Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) OMB No. 1545-0047

2023

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Internal Revenue Service

, 20 For the 2023 calendar year, or tax year beginning 2023, and ending Check if applicable: D Employer identification number Address change YAMPA VALLEY COMMUNITY FOUNDATION 84-0794536 348 OAK STREET Telephone number Name change STEAMBOAT SPRINGS, CO 80487 970-879-8632 Initial return Final return/terminated Amended return G Gross receipts \$ 37,380,543 F Name and address of principal officer: TIMOTHY WOHLGENANT H(a) Is this a group return for subordinates?  $|X|_{No}$ Application pending **H(b)** Are all subordinates included? If "No," attach a list. See instructions SAME AS C ABOVE Yes No Tax-exempt status: X 501(c)(3) 501(c) ( 4947(a)(1) or 527 (insert no.) Website: WWW.YVCF.ORG H(c) Group exemption number Κ Form of organization: X Corporation L Year of formation: 1996 Association M State of legal domicile: CO Summary Briefly describe the organization's mission or most significant activities: YAMPA VALLEY COMMUNITY FOUNDATION LEADS TRANSFORMATIONAL CHANGE THROUGHOUT THE YAMPA VALLEY BY ENGAGING DONORS IN PURPOSEFUL PHILANTHROPY, EMPOWERING LOCAL NONPROFIT ORGANIZATIONS, INSPIRING IMPACTFUL GRANTMAKING, AND COLLABORATING TO BUILD VIBRANT COMMUNITIES. if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box Number of voting members of the governing body (Part VI, line 1a)..... 17 Number of independent voting members of the governing body (Part VI, line 1b)..... 17 Total number of individuals employed in calendar year 2023 (Part V, line 2a)..... Total number of volunteers (estimate if necessary) ...... 6 50 Total unrelated business revenue from Part VIII, column (C), line 12..... 0. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 17,423,350 10,857,813. Revenue Program service revenue (Part VIII, line 2g)..... 333,679. 415,272. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... -1,527,732. 2,772,247. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 16,229,297. 14,045,332. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 6,277,518. 5,922,171. Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 591,584. 666,362. **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 17 287,547. 724,332. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 7,156,649. 7,312,865. Revenue less expenses. Subtract line 18 from line 12..... 9,072,648. 6,732,467. End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16)..... 68,861,780. 55,256,930. 21 Total liabilities (Part X, line 26)..... 4,009,705. 5,489,419. 22 Net assets or fund balances. Subtract line 21 from line 20..... 51,247,225. 63,372,361 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign Here TIMOTHY WOHLGENANT EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Check GREG HENION GREG HENION 8/08/24 P00335215 Paid self-employed Preparer Firm's name EMERALD MOUNTAIN TAX & CONSULTING Use Only Firm's address 330 SOUTH LINCOLN AVE STE 101 Firm's EIN 85-3998047 (970) 879-1787 STEAMBOAT SPRINGS, CO 80487 May the IRS discuss this return with the preparer shown above? See instructions. . . X Yes No

) (Revenue \$

including grants of

4d Other program services (Describe on Schedule O.)

(Expenses

			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	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
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? <i>If "Yes," complete Schedule D, Part I.</i>	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	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 donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Χ	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	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.	11b		Х
С	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.	11c		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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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
1 <b>2</b> a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	Χ	
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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
1 <b>4</b> a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F. Parts I and IV.	14b		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
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 "Yes," complete Schedule F, Parts III and IV</i>	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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	
		<u> </u>	000	(2022)

# Form 990 (2023) YAMPA VALLEY COMMUNITY FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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? <i>If "Yes," complete Schedule J.</i>	23	Х	
<b>24</b> 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.	<b>24</b> a		Х
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		
	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		Х
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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 301.7701-3 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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36		Х
37	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? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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.			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	110
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
$\Delta \Lambda \Lambda$	TEFA0104L 08/23/23	Earm	gan /	つりつつい

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

			163	110
<b>2</b> 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 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
<b>3</b> a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4</b> a		Х
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	000000000000000000000000000000000000000	200000000000000000000000000000000000000
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring			v
_	organization have excess business holdings at any time during the year?	8		X
	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:	<b>J</b> D		
	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	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	19-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	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	_	1000	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q.</i>	14a		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		
. •	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
17	If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would			
.,	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2023) YAMPA VALLEY COMMUNITY FOUNDATION 84-0794536 Page 6 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . . . 17 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 on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent . . . . . 1b 17 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? SEE SCHEDULE 0 X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 5 Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Χ Did the organization have members or stockholders?..... Χ 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?..... 8a Χ **b** Each committee with authority to act on behalf of the governing body?..... 8b 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 on Schedule O..... 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? Χ a The organization's CEO, Executive Director, or top management official... SEE .SCHEDULE .Q............ 15a **b** Other officers or key employees of the organization..... Χ 15h If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Χ 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

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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	Own website
19	Describe on 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.

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

Form 990 (2023)

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

Check if Schedule O contains a response or note to any line in this Part VII.

