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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A	rur ine 2	zu ib caienc	ıar year,	or tax year	peginn	ing		, 20	716, and endir	ıg			•
В	Check if ap	plicable:	C								D Employ	er ident	ification number
	Addres	ss change	YAMPA	VALLEY	COMM	UNITY F	OUNDA	TION			84-	0794	536
	Name			X 881869							E Telepho		
	Initial	· ·	STEAM	BOAT SPE	RINGS	, CO 80	488				970	-879	-8632
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	\vdash	aea return									G Gross r	eceints	s 2,886,961,
	\vdash	ation pending	F Name a	and address of	principal	officer. MADA	Z 3.370	DD CENT		H(a) is t	his a group retur		
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_	Tay ayan	npt status		AS C ABO) ∢ (ın	sert no.)	4947(a)(1	1) or 527	lf i	e all subordinates No,' attach a list.	(see ins	structions)
÷			X 501(c)		(c) () - (111	sert no.)	434/(0)(1) 01 327				
	Websit		N.YVCF						10		oup exemption no		
K		organization:	X Corpor	ation Trus	it	Association	Other		L Year of format	tion: 15	996 Ms	state of t	legal domicile: CO
I.C		Summan		consotion's	miccio	n or most s	anificar	t activities:	CUDDODM C	OMMITT	TTTV DDO	TECT	S THROUGH
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			-		-	'		-	line 1b)			4	19
es.	5 To	tal number	of individ	duals emplo	yed in	calendar ye	ar 2016	(Part V, line	2a)			5	
Activities &	6 To	tal number	of volunt	teers (estim	ate if n	ecessary) .						6	5(
الخ لِ												7a	0
ž	b Ne	t unrelated	business	s taxable inc	come fi	om Form 9	90-T, lın	e 34			<u> </u>	7b	0.
Revenue Act											Prior Year		Current Year
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), line 12)		2,342,3		1,947,247
				•		•					<u>853, 4</u>	152.	1,069,068
		-		members (I		-				J			
s	15 Sa	laries, othe	her compensation, employee benefits (Part IX, column (A), lines 5-10) 2 If fundraising fees (Part IX, column (A), line 11e)								262,2	267.	279,087
Expenses	16a Pro	ofessional f											
per	b To	tal fundrais	ına expe	nses (Part I	X. colu	ımn (D), line	25) ▶		14,009.	23			
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BA	A For Pa	nerwork R	eduction	Act Notice	see th	e senarate	instruct	ions	TE	FA0113L	11/16/16		Form 990 (2016

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 11/16/16

Form	990 (2016) YAMPA VALLEY COMMUNITY FOUNDATION	84-0794536	Page 2
Part	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		📙
1	Briefly describe the organization's mission:	<u> </u>	
	PROVIDE LEADERSHIP IN RAISING FUNDS, IN PARTNERSHIP WITH COMMUNIT	TY MEMBERS, TO	
	SUPPORT INNOVATIVE PROGRAMS BENEFITING THE YAMPA VALLEY COMMUNITY		
2	Did the organization undertake any significant program services during the year which were not listed on the pric	or	
	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 ser	rvices? Yes	X No
	If 'Yes,' describe these changes on Schedule O.	il	
	•	ices, as measured by a	expenses.
	Describe the organization's program service accomplishments for each of its three largest program servi Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	s to others, the total e	xpenses,
	and revenue, if any, for each program service reported.		
4 a	(Code:) (Expenses \$ 1,132,866. including grants of \$ 1,069,068.) (R		6,923.)
	THE FOUNDATION DEVELOPS ANNUAL AND GROWING FUNDS TO SUPPORT ORGAN	NIZATIONS AND	
	PROGRAMS IN ROUTT AND MOFFAT COUNTIES. OVER 100 ORGANIZATIONS WE	ERE BENEFICIAR	CES_OF
	GRANTS		
4 5	(Code: \) /F	evenue \$	
40	(Code:) (Expenses \$ including grants of \$) (R	evenue \$	
			
4 c	(Code:) (Expenses \$ including grants of \$) (R	evenue \$)
		·	
	Other program services (Describe in Schedule O.)		,
	(Expenses \$ including grants of \$) (Revenue \$)
4 e	Total program service expenses ► 1,132,866.		

Form 990 (2016) YAMPA VALLEY COMMUNITY FOUNDATION 84-0794536 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Х X 4 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 X 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, 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 X

BAA	TEEA0103L 11/16/16	Form	1 990	(2016)
19	complete Schedule G, Part III	19		X
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		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
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? <i>If</i> 'Yes,' <i>complete Schedule F, Parts III and IV</i>	16		х
15	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
	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 maintain an office, employees, or agents outside of the United States?	14a	ļ	Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	ļ	Х
	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
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a	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
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
	I 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		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
t	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
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	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
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	X	LANGE FOR SE
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
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

Form 990 (2016) YAMPA VALLEY COMMUNITY FOUNDATION

Partive Checklist of Required Schedules (continued)

			Yes	No
20	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
ı	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ъ		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
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	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		x
	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
١	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
	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		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		x
!	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b	 	Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
,	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	30	L	х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
1	o 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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		х
37	treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Note. All Form 990 filers are required to complete Schedule O		Х	
BAA		Form	990	(2016)

