer			and related organizations
	organiza • tions below	or all	tal ta		loyee	ompe				
	dotted line)	99	stee			Highest compensated employee				
(15)		<del>                                     </del>								
(16)										
(17)							-			
(10)							_			
(18)	<u> </u>									
(19)										
(20)		-			_					
(21)		-								
(22)										
(23)										
(24)										
(25)						_				
1 b Sub-total		<u> </u>		<u> </u>	L	L	<b>&gt;</b>	88,250.	0.	0.
c Total from continuation sheets to Part VII, Secti							►	0.	0.	0.
d Total (add lines 1b and 1c)							<b>&gt;</b>	88,250.	0.	0.
2 Total number of individuals (including but not limited	to those I	isted	abo	ve) \	who	recei	ved	more than \$100,00	00 of reportable com	pensation
from the organization   0										Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru	stee,	key	y en	nplo	yee,	or h	nighest compensa	ted employee	3 X
•									from	1/2 mg (7 - 48) 12 mg
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,0	00'? 	<i>Ιf '</i> \	res'	com	plet 	e Schedule J for		. 4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper s,' comple	satio	n fr	om dule	any <i>J fc</i>	unre	elate ch p	ed organization or erson	ındıvıdual	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compen		_					_			
compensation from the organization. Report compen	sation for	the c	alen	dar	year	endi	ng v	with or within the or	ganization's tax yea	
Name and business add	ress							Description	of services	(C) Compensation
										<del></del>
2 Total number of independent contractors (including t		ited t	o the	ose I	iste	d abo	ve)	who received more	than 🚉	
\$100,000 of compensation from the organization		TEEA	0108L	03/	09/15				<u>}</u>	Form <b>990</b> (2014

rai	. V	Check if Schedule O		a respo	onse or note to ar	ny line in this Part V	/III		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a c	Federated campaigns Membership dues Fundraising events Related organizations. Government grants (contribut		1 a 1 b 1 c 1 d 1 e	212,098.				
ontribution nd Other Si	f	All other contributions, gifts, similar amounts not included Noncash contributions included Total. Add lines 1a-1f	d in lines 1a	1 f	2,745,378. 435,430.	a Land wife a same of the first			
Bevenue a		PASSPORT CLUB			Business Code	243,423.	243,423.		A STATE OF THE STA
Program Service Revenue	d e f	All other program servi		  e					
Pro		Total. Add lines 2a-2f.				243,423.	3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	12,231,046	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	3 4 5	Investment income (incother similar amounts). Income from investment Royalties	t of tax-e	 xempt	bond proceeds.	226,244.	226,244.		
	b	(i) Real  b Less: rental expenses c Rental income or (loss). d Net rental income or (loss)		eal	(II) Personal				
	d			irities	(II) Other				
	С	Less: cost or other basis and sales expenses  Gain or (loss)  Net gain or (loss) .	1,207, 29,	032. 583.		29, 583.			29, 583.
Other Revenue	8 a	Gross income from fund (not including . \$	d on line	1c).					
Other F	С	See Part IV, line 18 Less: direct expenses Net income or (loss) fro Gross income from gan	om fundra	-		The state of the s			The shadow of the state of the
	b	See Part IV, line 19 Less: direct expenses Net income or (loss) fro		a		A CONTRACT OF THE CONTRACT OF			Manhair Boursian in At Louise
	b	Gross sales of inventor and allowances Less: cost of goods sole Net income or (loss) fro	d	b		Value of Marie States and States			
	11 a b	Miscellaneous Reveni			Business Code	The second secon	The state of the s	The state of the second which	The Samuel Control of the
	е	Total. Add lines 11a-11				2 450 500	400,667		20 502
ľ	12	Total revenue. See inst	ructions .			3.456.726.	l 469,667.	l 0.	l 29,583.

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX..... (C) (D) (B) (A) Do not include amounts reported on lines Total expenses Management and Fundraising Program service 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. 630,949 630,949 Grants and other assistance to domestic individuals. See Part IV, line 22...... 103,027 103,027 Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16. Benefits paid to or for members ..... Compensation of current officers, directors, 0 trustees, and key employees 0. 88,250. 88,250. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described ın section 4958(c)(3)(B)..... 0 0 0. Other salaries and wages 87,372 87. 372 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... 4,680 4,680 Other employee benefits ..... <u>5,297</u> 5,297 Payroll taxes...... 13,377 13,377 11 Fees for services (non-employees): a Management...... 14,545 <u>14,545</u> b Legal 5,818 5,818. 6,100 6,100 e Professional fundraising services. See Part IV, line 17 进入的 海绵 医克尔 f Investment management fees...... 54,451 54.451 g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)..... Advertising and promotion . . . 4,519 4,519. 13 Office expenses. 15,960. 15,960. 14 Information technology 15 Royalties 16 Occupancy. . 29,413 29,413 17 Travel 429. 429 Payments of travel or entertainment expenses for any federal, state, or local public officials ...... Conferences, conventions, and meetings.... Interest.... ... . .... .... ... 21 Payments to affiliates ... 22 Depreciation, depletion, and amortization... 3,972 3,972 2,880 2,880. Other expenses. Itemize expenses not A 17:305 covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e PASSPORT CLUB EXPENSES 62,601 62,601 b PROGRAM EXPENSES 44,638 44,638 <u>MEETINGS/WORKSHOPS</u> 8,622 3,954 4,668 d DONOR_APPRECIATION_EVENT 5,111 5,111 5,716. 7,069. 1,353. 25 Total functional expenses. Add lines 1 through 24e ... 841,215. 346,733 11,132 1,199,080. 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) . . . BAA Form 990 (2014) TEEA0110L 05/28/14