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

BAA

	Check this box if neither the organization nor any r	elated org	aniza	ation	ıooı	mpe	nsated	d a	ny current officer,	director, or trustee	
					(0	<b>C)</b>					
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	ition more rson lirecto	than or is both in trusted Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)	TIMOTHY WOHLGENANT	40									
	EXECUTIVE DIREC		1		Χ				171,260.	0.	23,053.
(2)	JERRY HERNANDEZ	1							,		
	DIRECTOR	0	X						0.	0.	0.
(3)	PAULA COOPER BLACK	1									
	EMERITUS	0	X						0.	0.	0.
(4)	JIM BRONNER	1									
	EMERITUS	0	X						0.	0.	0.
(5)	DEBRA CONROY	1									
	DIRECTOR	0	X						0.	0.	0.
(6)	JUDY MCGINNIS	1									
	DIRECTOR		X						0.	0.	0.
(7)	KELLY LANDERS	1									
	VICE CHAIR	0	X		Χ				0.	0.	0.
(8)	GILLIAN MORRIS	1									
	DIRECTOR	0	X						0.	0.	0.
(9)	CAROL ATHA	1									
	DIRECTOR	0	X						0.	0.	0.
(10)	ROB PERLMAN	1									
	DIRECTOR		X						0.	0.	0.
(11)	GORDON HATTERSLEY	5									
	CHAIR.	0	X		Χ				0.	0.	0.
(12)	TARA WEAVER	1									
	DIRECTOR		X						0.	0.	0.
(13)	JENNIFER HAMANN	1									
	SECTY/TREASURER		X		Х				0.	0.	0.
(14)	HARRY MURRAY	1									
	DIRECTOR	0	X						0.	0.	0.

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<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	more rson irecto	than of its both or/trust Highest compensated employee	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) ROB RACE	1									
DIRECTOR	0	X						0.	0.	0.
(16) LORI LIVINGSTON	1									
DIRECTOR	0	X						0.	0.	0 .
(17) KRISTIE MCPHERSON	11									
DIRECTOR	0	X						0.	0.	0 .
(18) NANCY MUCKLOW	11									
DIRECTOR	0	X						0.	0.	0 .
(19)										
(00)										
(20)										
(21)										
(21)										
(22)										
(23)										
(24)										
	1									
(25)										
	]									
1b Subtotal								171,260.	0.	23,053
c Total from continuation sheets to Part VII, Section	n A							0.	0.	0 .
d Total (add lines 1b and 1c)								171,260.	0.	23,053
2 Total number of individuals (including but not lim	ited to tho	se lis	sted	abo	ve)	who	rec	eived more than \$	100,000 of reportab	le compensation
from the organization 1										
										Yes No
3 Did the organization list any former officer, direc	tor, truste	e, ke	y en	nplo	yee,	or h	igh	est compensated e	employee	
on line 1a? If "Yes,"complete Schedule J for suc	h individua	al								3 X
4 For any individual listed on line 1a, is the sum of	reportable	e cor	nper	sati	ion a	and o	the	r compensation fro	om	
the organization and related organizations greate such individual				τ ¨Υ	es, "		ріет 	te Scneaule J tor 		. 4 X
5 Did any person listed on line 1a receive or accrument for services rendered to the organization? If "Yes	e compens	satio	n fro	m a	ny ι	inrela	atec	d organization or in	dividual	
Section B. Independent Contractors	s, comple		J. 10 L	410	5 10	. 540	p	0.00		·   -     A
1 Complete this table for your five highest compen	sated inde	pend	lent	con	trac	tors t	hat	received more that	n \$100,000 of	
compensation from the organization. Report com	pensation	for t	he c	aler	ndar	year	en	T .		
<b>(A)</b> Name and business add	ress							(B) Description o	f services	(C) Compensation
DICKING COMMUNICATING INC DO DOY 7720E6 CME	MDONT C	DDTN	rce.	CO		177				1,779,950
PICKING CONTRACTING INC PO BOX 772956 STEA	MIDONI 2	L 1/11/	, GD	ĻŪ	00	+//		CONSTRUCTION		1,110,500
2 Total number of independent contractors (includi	ng but not	limit	ed t	o th	ose	listed	d ah	oove) who received	I more than	
\$100,000 of compensation from the organization	1				0		٠.			
DAA										Farm 000 (2022)