Check if Schedule O contains a response or note to any line in this Part V				
		Y	es	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?	e gaming	1 c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	6			
b If at least one is reported on line 2a, did the organization file all required federal employment tax ref	urns?	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ıs)		1	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	. <i>.</i>	3 a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q		3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other author financial account in a foreign country (such as a bank account, securities account, or other financial	ty over, a account)?	4 a		X
b If 'Yes,' enter the name of the foreign country: ►				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	s (FBAR).		M	
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did t solicit any contributions that were not tax deductible as charitable contributions?	he organization	6 a		х
b if 'Yes,' did the organization include with every solicitation an express statement that such contributions or g not tax deductible?	lifts were	6 b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for services provided to the payor?	goods and	7 a	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			x	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ		-		
Form 8282?		7 c		<u> </u>
d If 'Yes,' indicate the number of Forms 8282 filed during the year				
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 con	tract?	7f	_	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 889 as required?) 9	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization 1098-C?		7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the s	ponsoring			
organization have excess business holdings at any time during the year?		8	2222	X
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		<u> X</u>
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<i></i>	9Ь		Χ
10 Section 501(c)(7) organizations. Enter:				
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				
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders 11a				4
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041? 1 ਫ਼ਿਲ	12a	Catta A	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	12-	need !	
a is the organization licensed to issue qualified health plans in more than one state?		13a	0	
Note. See the instructions for additional information the organization must report on Schedule O.				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				
c Enter the amount of reserves on hand				
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	27625	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedul		14b	\dashv	
BAA TEEA0105L 11/16/16		orm 9	90 (2	2016)

Part VIX 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 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 19 1 a authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 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? Ž 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? X 3 Did the organization make any significant changes to its governing documents 4 5 $\overline{\mathbf{x}}$ Did the organization become aware during the year of a significant diversion of the organization's assets? . . . 6 X 6 Did the organization have members or stockholders?.... 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х 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?..... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?... X 8 h Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O....... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code., Yes No Х 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 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?...... 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 最多 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12 h to conflicts?... X 12 c X 13 13 Did the organization have a written whistleblower policy?........ X 14 Did the organization have a written document retention and destruction policy?. ... 14 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. 0. 15 a Х 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a b if 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE 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. Another's website Other (explain in Schedule O) X Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O 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

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Form 990 (2016) YAMPA VALLEY COMMUNITY I	FOUNDATION	84-0794536	Page 7
Partivill Compensation of Officers, Directors Independent Contractors			
Check if Schedule O contains a response or i	note to any line in this Part VII	<u>, ., ., ., .,.,,,,, .,, , ,, ,,,,,,,,,,</u>	<u> L</u>
Section A. Officers, Directors, Trustees, Key	Employees, and Highest Co	ompensated Employees	
1 a Complete this table for all persons required to be listed. R	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.

					(C))						
	(A) Name and Title	(B) Average hours	that	one both dir	(do no box, n an o	ot che unles officer /truste		on ((D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation	
		per week (list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W·2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations	
(1)	JAY FETCHER	1		П								
	DIRECTOR	0	X			_			0.	0.	0.	
(2)	PAULA COOPER BLACK EMERITUS	$-\frac{1}{0}$	X						0.	0.	0.	
(3)	ROD HANNA	1					П					
	DIRECTOR	7 0	X			<u> </u>			0.	0.	0.	
(4)	ADONNA ALLEN	1										
	EMERITUS	0	X			L			0.	0.	0.	
(5)	KATHRYN_PEDERSENSECTY/TREASURER	$\frac{1}{0}$	X		Х				0.	0.	0,	
(6)	PAM VANATTA	1										
	DIRECTOR	7-0-	X		, i		1 1		0.	0.	0.	
(7)	TOM SHARP	1									1	
	DIRECTOR	0	X				<u> </u>		0.	0.	0.	
(8)	CAROL ATHA DIRECTOR	-10-	x			1			0.	0.	0.	
(9)	ROB PERLMAN	1	1		-	Г						
	DIRECTOR	7-0-	X	1			}		0.	0.	0.	
(10)	GORDON HATTERSLEY	1										
	DIRECTOR	7	X				1 1		0.	0,	0.	
(11)	TARA WEAVER	1				Γ	\Box					
	DIRECTOR	0	X			<u>L</u>			0.	0.	0.	
(12)	CRAIG WASSERMAN	1				-)			;		
	DIRECTOR	0	X			L			0.	0.	0.	
(13)	JIM BRONNER	5				1					_	
	CHAIR.	0	X		X	<u> </u>			0.	0.	0.	
(14)	DANA TREDWAY DIRECTOR	$\frac{1}{0}$	x						0.	0.	0.	
BAA	71	TEEAO								<u> </u>	Form 990 (2016)	