Page 11

Part X * | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X...... (A) Beginning of year End of year 1 Cash - non-interest-bearing 76,838 146,557. 2 988,530. 2 Savings and temporary cash investments . . 733,081 Pledges and grants receivable, net 15,575 3 25. 4 4 5 Loans and other receivables from current and former officers, directors, 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . 6 6 Notes and loans receivable, net ... . .... . ...... 7 8 Inventories for sale or use ...... 9 Prepaid expenses and deferred charges . . . . . . 4,534 9 3,739 - 18/1 1/1/1/2 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D....... 10 a 130,718 10b **b** Less: accumulated depreciation ... 10 c 119,073 15,617 11,645. 11 Investments – publicly traded securities . . . 11 9,567,450 10,816,484. Investments - other securities See Part IV, line 11 . . . . . 12 13 13 Investments - program-related. See Part IV, line 11. 14 Intangible assets ....... 14 1,213,434. 15 Other assets. See Part IV, line 11 . . . . . . 14,358 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 13,180,414. 10,427,453. Accounts payable and accrued expenses ..... 17 17 13.551 14,664 18 Grants payable. 18 19 Deferred revenue... 19 70,000 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D........ Loans and other payables to current and former officers, directors, trustees, 22 23 Secured mortgages and notes payable to unrelated third parties..... 23 24 Unsecured notes and loans payable to unrelated third parties......... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 1,703,723 1,733,015. 26 1,788,387 26 1,746,566. Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete ě Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 8,073,845 27 9,640,328. 27 28 Temporarily restricted net assets . . . . 565,221 28 1,793,520. 29 Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. ş Capital stock or trust principal, or current funds 30 30 Assets Paid-in or capital surplus, or land, building, or equipment fund ... 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds . . . . . Net/ 33 33 Total net assets or fund balances...... 8,639,066 11,433,848. 34 Total liabilities and net assets/fund balances 10,427,453 34 13,180,41<u>4.</u> BAA Form 990 (2014)

Fori	m <b>990</b> (	(2014)	YAMPA VALLEY COM	MUNITY FO	DUNDATIO	N		<u>84-07945</u> 3	6	Pa	ige 12
Pa	rt XI	Reco	iciliation of Net Asse	ts							
			f Schedule O contains a re								X
1	Total	revenue	(must equal Part VIII, colu	ımn (A), line	12)			1	3,4	156,7	726.
2	Total	expens	s (must equal Part IX, colo	umn (A), line	25)			2	1,1	199,0	080.
3	Reve	nue less	expenses. Subtract line 2	from line 1				. 3	2,2	257,6	546.
4	Net a	issets or	fund balances at beginning	g of year (mu	st equal Par	t X, line 33, colun	nn (A))	4	8,6	39,0	)66.
5	Net u	ınrealıze	d gains (losses) on investr	nents				. 5	4	154,2	246.
6	Dona	ted serv	ces and use of facilities					6			
7	Inves	tment e	penses					7			
8			djustments					8			
9	Other	change	in net assets or fund bala	ances (explair	ın Schedul	e O) . SEE SCH	EDOTE O ''''	. 9		82,8	<u> 90.</u>
10	Net as	ssets or	and balances at end of year.	Combine lines	3 through 9	(must equal Part X	, line 33,				
<u> </u>			·					10	11,4	133,8	348.
Pa	rt XII	] Finan	cial Statements and F	Reporting							_
		Check	f Schedule O contains a re	sponse or no	te to any lin	e in this Part XII		<u></u>			
				_	_		_			Yes	No
1	Ασσοι	unting m	ethod used to prepare the	Form 990·	Cash	X Accrual	Other		25.3	23	
		organız hedule (	ition changed its method o	f accounting	from a prior	year or checked '	Other,' explain		,,, , 3		
2 8	a Were	the orga	nization's financial statem	ents compiled	or reviewed	d by an independe	ent accountant?		. 2a		X
	separ		a box below to indicate w s, consolidated basis, or bo e basis Consolidate	oth:	_	ments for the year olidated and sepa	•	newed on a	الرائي الرائي المدانية	atile	)
ł	<b>Were</b>	the orga	nization's financial statem	ents audited b	oy an indepe	endent accountant	?		2 b	X	
	basis,	s,' check , consoli Separat	a box below to indicate w dated basis, or both: e basis Consolidate	_	_	nents for the year olidated and sepa		eparate	1		
(	if 'Yes reviev	s' to line v, or cor	la or 2b, does the organization of its financial sta	on have a com tements and	mittee that as selection of	ssumes responsibil an independent a	ity for oversight of the accountant?	nudit,	. 2c	х	
	in Sch	neďule C		• .		, -	-		- 2). = 1 1 1 1 1	17 E	
	Audit	Act and	federal award, was the orga OMB Circular A-133?						3 a		X
ŀ			organization undergo the real						. 3b		
BAA			· · · · · · · · · · · · · · · · · · ·						Forn	n <b>990</b> (	(2014)