		Check if Schedule O contains a respons	se or note to any	line in this Part VII	l		
				<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ŊΝ	1a	Federated campaigns 1a					
Ħ		Membership dues	184,728.				
6 5		Fundraising events	104,720.				
Ş Ā							
ia gi		Related organizations 1d					
S, E		Government grants (contributions) 1e					
i io	f	All other contributions, gifts, grants, and					
至		similar amounts not included above 1f 1 Noncash contributions included in	0,673,085.				
들음	g	lines 1a-1f	2,467,583.				
Contributions, Gifts, Grants, and Other Similar Amounts	h	Total. Add lines 1a-1f.		10,857,813.			
			Business Code	10,037,013.			
Ž	2a	DACCDODT CITID		415,272.	415,272.		
ě	_	PASSPORT_CLUB		415,272.	413,272.		
æ	b						
<u>Ş</u> .	С						
Sel	d						
Program Service Revenue	е						
ğ	f	All other program service revenue					
Ĕ	g	Total. Add lines 2a-2f		415,272.			
	3	Investment income (including dividends, in	nterest, and	·			
		other similar amounts)		1,980,181.			1,980,181.
	4	Income from investment of tax-exempt bo	nd proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets	(ii) Other				
		other than inventory <b>7a</b> 24127277.					
	b	Less: cost or other basis					
		and sales expenses <b>7b</b> 23335211.					
	_	Gain or (loss)		I I I I I I I I I I I I I I I I I I I		I I I I I I I I I I I I I I I I I I I	
	d	Net gain or (loss)		792,066.			792,066.
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
Œ		See Part IV, line 18					
<u>F</u>		Less: direct expenses 8b					
₹	С	Net income or (loss) from fundraising ever	nts				
		Gross income from gaming activities. See Part IV, line 19					
		Less: direct expenses 9b					
	С	Net income or (loss) from gaming activitie	S				
		Gross sales of inventory, less returns and allowances					
		Less: cost of goods sold					
	С	Net income or (loss) from sales of invento					
5	4.4		Business Code				
ව  න්	11a						
뒮	b						
scellaneous Revenue	С						
-	d	All other revenue				220000000000000000000000000000000000000	***************************************
Σ	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		14,045,332.	415,272.	0.	2,772,247.

### 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 re	<u> </u>			
Do i 6b, 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,412,832.	5,412,832.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	509,339.	509,339.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	,	,		
4	Benefits paid to or for members				E IIII CANACA III
5	Compensation of current officers, directors, trustees, and key employees	194,313.	77,725.	97,157.	19,431.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	346,995.	170,278.	138,883.	37,834.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	·	·		37,031.
9	Other employee benefits	84,122.	38,171.	37,262.	8,689.
10	Payroll taxes	40,932.	19,020.	17,519.	4,393.
11	Fees for services (nonemployees):				
	Management	32,037.		32,037.	
	Legal	455.		455.	
	Accounting	9,400.		9,400.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)				
12	Advertising and promotion	3,649.	3,649.		
13	Office expenses	29,489.	, , , , , ,	29,489.	
14	Information technology	, , , , , , ,		,	
15	Royalties				
16	Occupancy	50,655.		50,655.	
17	Travel	,			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,225.	15,225.		
23	Insurance	8,020.		8,020.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).				
а	PASSPORT_CLUB_EXPENSES	460,548.	460,548.		
b		33,627.	33,627.		
С	FEES	29,000.	22,027	29,000.	
d		17,792.		17,792.	
e	All other expenses.	34,435.	16,560.	14,807.	3,068.
25	Total functional expenses. Add lines 1 through 24e	7,312,865.	6,756,974.	482,476.	73,415.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to	any lin	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing			972,689.	1	638,623.
	2	Savings and temporary cash investments			138,424.	2	387,358.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			558,932.	4	100,508.
	5	Loans and other receivables from any current or forme trustee, key employee, creator or founder, substantial controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family members of any of these personal controlled entity or family members of any of these personal controlled entity or family members of any of these personal controlled entity or family members of any of these personal controlled entity or family members of any of these personal controlled entity or family members of any of these personal controlled entity or family members of any of these personal controlled entity or family members of any of these personal controlled entity or family members of any of these personal controlled entity or family members of any of these personal controlled entity or family members of any of these personal controlled entity or family members of any of these personal controlled entity or family members of any of these personal controlled entity or family members of any of the controlled entity or family members of any of the controlled entity or family members of any of the controlled entity or family members of any of the controlled entity or family members of any of the controlled entity or family members of the controlled entity of the controlled entity or family members of the controlled entity or family members of the controlled entity of the controlled enti	er office contrib sons	er, director, utor, or 35%		5	
	6	Loans and other receivables from other disqualified pe section 4958(f)(1)), and persons described in section 4				6	
	7	Notes and loans receivable, net	• • •	` / ` /		7	1 514 070
w	8	Inventories for sale or use		-		8	1,514,072.
ě	_			<b> </b>	1 (10	9	
Assets	9	Prepaid expenses and deferred charges	1 1		1,619.	9	
7		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		3,662,231.			
	b	Less: accumulated depreciation	10b	15,225.	1,649,210.	10c	3,647,006.
	11	Investments — publicly traded securities			51,932,106.	11	62,543,393.
	12	Investments – other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			3,950.	15	30,820.
	16	Total assets. Add lines 1 through 15 (must equal line 3	33)		55,256,930.	16	68,861,780.
	17	Accounts payable and accrued expenses			49,542.	17	374,790.
	18	Grants payable			.,	18	,
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete Part IV	√ of Scl	hedule D [		21	
Liabilities	22	Loans and other payables to any current or former offi key employee, creator or founder, substantial contribu controlled entity or family member of any of these pers	tor, or	35%		22	
=	23	Secured mortgages and notes payable to unrelated thi		<b>⊢</b>		23	
	24	Unsecured notes and loans payable to unrelated third		<b>⊢</b>		24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp	•		3,960,163.	25	5,114,629.
	26	<b>Total liabilities.</b> Add lines 17 through 25		<u> </u>	4,009,705.	26	5,489,419.
ses		Organizations that follow FASB ASC 958, check here		X	1,003,,003.		3,103,113.
ير پير	27	and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions			40 716 007	27	F4 044 700
ä	27	Net assets with donor restrictions.			40,716,807.	27	54,044,722.
<u> </u>	28	Organizations that do not follow FASB ASC 958, chec			10,530,418.	28	9,327,639.
Net Assets or Fund Balance		and complete lines 29 through 33.	k nere				
ō	29	Capital stock or trust principal, or current funds		L		29	
et	30	Paid-in or capital surplus, or land, building, or equipme	ent fund	d [		30	
SS	31	Retained earnings, endowment, accumulated income,	or othe	er funds		31	
et/	32	Total net assets or fund balances		<b>-</b>	51,247,225.	32	63,372,361.
	33	Total liabilities and net assets/fund balances			55,256,930.	33	68,861,780.
RΔ	Δ		TEEA011	1L 08/23/23			Form <b>990</b> (2023)