Page 8

REGIONALIE	Section A. Officers, Directors, 110	, — — —	ney	EII	<u> </u>		es,	and	nignest con	ipensated Emp	loyees (conunuea)
		(B)			Pos	•	e than		(0)	(5)	(F)
	(A) Name and title	Average hours	box	, unle	ess pe	erson	is both	n an i	(D) Reportable	(E) Reportable	Estimated
		per week (list any		-			or/trus		the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the
	!	hours for	dire divid	턃	Officer	eyen	ghes	me	(**-2)1099-141130)	(11-2 1033-111100)	organization and related
	ı	related organiza - tions	S	즲	~	흏	t com	-			organizations
		below dotted	or director	nstitutional trustee		8	pens				
		line)	"	8			Highest compensated employee				}
(15) RON	KRALL	2					1				
	E CHAIR	0	X		X	<u> </u>			0.	0.	0.
	WILLIAMS ECTOR	$-\frac{1}{0}$	X						0.	0.	0.
(17) PJ 1		1	-							- 	
	ECTOR	0	X						0.	0.	0.
	BARA WINTERNITZ	1									
	ECTOR IS DIAMOND	0 1	X	\vdash		-	-		0.	0.	0.
	ECTOR	- -	X			1			0.	0.	0.
	K ANDERSEN	40									
	CUTIVE DIREC	0			X	L			105,270.	0.	0.
(21)			-						,	:	}
(22)		ļ -	-			-	-				
			<u> </u>			<u> </u>					
(23)			}								
(24)				П							
(25)		ļ	ļ			_	_				
(25)			1								
1 b Sub-t	otal		٠	٠				•	105,270.	0.	0.
	from continuation sheets to Part VII, Section							•	0.	<u>0.</u>	0.
	(add lines 1b and 1c) number of individuals (including but not limited							vod.	105,270.	0.	0.
	the organization 1	to those i	isteu	a001	ve) v	WIIO	recer	veu	more than \$100,00	o or reportable comp	oensation
· · ·			*****	_					 		Yes No
3 Did th	ne organization list any former officer, direc ne 1a? If 'Yes,' complete Schedule J for suc	tor, or tru	stee	, key	en en	nplo	yee,	or F	nighest compensa	ted employee	. 3 X
	,										
the or	ny individual listed on line 1a, is the sum of rganization and related organizations greate	er than \$1	50,0	00?	/f '\	Yes,	com	iple	te Schedule J for	II O I I	. 4 X
	individual	 e comper			 om	 anv	unre	 Iate	ed organization or		
for se	ervices rendered to the organization? If 'Yes	s,' comple	te S	chec	lule	J fo	r suc	h p	erson		. 5 X
	B. Independent Contractors Diete this table for your five highest compen	sated ind	enen	den	t co	ntra	ctors	tha	t received more t	han \$100,000 of	
comp	ensation from the organization. Report compen	sation for	the c	alen	dar	year	endı	ng v	vith or within the or	ganızatıon's tax year	
	(A) Name and business add	ress							(B) Description (of services	(C) Compensation
									<u> </u>		
	number of independent contractors (including to		ted to	o the	se l	isted	d abo	ve)	who received more	than	
\$100, BAA	000 of compensation from the organization	<u>~</u>	TEEAG	21001	11/	16/16		_		290	Form 990 (2016)

		Check if Schedule O	contains a resp	onse or note to ar	ny line in this Part V	· · · · · · · · · · · · · · · · · · ·		🔲
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a	Federated campaigns .						
ğ E	b	Membership dues	1b	193,028.				
°, ₽	C	Fundraising events	1 с					
浜 る	d	Related organizations	1d					
J.E	۽	Government grants (contributi	nns) 1 e				Service Lake	
ह छ		All other contributions gifts o	yrante and					
돌	·	All other contributions, gifts, q similar amounts not included	above 1 f	1,063,278.				
₫ 5	g	Noncash contributions included	in lines 1a-1f: \$					
Contributions, Gifts, Grants and Other Sirnilar Amounts	h	Total. Add lines 1a-1f			1,256,306.			
e			· · · · · · · · · · · · · · · · · · ·	Business Code		COLUMN DESIGNATION		
<u>5</u>	2a	PASSPORT_CLUB_			256,923.	256,923.		
<u> </u>	b							
<u>i</u>	c							
ě	d							
Ë	е							
Program Service Revenue	f	All other program service	ce revenue.					
<u>F</u>	g	Total. Add lines 2a-2f			256,923.	20 THE REST NO.	THE PROPERTY OF THE	
	3	Investment income (inc	luding dividend	s, interest and		1,450,41	The second secon	And a second second second second
		other similar amounts).			267,125.			267,125.
	4	Income from investmen	•	•				
	5	Royalties						
		_	(i) Real	(II) Personal				
		Gross rents	·					
		Less: rental expenses						
		Rental income or (loss)	<u></u>	<u> </u>				
	d	Net rental income or (lo			ALLEYS AND THE SOMEONIAL TRANSFERSION		ancedes continues a continues and	Detaile Vigilia Aravia
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,106,607				7.0.2	
	b	Less: cost or other basis and sales expenses	000 514					
	۱ ـ	Gain or (loss)	939,714 166,893		4.742			
	1	Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·	166 003	1.66 003	21.60%(2011)	
		. ,			166,893.	166,893.		
Ę	Вa	Gross income from fund (not including .\$	draising events					
Ver		of contributions reporte	d on line 1c).		77 6 6 6 6 7			
æ		See Part IV, line 18	-	a				
ē	ь	Less: direct expenses.						
Other Revenu		Net income or (loss) from						
•		•	_		Translations.		#10 18 18 18 18 18 18 18 18 18 18 18 18 18	
	3 a	Gross income from gan See Part IV, line 19	activities.	a				
		Less: direct expenses .						
	C	Net income or (loss) fro	om gaming acti	vities				
	10 a	Gross sales of inventor	v. less returns					
		and allowances						
		Less: cost of goods sol						
	_ c	Net income or (loss) from			•		المارين الماري	are in displaced property and arrangements.
		Miscellaneous Reven	ue	Business Code				
	11 a						ļ	
	b							
	C	ALTER						
	_	All other revenue				SERVICE STREET	Contract Constitution of the Constitution of t	SA TRANSPORTATION TO A
		Total. Add lines 11a-11				UP AND THE RESERVE OF THE PERSON OF THE PERS	AND THE RESERVE OF THE PERSON	267 127
	12	Total revenue. See inst	ructions	. <u> </u>	1,947,247.	<u>423,816.</u>	0.	267,125.