BAA

### **SCHEDULE A** (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public

Employer Identification number

YAM	IPA VALLEY	COMMUNITY	FOUNDATION				84-079453	6				
							part.) See instruct	ions.				
The o		•		For lines 1 through 11,		-	•					
1	_			hurches described in <b>sec</b>	tion 170(	b)(1)(A)(	(i).					
2	A school	described in <b>secti</b> o	on <b>170(b)(1)(A)(ii).</b> (Ati	tach Schedule E.)								
3	A hospita	l or a cooperative	hospital service organ	ization described in <b>se</b>	ction 17	0(b)(1)( <i>k</i>	۸)(iii).					
4	A medica	I research organiz	ation operated in conj	unction with a hospital (	describe	d in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's				
	name, cit	y, and state:										
5		A)(iv). (Complete	Part II.)	-	-	_	rnmental unit described ii	n section				
6	A federal,	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described										
7	∷ in section	ı 170(b)(1)(A)(vi).	(Complete Part II.)			ental un	it or from the general pub	lic described				
8		•	* * * * * *	A)(vi). (Complete Part I								
9	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10	_	~	•	ely to test for public safe	-							
11	An organi or more p lines 11a	zation organized a publicly supported through 11d that c	and operated exclusive organizations describe describes the type of s	ely for the benefit of, to ed in <b>section 509(a)(1)</b> outporting organization	perform or <b>sectio</b> and com	the fun n <b>509(a</b> nplete lii	nctions of, or to carry ou <b>)(2).</b> See <b>section 509(a)</b> nes 11e, 11f, and 11g.	ut the purposes of one (3). Check the box in				
а												
b	Type II. A	supporting organi	zation supervised or c	ontrolled in connection	with its	support	ted organization(s), by the supported organization	naving control or				
С	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.											
d	Type III no functional instruction	n-functionally integrated. The ns). You must con	grated. A supporting org organization generally oplete Part IV. Section	anization operated in cor must satisfy a distribu is A and D, and Part V.	nection tion reqi	with its s uiremen	supported organization(s) t and an attentiveness	that is not requirement (see				
е	Check this	s box if the organi	zation received a writt		the IRS		a Type I, Type II, Type I					
f	Enter the nur	mber of supported	organizations									
g	Provide the f	ollowing information	on about the supported	d organization(s).								
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	s the tion listed loverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
								<del></del>				
(A)					ļ	ļ. <u></u>						
(B)												
(C)												
(D)												
		<del> </del>										
<u>(E)</u>	····	<del></del>	1. 24 . 50 4 5 5 4		8 309	27 3 5						
Total	~							000 000 57 001 1				
BAA	For Paperwor	K Reduction Act N	lotice, see the Instruc	tions for Form 990 or 9	190-EZ.		Schedule A (Form	990 or 990-EZ) 2014				

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support				•		
beg	endar year (or fiscal year inning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.) .PT . VI	437,213.	540,943.	1,238,622.	962,024.	829,873.	4,008,675.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3 .	437,213.	540,943.	1,238,622.	962,024.	829,873.	4,008,675.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						59,458.
6	Public support. Subtract line 5 from line 4	Company of the second	The second secon		The state of the s		3,949,217.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	437,213.	540,943.	1,238,622.	962,024.	829,873.	4,008,675.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	151,475.	186,308.	194,567.	198,603.	226,244.	957,197.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10		tructions)				4,965,872.
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ırd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶ 🗍
	tion C. Computation of Pul						
	Public support percentage for 20					14	79.53%
	Public support percentage from 2 33-1/3% support test — 2014. If and stop here. The organization	·	•			<b>15</b>   3-1/3% or more, o	76.60 %
Ь	33-1/3% support test — 2013. If t and stop here. The organization	he organization d qualifies as a pul	id not check a bo olicly supported o	x on line 13 or 16 rganization	a, and line 15 is 3	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her	e. Explain in Part	Vi how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	ind-circumstances test. The organiza	s' test, check this ation qualifies as a	box and <b>stop her</b> a publicly support	e. Explain in Part ed organization	VI how the ►
	Private foundation. If the organization	zation did not che	ck a box on line	13, 16a, 16b, 1/a,			
BAA					Sch	nedule A (Form 99	0 or 990-EZ) 2014