Form **990** (2023)

Form	990 (2023) YAMPA VALLEY COMMUNITY FOUNDATION 84-	0794536		Pa	ge <b>12</b>
Par	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	14,0	45,3	32.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,3	12,8	65.
3	Revenue less expenses. Subtract line 2 from line 1.	3	6,7	32,4	67.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4	51,2	47,2	25.
5	Net unrealized gains (losses) on investments.	5	5,4	04,4	95.
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 on Schedule O).  SEE SCHEDULE (	9	-	11,8	26.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).	10	63,3	72,3	61.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
	•			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 on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis	d on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both.    X   Separate basis   Consolidated basis   Both consolidated and separate basis	te			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of treview, or compilation of its financial statements and selection of an independent accountant?	he audit,	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?	Jniform 	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 08/23/23		Form	1 <b>990</b> (2	2023)

### **SCHEDULE A** (Form 990)

## **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 Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2023

Open to Public Inspection

Name of	the organization						Employer identifica	mon number		
YAMP	PA VALLEY (	COMMUNITY F	'OUNDATION				84-079453	6		
Part	I Reason fo	r Public Chari	ity Status. (All org	anizations must co	mplete	this p	art.) See instruction	ns.		
The or	ganization is no	t a private founda	ation because it is: (F	or lines 1 through 12, c	heck onl	y one b	ox.)			
1	A church, co	nvention of churc	ches, or association o	f churches described in	section	170(b)(	1)(A)(i).			
2	A school des	scribed in <b>section</b>	<b>170(b)(1)(A)(ii).</b> (Atta	ch Schedule E (Form 9	90).)					
3	A hospital or	a cooperative h	ospital service organiz	ation described in <b>sect</b>	ion 1 <b>70</b> (	b)(1)(A)	(iii).			
4	A medical re	search organizat	ion operated in conjur	nction with a hospital de	escribed	in <b>secti</b>	on 170(b)(1)(A)(iii). Ent	er the hospital's		
'	name, city, a	and state:								
5	An organizat	ion operated for <b>b)(1)(A)(iv).</b> (Cor	the benefit of a collect		or operat	ed by a	governmental unit des	cribed in		
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	An organizat		receives a substantia				al unit or from the gene	eral public described		
8				<b>)(vi).</b> (Complete Part II.	)					
9					•	d in con	junction with a land-gra	int college		
9		or a non-land-gr	ant college of agricult		Enter the	name,	city, and state of the c			
10	_ An organizat						tions, membership fees	and gross receipts		
Į.	from activitie	es related to its e	xempt functions, subj	ect to certain exception	s; and (2	<ol><li>no mo</li></ol>	ore than 33-1/3% of its	support from gross		
	June 30, 197	ncome and unrela '5. See <b>section 5</b>	ated business taxable <b>09(a)(2).</b> (Complete Pa	income (less section 5 art III.)	II tax) t	rom bus	sinesses acquired by the	e organization atter		
11				y to test for public safe	ty. See s	section !	509(a)(4).			
12	An organizat	ion organized an	d operated exclusively	v for the benefit of to r	erform t	he func	tions of, or to carry out	the nurnoses of one		
	or more publ	licly supported or ough 12d that de	ganizations described scribes the type of su	Í in <b>section 509(a)(1)</b> or pporting organization a	<b>section</b> nd comp	<b>509(a)(</b> a)	<b>2).</b> See <b>section 509(a)(3</b> es 12e, 12f, and 12g.	3). Check the box on		
a	a 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		•		ntrolled in connection v	vith its si	upporte	d organization(s), by ha	avina control or		
	managemen	t of the supporting to the supporting the supportin	a organization vested	in the same persons the	nat contr	ol or ma	anage the supported or	ganization(s). <b>You</b>		
С	Type III func	tionally integrate	d. A supporting organ	nization operated in con	nection	with, an	d functionally integrated	d with, its supported		
ا ہم			•	ete Part IV, Sections A,						
d	functionally i	ntegrated. The o	grated. A supporting o rganization generally l llete Part IV, Sections	must satisfy a distributi	connec on requi	tion with rement	n its supported organiza and an attentiveness re	ation(s) that is not equirement (see		
е	Check this be	ox if the organiza	ation received a writte	n determination from th	e IRS th	at it is a	Type I, Type II, Type	III functionally		
				upporting organization.						
		• • •	rganizations	organization(s)						
							(v) Amount of monetary	6.3 A t		
()	Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is organizat	ion listed	support (see instructions)	(vi) Amount of other support (see instructions)		
				above (see instructions))	in your g docun	overning nent?				
					Yes	No				
					. 30					
(A)										
<del>( ''</del>										
(B)										
<u> </u>										
(C)										
<u> </u>										
(D)										
• •										
(E)										
Total										