Partix 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. (D) Fundraising (A) Total expenses (B) (C) Do not include amounts reported on lines Management and Program service 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 912,384 912,384 Grants and other assistance to domestic 156,684 156,684 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, trustees, and key employees...... 0 105,270 105,270 0. Compensation not included above, to 0 Λ 0. 0 Other salaries and wages 140.622 140,622 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 6,668 6,668 Other employee benefits . 9,043 9,043 10 Payroll taxes. 17,484 17,484 11 Fees for services (non-employees): a Management. 3,871 3,871 **b** Legal.... 2.008 2,008 c Accounting 7,020 7,020 **d** Lobbying e Professional fundraising services. See Part IV, line 17. . . f Investment management fees....... 35,969 35,969. g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.). . . . Advertising and promotion 12 4,022. 4,022. 36,193. 36,193 Information technology....... 15 Royalties... 16 Occupancy..... 30,327 30,327 17 427 427 18 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings . . 20 Interest... Payments to affiliates 21 22 Depreciation, depletion, and amortization ... 5,056 5,056 2,964. 2,964 Other expenses. Itemize expenses not 24 covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)..... 63,798 a PASSPORT CLUB EXPENSES 63,798 4.128 5.471 **b** MEETINGS/WORKSHOPS 9,599 5,328 C DONOR APPRECIATION EVENT 5,328 d COMMUNITY SUPPORT 4,324 4,324 3,259 3,210. 6,469. e All other expenses............ 1,565,530. 1,132,866 418,655 14,009. Total functional expenses. Add lines 1 through 24e . . . 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).....

34

BAA

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X... Beginning of year End of year Cash - non-interest-bearing 255,767 1 256,853 2 Savings and temporary cash investments 2 868,582 820,064 3 Pledges and grants receivable, net 3 125 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 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 Notes and loans receivable, net 7 8 Prepaid expenses and deferred charges 9 5,609 4,618 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D...... 10a 142,130 10b **b** Less: accumulated depreciation..... 13,909. 128,221 18,965. Investments – publicly traded securities..... 10,963,104 11 12,771,574. 12 Investments – other securities. See Part IV, line 11.... 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 Other assets, See Part IV, line 11 15 812,389 10,865. Total assets. Add lines 1 through 15 (must equal line 34) . . 13,925,315. 16 877,109 16 Accounts payable and accrued expenses. 17 10,341 4,801 18 Grants payable..... 18 19 19 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 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 1,142,934 1,144,243. Total liabilities. Add lines 17 through 25. 1.153.275 1.149.044 Organizations that follow SFAS 117 (ASC 958), check here > X and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 9,344,182 Unrestricted net assets 27 11,092,515. 28 2,379,652 1,683,756 Permanently restricted net assets.... 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 33 33 Total net assets or fund balances.... 11,723,834 12,776,271

TEEA0111L 11/16/16

12,877,109

13,925,315.

Form 990 (2016)

Forn	1990 (2016) YAMPA VALLEY COMMUNITY FOUNDATION	84-0794536	Page 12
Pai	t:XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,947,247.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,565,530.
3	Revenue less expenses. Subtract line 2 from line 1	3	381,717.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,723,834.
5	Net unrealized gains (losses) on investments	5	662,516.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	9	8,204.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	12,776,271.
Pai	tXIII Financial Statements and Reporting		
Zarya V	Check if Schedule O contains a response or note to any line in this Part XII		
			Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or is separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	eviewed on a	
1	Were the organization's financial statements audited by an independent accountant?		2 b X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a basis, consolidated basis, or both: X Separate basis	separate	
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audit,	2c X
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.		
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?		3a X
'	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	red audit	
BAA			Form 990 (2016)

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.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Total