Pai	t III Support Schedule fo	or Organization	ns Described	in Section 509	(a)(2)		,
	(Complete only if you check	ed the box on line	9 of Part I or if the	e organization failed	to qualify under Pa	art II. If the organizat	ion fails
	to qualify under the tests	listed below, plea	ise complete Par	t II.)		<del></del>	<u>/</u>
	tion A. Public Support	T	T	1 (3,0010	1 45 0010		
	dar year (or fiscal yr beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014 /	(f) Total
•	Gifts, grants, contributions and membership fees				1		
	received. (Do not include any 'unusual grants.')						
2	Gross receipts from admis-						
	sions, 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	<del></del>	<del> </del>	<del> </del>	/-	<del></del>	<del> </del>
	that are not an unrelated trade	}					
4	or business under section 513.  Tax revenues levied for the				/		
7	organization's benefit and				/		
	either paid to or expended on	1					
5	its behalf		ļ	<del>                                     </del>	ļ <del></del>	<del>-</del>	
_	facilities furnished by a	ì			1		
	governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		<del> </del>				
	Amounts included on lines 1,	<del> </del>					
	2, and 3 received from disqualified persons						
h	Amounts included on lines 2	<u> </u>	<del> </del>	<del>                                     </del>			
U	and 3 received from other than						
	disqualified persons that		1	1			
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year		1				
C	Add lines 7a and 7b		1				
8	Public support (Subtract line		13.00%	A State of State of	in of the state of	The state of the state of	
	7c from line 6.)	is the second of the second	1 4 15	All sulling & Joseph	100 1 7 10 10 10 10 10 10 10 10 10 10 10 10 10	200 2000 300	
			<i>II</i>				
	tion B. Total Support	(-) 2010	1 / (1) 2011	(a) 2012	(4) 2012	(-) 2014	(f) Total
Calend	dar year (or fiscal yr beginning in) 🕨	<b>(a)</b> 2010	/ <b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calend 9	dar year (or fiscal yr beginning in) Amounts from line 6	,	/ <b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calend 9	dar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans,	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calend 9	dar year (or fiscal yr beginning in) Amounts from line 6	,	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calend 9 10 a	dar year (or fiscal yr beginning in) Amounts from line 6	,	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calend 9 10 a	dar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	,	/ <b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calend 9 10 a	dar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	,	/ <b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calend 9 10 a b	dar year (or fiscal yr beginning in) Amounts from line 6	,	/ <b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calend 9 10 a b	dar year (or fiscal yr beginning in) Amounts from line 6	,	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calend 9 10 a b	dar year (or fiscal yr beginning in)  Amounts from line 6	,	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calend 9 10 a b	dar year (or fiscal yr beginning in) Amounts from line 6	,	/ <b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calend 9 10 a b c 11	dar year (or fiscal yr beginning in)  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include	,	/ <b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calend 9 10 a b c 11	dar year (or fiscal yr beginning in)  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	,	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calend 9 10 a b c 11	dar year (or fiscal yr beginning in)  Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b  Net income from unrelated business activities not included in 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.)	,	/ <b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
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10 a b c c 11 12 13 14 Sect 15 16 Sect	dar year (or fiscal yr beginning in)  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b  Net income from unrelated business activities not included in 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 five years. If the Form 990 organization, check this box and ion C. Computation of Pu	is for the organized stop hereblic Support Pol4 (line 8, column 2013 Schedule A, restment Incor	ation's first, secondary of the secondar	ine 13, column (f)	r fifth tax year as	a section 501(c)(3)	·
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Part IV Supporting Organizations

Section A. All Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

			Yes	No
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	ر المسقة ا	
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	3, 1, 5, [2, 1, 5] 22,7522	رائي د. انگاه
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a	Samuel Faction	
	<b>b</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 <b>Part VI</b> when and how the organization made the determination	3b	ing Salata Salata	
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		ا جي ا انساد ها
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		900
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	ر م الساملية	ريان ريان کا د ايسان
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		2.423
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	The state of the s	
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	ta taga Sabatana d	75 42 mg v
1	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	7.3	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		ر این
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ر (۱۹۱۶) ۱۹۱۹ - ۱۹۱۹ ۱۹۱۹ - ۱۹۱۹ - ۱۹۱۹ ۱۹۱۹ - ۱۹۱۹ - ۱۹۱۹
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8	20 E M	, na. 3
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b>	9a	7 mg 1	مرام المرام ا المرام المرام
I	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b	Park III	
(	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с	A Secondary	4 2 , 1
10:	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a	المستقد	
i	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	ا مداده ا	123

Pa	art IV:   Supporting Organizations (continued)	<u> </u>	•	ago
	activi Joupporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	大流	467	14.5
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	a Neac as	X
	<b>b</b> A family member of a person described in (a) above?	11b		<u> </u>
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c	<u> </u>	<u> </u>
Se	ction B. Type I Supporting Organizations			,
		<del></del>	Yes	No
1	Did the 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	251 251 251 251 251 251 251 251 251 251	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Se	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	tantal a tanà	Link Tatati
Sec	ction D. All Type III Supporting Organizations			
		<u> </u>	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2	e ve	and a
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
Sec	ction E. Type III Functionally-Integrated Supporting Organizations	·		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
1				
i	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
•	c [ ] The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	is).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
		17.75	, J	110
•	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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		2 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
I	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	10 34 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3	Parent of Supported Organizations. Answer (a) and (b) below.			35 [3]
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		ا منظم الله الله الله الله الله الله الله الل
1	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b	e de mores	تكني

Pa	rt V : Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N other Type III non-functionally integrated supporting organizations must complete	ovem	per 20, 1970, See instruction	ons. All
Sec	tion A – Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
_2		2		
3		3		
4	Add lines 1 through 3	4		
<u>_</u> 5		5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	17.7		
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d	l ·	
е	Discount claimed for blockage or other factors (explain in detail in Part VI):	, , , 4,		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	The state of the state of	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	1927, 1777, a - 175 Y	
4	Enter greater of line 2 or line 3	4	本では、大利のアルデス 「ないを使	
5	Income tax imposed in prior year	5	The state of the s	
6	Distributable Amount, Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally-inte (see instructions).	grate		anization
ВАА			Schedule A (Form	n 990 or 990-EZ) 2014