### Schedule A (Form 990) 2023 YAMPA VALLEY COMMUNITY FOUNDATION 84-0794536 Page 2 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.) Section A. Public Support Calendar year (or fiscal year (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 **(e)** 2023 (f) Total beginning in) Gifts, grants, contributions, and membership fees received. (Do pot include any "unusual grants.") 7,837,226 2,875,398. 5,330,740. 17423350 10857813. 44,324,527. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ...... 0. The value of services or facilities furnished by a governmental unit to the organization without charge. 0. |5,330,740.|7,837,226. 17423350 **Total.** Add lines 1 through 3 . . . 2,875,398. 10857813. 44,324,527. 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)... 803,545. Public support. Subtract line 5 from line 4 43,520,982. Section B. Total Support Calendar year (or fiscal year (a) 2019 (d) 2022 **(b)** 2020 (c) 2021 **(e)** 2023 (f) Total beginning in) 5,330,740. Amounts from line 4..... 2,875,398. 7,837,226 17423350 44,324,527. 10857813. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 410,379 316,708 373,073. 1,318,626. 1,980,181 similar sources... 4,398,967. Net income from unrelated business activities, whether or not the business is regularly carried on ...... 0. Other income. Do not include gain or loss from the sale of čapital assets (Explain in 0. Part VI.). Total support. Add lines 7 48,723,494. 12 0. First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here..... Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)).......... 14 89.32% Public support percentage from 2022 Schedule A, Part II, line 14... 15 90.00% 16a 33-1/3% support test-2023. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box b 33-1/3% support test-2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.....

b 33-1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

**BAA** TEEA0402L 08/14/23 **Schedule A (Form 990) 2023** 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

18

Part III 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.)

_	ians to quanty and or the to	oto notou polott, p	Todoo complete i	urt my				
	tion A. Public Support			1				
_	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 202	3	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include							
	received. (Do not include							
2	any "unusual grants.")							
_	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.							
1	Tax revenues levied for the							
7	organization's benefit and							
	either paid to or expended on							
5	its behalf							
3	facilities furnished by a							
	governmental unit to the							
_	organization without charge							
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1,							
/d	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						8411110888888888	
8	<b>Public support.</b> (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 202	3	<b>(f)</b> Total
9	Amounts from line 6							
1 <b>0</b> a	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties, and income from similar sources.							
b	Unrelated business taxable							
	income (less section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included on line 10b, whether or not the business is							
	regularly carried on							
12	Other income. Do not include							
	gain or loss from the sale of							
	capital assets (Explain in Part VI.)							
13	<b>Total support.</b> (Add lines 9,							
	10c, 11, and 12.)							
14	First 5 years. If the Form 990 is f	or the organization	's first, second,	third, fourth, or fift	h tax year as a se	ection 501(c)	)(3)	
	organization, check this box and							
	tion C. Computation of Pu			10 : :=		- 1	45	
	Public support percentage for 202	•	• • • • • • • • • • • • • • • • • • • •				15	9
	Public support percentage from 2						16	ş
Sec	tion D. Computation of Inv			<u> </u>				
17	Investment income percentage for	or <b>2023</b> (line 10c, c	olumn (f), divide	d by line 13, colum	nn (f))		17	9
18	Investment income percentage fr	om <b>2022</b> Schedule	A, Part III, line	17			18	9
19a	33-1/3% support tests-2023. If the							
	in mak manua Hann 22 1/20/ alanah.	this have and atom	here. The organi	zation qualifies as	a publicly suppor	ted organiza	ation	
	is not more than 33-1/3%, check	-	-	•		-		_
b	33-1/3% support tests-2022. If the	ne organization dic	not check a box	on line 14 or line	19a, and line 16 i	s more than	33-1/3%	, and
		ne organization dic , check this box ar	not check a box ad <b>stop here.</b> The	on line 14 or line organization qual	19a, and line 16 i ifies as a publicly	s more than supported o	33-1/3% organizati	, and on

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

			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		
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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	<b>4</b> a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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		
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		
C	: Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		000000000000000000000000000000000000000
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? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
c	Did a disqualified person (as defined on 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 <b>Part VI.</b>	9с		
1 <b>0</b> a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.	1 <b>0</b> a		
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		