Employer identification number

	YAMPA VALLEY COMMUNITY FOUNDATION 84-0794536											
		Reason for Public Cha						tions.				
The o	orga	nization is not a private found	dation because it is: (For lines 1 through 12,	check o	nly one	box)					
1		A church, convention of church	nes, or association of cl	nurches described in sec	tion 1 70 (b)(1)(A)((i) .					
2		A school described in section	170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	r 990-EZ	.)						
3		A hospital or a cooperative h	nospital service organ	ization described in sec	ction 170)(b)(1)(A	A)(iii).					
4		A medical research organiza	ition operated in conit	unction with a hospital	describe	d in sec	tion 170(bX1XAXiii). E	nter the hospital's				
	_	name, city, and state:	,					,				
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle	ge or university owned	or oper	ated by	a governmental unit de	escribed in				
6		A federal, state, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1))(A)(v).					
7		An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pub	olic described				
8	Х	A community trust described	I in section 170(b)(1)(A)(vi). (Complete Part I	II.)							
9		An agricultural research organi	zation described in sec	tion 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant colle	ge				
	_	or university or a non-land-gra-										
		university:										
10		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.)										
11												
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
а	Type I. A supporting organization operated supervised or controlled by its supported organization(s), typically by giving the supported											
_	organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.											
b	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.											
С		Type III functionally integrated organization(s) (see instruction	. A supporting organizations) You must com	ion operated in connection	n with, ar	nd function	onally integrated with, its	supported				
d		Type III non-functionally integ functionally integrated. The constructions). You must com	rated A supporting org	anization operated in cor	nection	with ite o	cupported organization(c)	that is not				
е		Check this box if the organiz	ation received a writt	en determination from	the IRS							
	Fr	integrated, or Type III non-fu iter the number of supported			1.							
		ovide the following information										
		ame of supported organization	(ii) EIN		t dia i		(v) Amount of monetary	(vi) Amount of other				
·	(1) 110	and of supported organization	(1) (1)	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I: organizat in your g docum	on listed	support (see instructions)	support (see instructions)				
					Yes	No						
(A)												
<u>(~)</u>												
(B)												
<u>/</u>												
(C)					}	,						
<u>(D)</u>				· · · · · · · · · · · · · · · · · · ·								
(E)												
				新世界性新聞。	2000	The state of						

| 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						
hegi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Dopper unclude any unusual grants.)	1,238,622.	962,024.	829,873.	929,869.	1,256,306.	5,216,694.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge.						_ 0.
4	Total. Add lines 1 through 3	1,238,622.	962,024.	829,873.	929,869.	1,256,306.	5,216,694.
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)						68,781.
	Public support. Subtract line 5 from line 4						5,147,913.
Sec	tion B. Total Support						
Cale: begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1,238,622.	962,024.	829,873.	929,869.	1,256,306.	5,216,694.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	194,567.	198,603.	226,244.	229,736.	267,125.	1,116,275.
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						6,332,969.
12	Gross receipts from related activ	rities, etc. (see in	structions)			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	ird, fourth, or fifth t	ax year as a section	on 501(c)(3)	▶ 🗍
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						81.29%
15	Public support percentage from	2015 Schedule A,	Part II, line 14			15	80.56%
16a	33-1/3% support test-2016. If t and stop here. The organization	he organization di qualifies as a pul	id not check the b blicly supported o	ox on line 13, and rganization	d line 14 is 33-1/3	3% or more, check	this box► X
ь	33-1/3% support test-2015. If the and stop here. The organization	ie organization die qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a rganization	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance:	s' test. check this	box and stop her	re. Explain in Parl	t VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and the organization's meets the organization's meets the organization's meets the organization of the organization of the organization's meets the 'facts-and the organization's meets the organizat	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ition qualifies as a	box and stop he r a publicly support	re, Explain in Part ed organization	t VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a,	or 1/b, check th	is pox and see in	structions
BAA					Scl	hedule A (Form 9	90 or 990-EZ) 2016

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		·					
Calend	lar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	6	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's							
	tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513					-		
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)	建设						
Sec	tion B. Total Support							
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2010	6	(f) Total
-	Amounts from line 6			<u> </u>				
TVa	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							
12	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	stop here		nd, third, fourth, o	r fifth tax year as	a section 5	01(c)(3	" ▶ 🗌
	tion C. Computation of Pu							
	Public support percentage for 20	-					15	<u> </u>
	Public support percentage from					· · · · · · · · · · · · · · · · · · ·	16	%%
	tion D. Computation of Inv						47	
	Investment income percentage f	*		-			17	- %
	Investment income percentage f						18	%
	33-1/3% support tests—2016. If is not more than 33-1/3%, check	this box and sto	p here. The orgar	uzation qualifies a	is a publicly supp	orted organi	zation	🟲 📙
	33-1/3% support tests—2015. If Ine 18 is not more than 33-1/3% Private foundation. If the organi	, check this box a	and stop here. Th	e organızatıon qu	alifies as a public	ly supported	d organ	nzation 🏲 🔲

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination.
- 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.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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.
- 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.
- 5a 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes, answer 10b below
 - **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.)

		Yes	No
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	10b]]

Part	Supporting Organizations (continued)	
44 ()		Yes No
a A	las the organization accepted a gift or contribution from any of the following persons? sperson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the overning body of a supported organization?	11a
	a family member of a person described in (a) above?	116
	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
	on B. Type I Supporting Organizations	
	on or type temporaring enganizations	Yes No
o: P: If d:	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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove firectors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
th be	old the organization operate for the benefit of any supported organization other than the supported organization(s) nat operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such enefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the upporting organization.	2
Section	on C. Type II Supporting Organizations	
		Yes No
of	Vere a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees f each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the upporting organization was vested in the same persons that controlled or managed the supported organization(s).	1
Section	on D. All Type III Supporting Organizations	
		Yes No
Oi Ye	old the organization provide to each of its supported organizations, by the last day of the fifth month of the reganization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax ear, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the reganization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2 W	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported rganization(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
vo a	by reason of the relationship described in (2), did the organization's supported organizations have a significant once in the organization's investment policies and in directing the use of the organization's income or assets at ill times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3
Section	on E. Type III Functionally Integrated Supporting Organizations	
1 0	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	
a	The organization satisfied the Activities Test. Complete line 2 below.	
ь [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	ınstructions).
٠.		
a D SI O: re	activities Test. Answer (a) and (b) below. Old substantially all of the organization's activities during the tax year directly further the exempt purposes of the upported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported irganizations and explain how these activities directly furthered their exempt purposes, how the organization was esponsive to those supported organizations, and how the organization determined that these activities constituted ubstantially all of its activities.	Yes No
tr <i>tt</i>	old 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
3 P	arent of Supported Organizations. Answer (a) and (b) below.	
a D	old the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of ach of the supported organizations? <i>Provide details in Part VI.</i>	3a
b D sı	old the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its upported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b
DAA	Schedule A (Form 9)	000 ET 001C