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	T V. 1 type III Non-Functionally Integrated 509(a)(3) St	ipporting Organiza	ions (continuea)	Comment Varia
	tion D — Distributions		Current Year	
	Amounts paid to supported organizations to accomplish exempt pu			
	Amounts paid to perform activity that directly furthers exempt purposes on excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su			
4	Amounts paid to acquire exempt-use assets	. ,		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions	on is responsive (provide	details	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	the factor of the second	2857 C. 2011 - 20 22 - 40	
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
	Excess distributions carryover, if any, to 2014:	大声的 The State of The State of the		
a	the transfer of the control of the c	医原生性原性性 化二甲基	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Company of the state of
b	BEN A TENTO LATERANTO DE LA TORINA EL LA PERSONAL DE LA BENEROLA DEL LA BENEROLA DE LA BENEROLA DEL LA BENEROLA DELLA DE	(指导學行物)等行行。	The same of the state of the st	·特殊不够的人。由于自由
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d	Brother the tracking section by the restriction of the companies of the section o	が高い。 が、 は、 が、 には、 には、 には、 には、 には、 には、 には、 には	the state of the state of the state of	可是自己的可以是不是有自
e	From 2013	20 19 HE 19 19 19 19 19 19 19 19 19 19 19 19 19		[44]。[2][4][4][4][4][4][4][4][4][4][4][4][4][4]
	Total of lines 3a through e		Page 1 that the arthur	\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Property of the second of the second		· · · · · · · · · · · · · · · · · · ·
h	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)	2. 在线点基据设备的	The reality of the second	
	Remainder, Subtract lines 3g, 3h, and 3i from 3f		ती नहीं प्रसिद्ध है।	
	Distributions for 2014 from Section D, line 7:			
a	Applied to underdistributions of prior years	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24.11 2.14	The state of the s
	Applied to 2014 distributable amount		B. 19	- ***
	Remainder, Subtract lines 4a and 4b from 4		ALTERNATION OF COLUMN	1 37 1 4 4 4 5 1 4 5 5 7
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			A 400 1924 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7	Excess distributions carryover to 2015. Add lines 3j and 4c			被自然的方式的。
8	Breakdown of line 7:	大学等 1.0% 1.16 1.15 1.15 1.15 1.15 1.15 1.15 1.15	福港 高 等 中 注 " 数 。	·李思克·克克·克克·克克·克克·克克·克克·克克·克克·克克·克克·克克·克克·克
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	ESTREAM AND ANTONIAN AND AND AND AND AND AND AND AND AND A		· 大學 · 大学 ·	TO SOUTH THE WAY
С	如此一個人一個人的學問題以及其所以不過	· 國際的機能所以及於於一	が、後の本語によるには、 作品	日本の一個人
	Excess from 2013	- Barrier Company	- The Contract of the second	新说是"其代"有"特别
е	Excess from 2014			The second secon
		1		,

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

YAMPA VALLEY COMMUNITY FOUNDATION

84-0794536

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**PART II, LINE 1 - UNUSUAL GRANTS** 

2010		2011		 2012	2013		 2014	 TOTAL
\$	0.	\$	0.	\$ 762,383.	\$	0.	\$ 2,127,603.	\$ 2,889,986.

# SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public 5

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	YAMPA VALLEY COMMUNITY FOUN	DATION	84-0794536
Pa	rt I. Organizations Maintaining Donor Complete if the organization answ	r <mark>Advised Funds or Other Similar I</mark> rered 'Yes' to Form 990, Part IV, III	unds or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4)	54
2	Aggregate value of contributions to (during year)	2,213,112	
3	· · · · · · •	457,112	
4	F	5,547,925	
5		or advisors in writing that the assets held in	donor advised funds
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit	s, and donor advisors in writing that grant of the donor or donor advisor, or for any of	funds can be used only her purpose conferring
_	impermissible private benefit?		Yes No
	Conservation Easements. Complete if the organization answ		ne 7.
1	Purpose(s) of conservation easements held by	• • • • • • • • • • • • • • • • • • • •	
	Preservation of land for public use (e.g., re		on of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he last day of the tax year.	eld a qualified conservation contribution in the	form of a conservation easement on the
	last day of the tax year.		Held at the End of the Tax Year
	a Total number of conservation easements		. 2a
ı	b Total acreage restricted by conservation easem	ents	2 b
	Number of conservation easements on a certific		2c
	d Number of conservation easements included in	(c) acquired after 8/17/06, and not on a hi	storic
	structure listed in the National Register		2d
3	Number of conservation easements modified, transtax year ►	ferred, released, extinguished, or terminated l	by the organization during the
4	Number of states where property subject to conserv	vation easement is located ►	
5	Does the organization have a written policy reg		
	and enforcement of the conservation easement		
6	Staff and volunteer hours devoted to monitoring, in	specting, and enforcing conservation easeme	nts during the year
7	Amount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easements d	uring the year
ь	Does each conservation easement reported on	line 201 above action the requirements of	spectron 170(h)(4)(P)(i)
0	and section 170(h)(4)(B)(ii)?		Yes No
	include, if applicable, the text of the footnote to conservation easements.	the organization's financial statements th	at describes the organization's accounting for
<u>Par</u>	Complete if the organization answ	tions of Art, Historical Treasures, ered 'Yes' to Form 990, Part IV, III	or Other Similar Assets. ne 8.
	a If the organization elected, as permitted under art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its finance.	for public exhibition, education, or research ital statements that describes these items.	n furtherance of public service, provide,
Ł	of the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:		
	(i) Revenue included in Form 990, Part VIII, lir		
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of art, his amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	•
	a Revenue included in Form 990, Part VIII, line 1.		
t	Assets included in Form 990, Part X		