Pa	art IV   Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	<ul> <li>a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?</li> </ul>	11a		
	<b>b</b> A family member of a person described on line 11a above?	11b		
	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	11c		
	ction B. Type I Supporting Organizations	110		
	out D. Type I cupper any organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			
		200000000000000000000000000000000000000	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction D. All Type III Supporting Organizations			
1	Did the considering and ideals and of the considering and a second of the first state of the fifth and the fills	E0000000000000000	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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons).		
	a The organization satisfied the Activities Test. Complete line 2 below.			
	<b>b</b> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruc	tions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	<b>a</b> 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>If "Yes" or "No," provide details in <b>Part VI.</b></i>	3a		
	<b>b</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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	janiza	itions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organizations	on Nov s must	v. 20, 1970 (explain in P complete Sections A th	art VI). <b>See</b> rough 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):			
á	Average monthly value of securities	1a		
ı	Average monthly cash balances	1b		
•	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
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 0.015 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 0.035.	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	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> 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 integ (see instructions).	grated 7	Type III supporting orga	nization

BAA Schedule A (Form 990) 2023

10

10 Line 8 amount divided by line 9 amount

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)		
Sec	tion D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details		
	in <b>Part VI</b> ). See instructions.	8	
9	Distributable amount for 2023 from Section C. line 6	9	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)	Not with received to any mention of the temperature of the property of the control of the contro		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7:			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
d Excess from 2022			
e Excess from 2023			

BAA Schedule A (Form 990) 2023

84-0794536

Page 8

Part VI

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**

_	20192020		2021	2022	2023	TOTAL		
\$	600,000.	\$ 515,000.	\$ 20,006,244.	\$ 805,000.	\$ 0.	\$ 21,926,244.		

 BAA
 TEEA0408L
 08/14/23
 Schedule A (Form 990) 2023

## SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

YAN	PA VALLEY COMMUNITY FOUNDATION	N	84-0794536
Pai	Organizations Maintaining Do Complete if the organization a	onor Advised Funds or Other Simila Inswered "Yes" on Form 990, Part IV	Funds or Accounts , line 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)	9,845,220.	
3	Aggregate value of grants from (during year)	7,258,947.	
4	Aggregate value at end of year	36,919,741.	
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 do organization's exclusive legal control?	onor advised funds X Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant fund of the donor or donor advisor, or for any other	ds can be used only purpose conferringXYes No
Pai		nswered "Yes" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply).	
	Preservation of land for public use (for example)	ample, recreation or education) Preserva	tion of a historically important land area
	Protection of natural habitat	Preserva	tion of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservation contribution in	Dipological
			Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation ease		
•	: Number of conservation easements on a certif	ied historic structure included on line 2a	2c
(	Number of conservation easements included of a historic structure listed in the National Regis	on line 2c acquired after July 25, 2006, and not ter.	on <b>2d</b>
3	Number of conservation easements modified, tax year	transferred, released, extinguished, or termina	ted by the organization during the
4	Number of states where property subject to co	nservation easement is located	
5	Does the organization have a written policy reand enforcement of the conservation easemer	garding the periodic monitoring, inspection, hants it holds?	
6	Staff and volunteer hours devoted to monitoring	ng, inspecting, handling of violations, and enfor	cing conservation easements during the year
7	Amount of expenses incurred in monitoring, in	specting, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote tonservation easements.	orts conservation easements in its revenue an o the organization's financial statements that c	d expense statement and balance sheet, and escribes the organization's accounting for
Pai	Organizations Maintaining Co Complete if the organization a	<b>ollections of Art, Historical Treasure</b> Inswered "Yes" on Form 990, Part IV	s, or Other Similar Assets , line 8.
1a	If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	ld for public exhibition, education, or research	atement and balance sheet works of art, in furtherance of public service, provide in
b	If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items.	ld for public exhibition, education, or research	in furtherance of public service, provide the
	<ul><li>(i) Revenue included on Form 990, Part VIII,</li><li>(ii) Assets included in Form 990, Part X</li></ul>	line 1	\$
	If the organization received or held works of a amounts required to be reported under FASB	ASC 958 relating to these items.	
а	Revenue included on Form 990, Part VIII, line	1	\$
b	Assets included in Form 990, Part X		\$