Pa	rave Type III Non-Functionally integrated 509(a)(3) Supporting Orga	anıza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N	lov. 20, 1970 (explain in ist complete Sections A	Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of 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):			
	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	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		
2		2		
3		3		<u></u>
_4	Enter greater of line 2 or line 3.	4		
5		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 integrated (see instructions).	egrate		
BAA			Schedule A (Fo	rm 990 or 990-EZ) 2016

from line 1. For result greater than zero, explain in Part VI. See instructions.

Excess distributions carryover to 2017. Add lines 31 and 4c.

	Breakdown of fille 7.
а	
b	Excess from 2013

c Excess from 2014 d Excess from 2015

e Excess from 2016 BAA

Proakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

YAMPA VALLEY COMMUNITY FOUNDATION

84-0794536

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

PART II, LINE 1 - UNUSUAL GRANTS

 2012	2013	 2014	2015		2016		 TOTAL
\$ 762,383.	\$ 0.	\$ 2,127,603.	\$	0.	\$	0.	\$ 2,889,986.

SCHEDULE D (Form 990).

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

m990. Openito Publication number

	YAMPA VALLEY COMMUNITY FOUR	NDATION	84-0794536
Рa	ர்ப் Organizations Maintaining Dono	r Advised Funds or Other Similar Fu	nds or Accounts.
	Complete if the organization answ	wered 'Yes' on Form 990, Part IV, line	e 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	63	
2	Aggregate value of contributions to (during year)	784,040.	
3	33-3		
4	Aggregate value at end of year	4,603,094.	
5	Did the organization inform all donors and dor are the organization's property, subject to the	or advisors in writing that the assets held in doorganization's exclusive legal control?	onor advised funds
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor, or for any other	r nurnose conferring
Pã	ntilis Conservation Easements.	······································	
		wered 'Yes' on Form 990, Part IV, line	e 7 .
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g , re	ecreation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization hast day of the tax year.	eld a qualified conservation contribution in the for	
			Held at the End of the Tax Year
	a Total number of conservation easements		2 a
	b Total acreage restricted by conservation easer		
	c Number of conservation easements on a certif	ied historic structure included in (a)	2c
	d Number of conservation easements included in structure listed in the National Register		2d
3	Number of conservation easements modified, tran tax year ►	sferred, released, extinguished, or terminated by t	he organization during the
4	Number of states where property subject to conse	rvation easement is located ►	
5	Does the organization have a written policy re-	garding the periodic monitoring, inspection, ha	ndling of violations,
_	and enforcement of the conservation easemen		
6	Staff and volunteer hours devoted to monitoring, ii	aspecting, handling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, and enforcing conser	vation easements during the year
8	Does each conservation easement reported or	line 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote t conservation easements.	conservation easements in its revenue and expeno the organization's financial statements that c	ise statement, and balance sheet, and describes the organization's accounting for
Ŗа	Organizations Maintaining Collection Complete if the organization answers	ctions of Art, Historical Treasures, or vered 'Yes' on Form 990, Part IV, line	Other Similar Assets. 8.
1	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan	ld for public exhibition, education, or research in fi	nue statement and balance sheet works of urtherance of public service, provide,
	b If the organization elected, as permitted under historical treasures, or other similar assets held fo		statement and balance sheet works of art,
	following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII,		
_	(ii) Assets included in Form 990, Part X		
2	amounts required to be reported under SFAS		
	a Revenue included on Form 990, Part VIII, line		
	b Assets included in Form 990, Part X		