Part III Organizations Mainta	ining Collection	s of Art, Historic	cal Treasures, o	r Other Similar Ass	ets (conti	inued)
3 Using the organization's acquisition items (check all that apply):	n, accession, and other	r records, check any	of the following that a	re a significant use of its	collection	
a Public exhibition		<b>—</b>	exchange programs			
b Scholarly research		e Other				<del> </del>
c Preservation for future gener						
4 Provide a description of the organiz Part XIII.						
5 During the year, did the organiza to be sold to raise funds rather the	ation solicit or receiv	e donations of art, he as part of the orga	istorical treasures, o	or other similar assets	Yes	□ No
Part IV   Escrow and Custodia line 9, or reported an	amount on Form	990, Part X, lin	e 21.	swered tes to For	m 990, P	art IV,
1 a Is the organization an agent, trus on Form 990, Part X? b b If 'Yes,' explain the arrangement				ner assets not included 	Yes	No
					Amount	
c Beginning balance				1c		
<b>d</b> Additions during the year				. 1 d		
<b>e</b> Distributions during the year .				. 1e		
f Ending balance				[ 1f]		<del></del>
2a Did the organization include an a					_	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. Check	here if the explanati	on has been provide	ed in Part XIII		
Dady E. L. C.	.1.1.6.11			000 0 11/	- 10	
Part V Endowment Funds. C						rage book
1 a Beginning of year balance	(a) Current year 556,806.	(b) Prior year 413,692	(c) Two years back		(e) Four y	0.
b Contributions	1,079				<del> </del>	
ľ	1,019.	31,221	. 347,700	01,540.		
c Net investment earnings, gains, and losses	44,885.			42,116.	ļ	
d Grants or scholarships	10,000.	5,000	•		<del> </del>	
e Other expenditures for facilities and programs.				0.		
f Administrative expenses	7,665.	6,349			ļ	
g End of year balance	585,105.	556,806			<u> </u>	0.
2 Provide the estimated percentage	-	end balance (line i	g, column (a)) neld	as:		
a Board designated or quasi-endowme	ent •	<del></del> 8				
b Permanent endowment		\^ &				
c Temporarily restricted endowment The percentages in lines 2a, 2b,		<del></del>				
The percentages in titles 2a, 2b,	and 20 Should equa	100 %.				
3 a Are there endowment funds not in the organization by.	he possession of the	organization that are I	neld and administered	I for the	Yes	s No
(i) unrelated organizations					3a(i)	X
(ii) related organizations					3a(ii)	X
b If 'Yes' to 3a(II), are the related o					3b	<del> </del>
4 Describe in Part XIII the intended	_	•				
Part VI Land, Buildings, and I			<del></del>			
Complete if the organi		Yes' to Form 9	90, Part IV, line	11a. See Form 990	), Part X,	line 10.
Description of property	(a) Cos	<del></del>	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	
<b>1 a</b> Land	<del></del>			4. 34.77 \$ 70.4		
<b>b</b> Buildings	<b></b>					
c Leasehold improvements		85,666.		74,521.	1	1,145.
d Equipment		45,052.		44,552.		500.
e Other	<del></del>					
Total. Add lines 1a through 1e. (Colum	n (d) must equal Fo	rm 990, Part X, colu	ımn (B), lıne 10c ) .			1,645.
BAA				Schedu	le <b>D</b> (Form 9	990) 2014

Part VII Investments - Other Securities.		N/A	
Complete if the organization answered	'Yes' to Form 990	, Part IV, line 11b. See Form 99	90, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
(1) Financial derivatives			<del></del>
(2) Closely-held equity interests			
(3) Other			
(A)	· · · · · · · · · · · · · · · · · · ·		
(B)			
(C)		<del>- , - , - , - , - , - , - , - , - , - ,</del>	
(D)			
(E)			
(F)			
(G)			
(H)			
(I)		·· <del>··</del>	
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) .		THE RESERVE STATES OF THE PROPERTY.	and the second of the second
Part VIII Investments – Program Related.	<del></del>	N/A	77 1 4 7 18 1 <u>8 1</u>
Complete if the organization answered	'Yes' to Form 990	, Part IV, line 11c. See Form 99	0, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			<del></del>
(5)			
(6)			······································
(7)		<del></del>	
(8)			
(9)			
<del></del>			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		Maria Cara Cara Maria Maria	1 4/4 × 1/4 × 1/4 × 1/4 × 1/4 ×
Part IX Other Assets.	<u></u> -L	The second to the second to the second	
Complete if the organization answered	'Yes' to Form 990,	, Part IV, line 11d, See Form 99	0, Part X, line 15.
	cription		(b) Book value
(1) ARTWORK			3,950.
(2) BEQUEST RECEIVABLE			1,200,000.
(3) CASH SURRENDER VALUE OF LIFE INSUF	RANCE		9,484.
(4)	<u> </u>		
(5)	<del></del>		<del></del>
(6)			
(7)			
(8)			
(9)	<del></del>		
(10)			1 012 424
Total. (Column (b) must equal Form 990, Part X, column (E	3), line 15 )		1,213,434.
Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo	rm 000 Part IV line 11	o or 11f Soo Form 990 Port V line 95	
(a) Description of liability	(b) Book value	e of Tri. See Form 950, Fart A, fille 25	JUNE A. CONT. IN THE
(1) Federal income taxes	(b) Book value		
(2) ASSETS HELD FOR OTHERS	806,56		
(3) FUNDS HELD AS FISCAL AGENT	926,44		
(4)	720,33		
(5)			
(6)			
(7)			
(8)	<del></del>		
(9)		一位是"是是"的"是是"的"是"。	
(10)			
(11)			是自然的原理。
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	► 1,733,01.	5. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foo			liability for uncertain
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote h			
man beginning and of the to Kings , told allog the part of the food of the	F		