Part III	Organizations Mainta	ining Colle	ections	of Art, Histo	rical	Treasures, or (	Other S	imilar Assets	(cont	inued,	<u>)                                    </u>	
items	items (check all that apply).											
a 🗌 F												
	Scholarly research			e Other								
c LF	c Preservation for future generations											
Part	Part XIII.											
to be	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Part IV	Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.											
on F	1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?											
<b>b</b> If "Ye	<b>b</b> If "Yes," explain the arrangement in Part XIII and complete the following table.											
									Amoun	t		
~	nning balance											
	tions during the year											
	ibutions during the year											
	ng balance											
	he organization include an ar							- L	Yes		No	
<b>b</b> If "Ye	es," explain the arrangement	in Part XIII. (	Check he	ere if the explar	nation	has been provide	d in Part	t XIII				
	·											
Part V	Endowment Funds					000 D. IV	P 14	^				
	* Complete if the orga	nization a	nswere	ed "Yes" on	Form	1 990, Part IV,	line II	0.				
		(a) Current	year	(b) Prior yea	r	(c) Two years back	(d)	Three years back	(e)	our year:	s back	
<b>1a</b> Begi	nning of year balance	7,487,	142.	8,906,7	788.	5,550,85		3,412,654.			103.	
<b>b</b> Cont	ributions	•	425.	397,7		2,851,65		1,575,491.			622.	
c Noti	nvestment earnings, gains,					_, ,				,		
	losses	1,209,	011.	-1,613,8	330.	918,24	9.	746,525.		430,	064.	
<b>d</b> Gran	its or scholarships		789.	129,5		347,67		150,089.			697.	
	r expenditures for facilities									,		
	programs		100				_	0.				
	inistrative expenses		100.	74,0		66,29		33,725.	_		438.	
-	of year balance	8,685,	689.	7,487,1	L42.	8,906,78	8.	5,550,856.	3	,412,	654.	
			n year e	nu balance (iin %	e ig, c	olumin (a)) nelu a	15.					
	d designated or quasi-endow			°								
<del></del>	nanent endowment	%										
	n endowment	6 66	المنتمملة	1000/								
ine	percentages on lines 2a, 2b,	and 2c snoul	a equai	100%.								
	there endowment funds not in	the possess	ion of th	e organization	that ar	e held and admin	istered f	or the	ſ	V	N-	
	nization by: Jnrelated organizations?								2-(3)	Yes	No	
***	Related organizations?								3a(i)		X	
` '	es" on line 3a(ii), are the rela								3a(ii) 3b		X	
	cribe in Part XIII the intended	-		•					SD			
Part VI	Land, Buildings, and			iioii s endowine	int runc	ds. SEE PAR	XII XII	. 4				
raitvi				. Form OOO Do	~+ I\/ I;	ina 11a Can Form	, 000 D	ort V ling 10				
	Complete if the organizati											
	Description of property		(a) Cost (in	or other basis vestment)	(b)	Cost or other pasis (other)	(c) A de	ccumulated preciation	(d)	Book va	ılue ———	
	[			805,000.							<u>,000.</u>	
	lings		2	,797,149.				13,794.	2	<u>,</u> 783	<u>,355.</u>	
<b>c</b> Leas	ehold improvements											
	pment			60,082.				1,431.		58	<u>,651.</u>	
	r											
	lines 1a through 1e. (Column	(d) must eq	ual Form	n 990, Part X, li	ne 10c	, column (B))					<u>,006.</u>	
BAA								Sched	ule D (F	orm 99	90) 2023	

Part VII	Investments – Other Securities	" on Form OOO Dort IV lin	N/A	
(a) Dosori	Complete if the organization answered "Yes iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f year market value
	al derivatives	,,,	(C) Method of Valuation. Cost of end-c	1-year market value
• •	held equity interests			
(3) Other	Tield equity interests			
(A)		- +		
(B)				
(C)				
(D)		-		
(E)				
(F)				
(G)				
(H)		-		
Total. (Colum	nn (b) must equal Form 990, Part X, line 12, column (B))			
Part VIII	Investments – Program Related		N/A	
	Complete if the organization answered "Yes (a) Description of investment		1e TTC. See Form 990, Part X, Tine T3.  (c) Method of valuation: Cost or end	of coor manufactural co
	(a) Description of investment	(b) Book value	(c) Method of Valuation: Cost or end	-or-year market value
(1)				
(2)				
(3)				
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, line 13, column (B))			
Part IX	Other Assets	N/A		
	Complete if the organization answered "Yes		ne 11d. See Form 990, Part X, line 15.	(h) Doole value
(1)	(a)	Description		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(10)				
	umn (b) must equal Form 990, Part X, line 15,	column (R))		
Part X	Other Liabilities	Coldini (D))		
I dit X	Complete if the organization answered "Yes	" on Form 990, Part IV, Iir	ne 11e or 11f. See Form 990, Part X, lin	e 25.
		scription of liability		(b) Book value
1.	<b>(a)</b> De	scription or hability		
(1) Feder	al income taxes	scription or hability		
(1) Federal (2) ASSE	al income taxes ETS HELD FOR OTHERS	scription of liability		5,049,947.
(1) Federal (2) ASSE (3) FUNI	al income taxes	Scription of nability		5,049,947. 64,682.
(1) Federal (2) ASSE (3) FUNI (4)	al income taxes ETS HELD FOR OTHERS	сприон от навшу		
(1) Feder (2) ASSE (3) FUND (4) (5)	al income taxes ETS HELD FOR OTHERS	сприон от налиту		
(1) Federa (2) ASSE (3) FUND (4) (5) (6)	al income taxes ETS HELD FOR OTHERS	сприон от навшу		
(1) Feder. (2) ASSE (3) FUND (4) (5) (6) (7)	al income taxes ETS HELD FOR OTHERS	сприон от налиту		
(1) Federa (2) ASSE (3) FUND (4) (5) (6)	al income taxes ETS HELD FOR OTHERS	сприон от налиту		
(1) Feder. (2) ASSE (3) FUND (4) (5) (6) (7) (8)	al income taxes ETS HELD FOR OTHERS	Scription of nability		
(1) Feder. (2) ASSE (3) FUNI (4) (5) (6) (7) (8) (9)	al income taxes ETS HELD FOR OTHERS	Scription of nability		
(1) Feder. (2) ASSE (3) FUND (4) (5) (6) (7) (8) (9) (10) (11)	al income taxes ETS HELD FOR OTHERS			
(1) Feder. (2) ASSE (3) FUND (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Columon 2. Liability for	al income taxes ETS HELD FOR OTHERS OS HELD AS FISCAL AGENT	column (B))	nancial statements that reports the organization's	5,114,629. iability for uncertain