Schedule D (Form 990) 2016 YAMPA				os or Ot	84-0794			Page 2		
		·					unue	<u>u)</u>		
3 Using the organization's acquisition items (check all that apply):	, accession, and o				significant use of its c	ollection				
a Public exhibition b Scholarly research		├	or exchange prog	grams						
H	otions	e [] Other	·							
Preservation for future gener Provide a description of the organiz Part XIII.		and explain how the	y further the organi	ızatıon's ex	empt purpose in					
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or rec	eive donations of a ined as part of the	rt, historical treas organization's coll	ures, or ot	her similar assets	Yes	П	No		
Partive Escrow and Custodia ine 9, or reported an	Arrangemen	its. Complete if	the organization			m 990,	Part	īV,		
1 a Is the organization an agent, trus	stee, custodian o	r other intermediary	for contributions	or other a	ssets not included	7v				
on Form 990, Part X? b If 'Yes,' explain the arrangement					[Yes	L	No		
bit res, explain the arrangement	III Fait Aili ailu	complete the follow	ing table.	Г		Amount				
c Beginning balance					1c	Amount				
d Additions during the year				··· ·· }	1 d					
e Distributions during the year				· · ·}	1 e					
		· · · · · · · · · · · · · · · · · · ·			16					
2a Did the organization include an a				stodial acc		Yes		No		
b if 'Yes,' explain the arrangement							\vdash	NO		
bit res, explain the arrangement	in Fart Air. Che	ck nere ii the expla	nation has been p	Jiovidea oi	* Fait Aill		∐			
Part V Endowment Funds. C	omplote if the	organization a	acwared 'Vac'	on Form	990 Part IV lin	o 10				
Lidowineit i dids. C	(a) Current year				(d) Three years back	(e) Four	vears t	nack		
1 a Beginning of year balance	1,579,65			6,806.	413,692.		58,8			
b Contributions		75. 1,051,8		1,079.	91,227.		<u>30, 3</u> 47, 7			
	9 1	1,051,0	0/4.	1,0/9.	91,221.	3	41,1	00.		
c Net investment earnings, gains, and losses	142,92	-20,9	911. 4	4,885.	63,236.		8,4	94.		
d Grants or scholarships										
e Other expenditures for facilities and programs										
f Administrative expenses	15,29		516.	7,665.	6,349.			313.		
g End of year balance	1,683,75			5,105.	556,806.	4	13,6	92.		
Provide the estimated percentage	e of the current y	ear end balance (li	ne 1g, column (a)) held as:						
a Board designated or quasi-endowm	ent >	%								
b Permanent endowment ▶	%									
c Temporarily restricted endowmer	nt > 100	0.00 %								
The percentages on lines 2a, 2b, ar	nd 2c should equa	1 100%.								
3 a Are there endowment funds not in t	he nossession of t	he organization that	are held and admir	nistered for	the					
organization by:	, , , , , , , , , , , , , , , , , ,	no organization that	a, o			Y	es	No		
(i) unrelated organizations						3a(i)		<u> X</u>		
(ii) related organizations						3a(ii)		<u> X</u>		
b If 'Yes' on line 3a(ii), are the rela	ited organization:	s listed as required	on Schedule R?			3b				
4 Describe in Part XIII the intended	d uses of the orga	anization's endowm	ent funds. SEE	PART X	KIII					
Rantivis Land, Buildings, and	Equipment.						_			
Complete if the organi		red 'Yes' on For	m 990, Part IV	/, line 11	a. See Form 990), Part X	ر, line	e 10.		
Description of property		Cost or other basis (investment)		her ((c) Accumulated depreciation	(d) Boo				
1 a Land										
b Buildings.				18.433	NAMES OF THE PROPERTY OF THE PROPERTY OF					
c Leasehold improvements		91,618.			81,622.		9.0	996.		
d Equipment		50,512.			46,599.			913.		
e Other		50,512.			*U, JJJ.	 .	٠,٠	<u>,,,,</u>		
Total. Add lines 1a through 1e. (Column		Form 990 Part Y	column (R) line	10c)			13 (909.		
BAA	(a) mast equal	TOTAL STOP LOCK,	33.2 (D), IIIIC	, , , , , , , ,		le D (Form				

BAA

Schedule D (Form 990) 2016 YAMPA VALLEY COMMUNITY FOUNDATION	<u>84-07945</u> 3	36 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per I	₹eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	11	2,532,590.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		2700270301
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants	-	
		E00 717
e Add lines 2a through 2d		598,717.
3 Subtract line 2e from line 1	3	1,933,873.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	45.2	
b Other (Describe in Part XIII.) SEE PART XIII 4b 13,374		
c Add lines 4a and 4b		13,374.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,947,247.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	11	1,480,154.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments	\dashv	
c Other losses		
d Other (Describe in Part XIII.).		
e Add lines 2a through 2d	2e	1 400 154
3 Subtract line 2e from line 1	3	1,480,154.
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 4a b Other (Describe in Part XIII.) SEE PART XIII 4b 85,376		
b Other (Describe in Part XIII.). SEE PART XIII. 4b 85,376 c Add lines 4a and 4b		OF 276
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		85,376. 1,565,530.
Part XIII Supplemental Information.	<u>··l - 3 </u>	1,363,330.
<u> </u>		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P 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 a	art V,	information
ille 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional	mormation.
PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND		
,		
FUNDS ARE DESIGNATED TO SUPPORT EDUCATION, RECREATION AND OTHER NON	PROFIT	
Total Ind Diditional to Doll Oliv about 1011/ 11101-111-111 the Contract 1011		
ORGANIZATIONS.		
ONGANIZATIONS.		
SCHEDIII E D. DADT VI. LINE 2D		
SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990		
OTHER MEASURE INCOMED IN 112 DOT NOT MOTORED ON 1 OWIN 220		
PROGRAM EXP NETTED ON FINANCIAL STMT	\$	-63,798.
	ral \$	-63,798.