Part XI: Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	3,632,068.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	, ,	
a Net unrealized gains (losses) on investments 2a 454,246.	120	
b Donated services and use of facilities	10%	
c Recoveries of prior year grants	128	
c Recoveries of prior year grants		
e Add lines 2a through 2d	2 e	391,645.
3 Subtract line 2e from line 1	3	3,240,423.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	. n	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	N 15	
b Other (Describe in Part XIII.). SEE PART XIII. 4b 216,303.		
c Add lines 4a and 4b	4 c	216,303.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	1 5	3,456,726.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		0,100,1201
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
	1.	027 206
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	837,286.
	2 - 24	
b Prior year adjustments	- 1	
20	33	
d Other (Describe in Part XIII.).		
e Add lines 2a through 2d	2 e	<u></u> .
3 Subtract line 2e from line 1	3	837,286.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
	استمت	061 501
c Add lines 4a and 4b	4 c	361,794.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	1 3 1	1,199,080.
		<del></del>
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par 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 PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND	t V, [,] additional	Information.
FUNDS ARE DESIGNATED TO SUPPORT EDUCATION, RECREATION AND OTHER NON B	ייי ארט אכ	
ORGANIZATIONS.  SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990		
PROGRAM EXP NETTED ON FINANCIAL STMTTOTA	. <u>\$</u> .L <u>\$</u>	-62,601. -62,601.

Pa	t XIII   Supplemental Information (continued)	
	SCHEDULE D, PART XI, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S	
	CONTRIBUTIONS TO FISCAL AGENT ACCOUNTS	
	SCHEDULE D, PART XII, LINE 4B OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S	
	DISBURSEMENTS FROM FISCAL AGENT ACCOUNTS         \$ 299,193.           PROGRAM EXP NETTED ON FINANCIAL STMT         62,601.           TOTAL         \$ 361,794.	

Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

1545-0047	14
OMB No	20

Open to Public Inspection

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

2 X Yes 84-0794536 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?. General Information on Grants and Assistance COMMUNITY FOUNDATION YAMPA VALLEY Part

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

SEE PART IV

1 (a) Name and address of organization (b) EIN or government	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		630,949.	0.			
<del></del>				-		
				-		
-				-	•	
				•		
						:
overnment organ	izations listed	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table			:	44
Enter total number of other organizations listed in the line 1 table.	able				•	44
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	r Form 990.		TEEA3901L 06/19/14	06/19/14	Schedul	Schedule 1 (Form 990) (2014)

Schedule I Cont (Form 990) 2014 YAMPA VALLEY COMMUNITY FOUNDATION  Part.III* Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)	Y COMMUNITY FOR Assistance to I	OUNDATION Domestic Individua	als (Schedule I (Forr	ı	84-0794536 Continuation Page 1 of 1
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS TO MONTANA SCHOOLS	8	3,600.			
SCHOLARSHIPS TO NEW YORK SCHOOLS	1	1,000.			
SCHOLARSHIPS TO PENNSYLVANIA SCHOOL	1	5,000.			
SCHOLARSHIPS TO TEXAS SCHOOLS		425.			
SCHOLARSHIPS TO ARIZONA SCHOOLS	3	5,000.			
		TEEA4002L 06/19/14	06/19/14		Schedule I Cont (Form 990) 2014

Page 2

Schedule I (Form 990) (2014) YAMPA VALLEY COMMUNITY FOUNDATION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS TO COLORADO					
1 SCHOOLS	57	73,902.			
SCHOLARSHIPS TO WYOMING					
2 SCHOOLS	3	2,350.			
SCHOLARSHIPS TO KANSAS					
3 SCHOOLS	1	2,750.	i		
SCHOLARSHIPS TO VERMONT					
4 SCHOOLS	-	1,000.			
5 SCHOLARSHIPS TO NH SCHOOLS	<del></del>	1,000.			
SCHOLARSHIPS TO OREGON					
6 SCHOOLS	2	4,000.			
SCHOLARSHIPS TO NEBRASKA					
7 SCHOOLS	2	3,000.			
Part IV: Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ide the information	required in Part I,	line 2, Part III, col	umn (b), and any other	additional information.

# PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

FOR GRANTS REQUIRING DOCUMENTATION SUPPORTING THE USE OF THE FUNDS A FINAL ACCOUNTING

# IS OBTAINED FROM THE GRANTEE

### SCHEDULE L (Form 990 or 990-EZ)

### **Transactions With Interested Persons**

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Open To Public Inspection ...

Department of the Treasury Internal Revenue Service Name of the organization

YAMPA VALLEY COMMUNITY FOUNDATION

Employer identification number

84-0794536

Part	Excess Benefit Transac Complete if the organization a	ctions (section 501(c)(3), section 501( answered 'Yes' on Form 990, Part IV, line 25a	(c)(4), and 501(c)(29) organizat or 25b, or Form 990-EZ, Part V, line 4	ions only). _{Ob.}	
1	(a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	(d) Corr	rected?
<u>'</u>		person and organization		Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Enter the amount of tax incurred by the organization managers or disqualified persons during the year under 

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization..... ▶\$

### Part II. Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	ed person (b) Relationship with organization	b) Relationship (c) Purpose (d) th organization of loan org	(d) Lo fror organ	an to or n the ization?	(e) Original principal amount	(f) Balance due	(g) in (	default?	by board or committee?		(i) Wi agree	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)			T									
(4)												
(5)												L
(6)												
(7)												
(7) (8) (9)												
(9)												
(10)			I						<u> </u>			
Total					≻\$		*,7	1	3. 20	100	5° 'r'	

### Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990 or 990-EZ) 2014

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
		1		Yes	No	
(1) PAM VANATTA	DIRECTOR	11,400.	SALE OF REAL ESTATE	X		
(2)						
(3)						
(4)						
(5)						
(5) (6)						
(7)						
(8)						
(9)						
(10)						

Provide additional information provide additional information for responses to questions on Schedule L (see instructions).

### SUPPLEMENTAL INFORMATION

DIRECTOR WAS THE LISTING AGENT ON A HOME DONATED TO YAMPA VALLEY COMMUNITY FOUNDATION. THE HOME WAS SOLD IN 2014.

# SCHEDULE M (Form 990)

### **Noncash Contributions**

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

2014

2014

Department of the Treasury Internal Revenue Service ► Attach to Form 990.
 Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

YAMPA VALLEY COMMUNITY FOUNDATION

Employer identification number 84-0794536

Pa	rt I Types of Property				
		(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications		最终17% PT 136.2%		
5	Clothing and household goods		14. 77 1 19.75 (1. 41%)。		
6	Cars and other vehicles	X	1	4,000.	BLUE BOOK
7	Boats and planes				
8	Intellectual property				
9	Securities – Publicly traded	X	5	86,080.	PUBLIC EXCHANG
10	Securities - Closely held stock				<u></u>
11	Securities – Partnership, LLC, or trust interests	· · · · · · · · · · · · · · · · · · ·			
12	Securities - Miscellaneous				
13	Qualified conservation contribution – Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential	X	1	345,350.	SALES PRICE
16	Real estate - Commercial				
17	Real estate - Other	-			
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxıdermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► ()				
26	Other ( )				
27	Other ► ()				
28	Other ► ( )	·			
29	Number of Forms 8283 received by the organization d organization completed Form 8283, Part IV, Dones				29
					Yes No
30a	During the year, did the organization receive by contribuld for at least three years from the date of the initial purposes for the entire holding period?	l contribution	, and which is not require	ed to be used for exempt	30a X
h	If 'Yes,' describe the arrangement in Part II.				<del> </del>
	Does the organization have a gift acceptance police	cy that requ	ires the review of any n	non-standard contribution	the sale of the same of the province of
		-	nizations to solicit, prod		32 a X
	If 'Yes,' describe in Part II.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
33	If the organization did not report an amount in column describe in Part II.	(c) for a typ	e of property for which co	olumn (a) is checked,	

Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

YAMPA VALLEY COMMUNITY FOUNDATION

Employer identification number 84-0794536

### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS REVIEWED BY THE TREASURER AND A COMMITTEE OF THE BOARD OF DIRECTORS TO ENSURE THE RETURN IS ACCURATE

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

REVIEW OF POTENTIAL CONFLICTS DONE ON AN ONGOING BASIS. CONFLICT OF INTEREST

POLICIES COVER BOARD OF DIRECTORS, OFFICERS AND EMPLOYEES. DETERMINATIONS OF

CONFLICT OF INTEREST ARE MADE ARE AT THE NEXT HIGHER LEVEL OF AUTHORITY. CONFLICT

OF INTEREST DETERMINATIONS AT THE BOARD OF DIRECTOR LEVEL IS MADE BY REMAINING BOARD

MEMBERS. POLICY RESTRICTS INDIVIDUALS WITH A CONFLICT FROM PARTICIPATING IN

DELIBERATIONS AND DECISION MAKING.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT SALARY OF THE EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD OF DIRECTORS. SURVEYS ARE USED TO DETERMINE COMPARABLE COMPENSATION FOR SIMILAR ORGANIZATIONS AND POSITIONS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE
COPIES OF DOCUMENTS ARE PROVIDED TO THE REQUESTING PARTY

## FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CONTRIBUTIONS TO FISCAL AGENT ACCOUNTS		\$ -216,303.
DISBURSEMENTS FROM FISCAL AGENT ACCOUNTS		 299,193.
	TOTAL	\$ 82,890.