Schedule D (Form 990) 2016 YAMPA VALLEY COMMUNITY FOUNI PartXIII Supplemental Information (continued)	DATION 84-0794536 Page 5
SCHEDULE D, PART XI, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT I	NCLUDED IN F/S
CONTRIBUTIONS TO FISCAL AGENT ACCOUNTS	TOTAL \$ 13,374.
SCHEDULE D, PART XII, LINE 4B OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT	INCLUDED IN F/S
DISBURSEMENTS FROM FISCAL AGENT ACCOUNTS PROGRAM EXP NETTED ON FINANCIAL STMT	

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States

Grants and Other Assistance to Organizations,

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

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

2016

OMB No 1545-0047

Opento Public

Employer identification number

≗ □ (h) Purpose of grant or assistance Schedule I (Form 990) (2016) X Yes Rants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on 84-0794536 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. (g) Description of noncash assistance : SEE PART IV (f) Method of valuation (book, FMV, appraisal, other) 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? TEEA3901L 11/03/16 ď (e) Amount of non-cash assistance : Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.... 912,384 (c) IRC section (if applicable) 3 Enter total number of other organizations listed in the interior see EAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table.. Partill General Information on Grants and Assistance (P) EIN YAMPA VALLEY COMMUNITY FOUNDATION -----1 (a) Name and address of organization or government SEE SCHEDULE ALTACHED εļ 1 3 € ၜႄ¦ $|\varepsilon|$ $|\mathfrak{S}|$ ල ାତ

Schedule I (Form 990) (2016) YAMPA VALLEY COMMUNITY FOUNDATION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS TO COLORADO	•				
1 SCHOOLS	53	81,434.			
SCHOLARSHIPS TO WYOMING					
2 SCHOOLS	3	3,000.			
SCHOLARSHIPS TO KANSAS					
3 SCHOOLS	2	2,500.			
SCHOLARSHIPS TO VERMONT					
4 SCHOOLS	2	6,500.			
SCHOLARSHIPS TO CALIF					
5 SCHOOLS	9	7,500.			
SCHOLARSHIPS TO OREGON					
e SCHOOLS	1	1,500.			
7 SCHOLARSHIPS TO SC SCHOOLS	2	2,000.			
Partiv 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, co	umn (b); and any othe	r addıtional 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

84-0794536 Continuation Page 1 of 1	(f) Description of noncash assistance																	Schedule I Cont (Form 990) 2016
i.	(e) Method of valuation (book, FMV, appraisal, other)																	
and of the dead of all	(d) Amount of noncash assistance																	28/08/16
UNDATION	(c) Amount of cash grant	20,750.	1,500.	2,500.	2,000.	3,000.	3,000.	2,000	2 000	3 500	1 000	3 000	3.000	3.000	2,000.			TEEA4002L 08/08/16
IY COMMUNITY FOUNDATION	(b) Number of recipients	9	, - 4	1		2	H	-		2	•		-					
Schedule I Cont (Form 990) 2016 YAMPA VALLEY COMMUNITY FOUNDATION PERMINAL Continuation of Grants and Other Assistance to Demostic Individuals (Schools) 1 (Schools)	(a) Type of grant or assistance	SCHOLARSHIPS TO MONTANA SCHOOLS		SCHOLARSHIPS TO PENNSYLVANIA SCHOOL	SCHOLARSHIPS TO IOWA SCHOOLS	SCHOLARSHIPS TO ARIZONA SCHOOLS	SCHOLARSHIPS TO UTAH SCHOOLS	SCHOLARSHIPS TO ALASKA SCHOOLS	SCHOLARSHIPS TO MINNESOTA SCHOOLS	SCHOLARSHIPS TO TEXAS SCHOOLS	SCHOLARSHIPS TO N. CAROLINA SCHOOLS	SCHOLARSHIPS TO MAINE SCHOOLS	SCHOLARSHIPS TO NEW JERSEY SCHOOLS	SCHOLARSHIP TO MASSACHUSETTS SCHOOL	SCHOLARSHIPS TO QUEBEC SCHOOLS			

SCHEDULE M (Form 990).

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization YAMPA VALLEY COMMUNITY FOUNDATION Employer identification number

84-0794536

Pa	িয়া Types of Property								
neo.ee	- 3 4.0V)	(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								
5	Clothing and household goods		世界經濟學						
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	10	295,604.	PUBLIC EXCHANGE				
10	Securities — Closely held stock								
11	Securities — Partnership, LLC, or trust interests.								
12	Securities – Miscellaneous								
13	Qualified conservation contribution —								
14	Historic structures Qualified conservation contribution — Other								
14 15	Real estate – Residential								
16	Real estate — Commercial								
17	Real estate — Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies.								
21	Taxidermy.								
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			r which the					
	organization completed Form 8283, Part IV, Done	e Acknowle	dgement		29				
					Yes No				
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?									
	If 'Yes,' describe the arrangement in Part II.								
31	Does the organization have a gift acceptance police	cy that requ	ires the review of any n	nonstandard contribution	ns? 31 X				
32a	Does the organization hire or use third parties or in noncash contributions?				32a X				
	If 'Yes,' describe in Part II.								
33	If the organization didn't report an amount in coludescribe in Part II.	mn (c) for a	type of property for wh	nich column (a) is chec	ked,				

Page 2

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.

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

2016 Open to Public Inspection &

OMB No. 1545-0047

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 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 AT THE NEXT HIGHER LEVEL OF AUTHORITY. INTEREST DETERMINATIONS AT THE BOARD OF DIRECTOR LEVEL IS MADE BY REMAINING BOARD 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		 	.,	\$ -13,374.
DISBURSEMENTS FROM FISCAL AGE	NT ACCOUNTS	 		21,578.
			TOTAL	\$ 8,204.