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	1	<u> </u>
200000000000000000000000000000000000000	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	19,422,272.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		·
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.). 2d		
е	Add lines 2a through 2d.	2e	5,404,495.
3	Subtract line 2e from line 1	3	14,017,777.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.). SEE PART XIII. 4b 27,555.		
С	Add lines <b>4a</b> and <b>4b</b>	4c	27,555.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	14,045,332.
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	7,297,136.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		_
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	7,297,136.
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		
	Other (Describe in Part XIII.) SEE PART XIII 4b 15,729.		45 500
_	Add lines <b>4a</b> and <b>4b</b> .  Total expenses. Add lines <b>3</b> and <b>4a</b> . (This must equal Form 200. Bort I, line 19.)	4c	15,729.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b>	7,312,865.
rar	t XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

FUNDS ARE DESIGNATED TO SUPPORT EDUCATION, RECREATION AND OTHER NON PROFIT ORGANIZATIONS.

### SCHEDULE D, PART XI, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

CONTRIBUTIONS TO FISCAL A	AGENT	ACCOUNTS	\$ 27,555.
		TOTAL	\$ 27,555.

BAA Schedule D (Form 990) 2023

84-0794536

Page 5

Part XIII Supplemental Information (continued)

## SCHEDULE D, PART XII, LINE 4B OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

DISBURSEMENTS FROM FISCAL AGENT ACCOUNTS \$ 15,729.

BAA TEEA3305L 07/20/23 Schedule D (Form 990) 2023

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization						Employer identific	ation number				
YAMPA VALLEY COMMUNITY FOUNDATION 84-0794536											
Part I General Information on Grants and Assistance											
Does the organization maintain record the selection criteria used to award the     Describe in Part IV the organization's	e grants or assistanc	e?				nd PART IV	X Yes	No			
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  SEE PART IV  Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on											
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.											
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		ose of grant sistance			
(1) SEE SCHEDULE ATTACHED  SEE SCHEDULE  SEE SCHEDULE, CO 80488			5,412,832.	0.							
(2)			3,111,001	<u>.</u>							
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
2 Enter total number of section 501(c)(3 3 Enter total number of other organization		<del>-</del>						0			

Part III 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>(b)</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		
1 SCHOLARSHIPS TO COLORADO SCHOOLS	62	263,806.					
2 SCHOLARSHIPS TO WYOMING SCHOOLS	11	22,200.					
3 SCHOLARSHIPS TO KANSAS SCHOOLS	2	7,500.					
4 SCHOLARSHIPS TO CONNECTICUT SCHOOLS	1	5,000.					
5 SCHOLARSHIPS TO CALIF SCHOOLS	5	23,000.					
6 SCHOLARSHIPS TO MONTANA SCHOOLS	4	16,250.					
7 SCHOLARSHIPS TO MAINE SCHOOLS	2	5,000.					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (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

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)									
(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 FLORIDA SCHOOLS	1	4,000.							
SCHOLARSHIPS TO ARIZONA SCHOOLS	5	26,000.							
SCHOLARSHIPS TO ALABAMA SCHOOLS	3	5,000.							
SCHOLARSHIPS TO MICHIGAN SCHOOLS	1	2,000.							
SCHOLARSHIPS TO GEORGIA SCHOOLS	7	3,500.							
SCHOLARSHIPS TO TEXAS SCHOOLS	4	17,500.							
SCHOLARSHIPS TO IDAHO SCHOOLS	3	7,000.							
SCHOLARSHIPS TO OREGON SCHOOLS	4	13,333.							
SCHOLARSHIPS TO NEW HAMPSHIRE SCH	1	2,000.							
SCHOLARSHIP TO MASSACHUSETTS SCHOOL	2	10,000.							
SCHOLARSHIPS TO ILLINOIS SCHOOLS	1	7,500.							
SCHOLARSHIPS TO LOUISIANNA SCHOOLS	1	5,500.							
SCHOLARSHIPS TO NEW YORK SCHOOLS	1	2,000.							
SCHOLARSHIPS TO PENNSLYVANIA SCHOOL	1	7,500.							
SCHOLARSHIPS TO WISCONSIN SCHOOLS	1	5,000.							
SCHOLARSHIPS TO N. CAROLINA SCHOOLS	1	5,000.							
SCHOLARSHIPS TO OHIO SCHOOLS	1	7,500.							
SCHOLARSHIPS TO VANCOUVER SCHOOLS	1	1,000.							
SCHOLARSHIPS TO UTAH SCHOOLS	5	18,250.			C. L. L. L. C. L. (F 000) 0003				

(a) Type of grant or assistance	<b>(b)</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 MARYLAND SCHOOLS	1	1,500.					
SCHOLARSHIPS TO S. CAROLINA SCHOOLS	1	1,000.					
SCHOLARSHIPS TO VIRGINIA SCHOOLS	1	3,500.					
SCHOLARSHIPS TO WASHINGTON SCHOOLS	1	10,000.					
SCHOLARSHIPS TO MISSISSIPPI SCHOOLS	2	1,000.					

### **SCHEDULE J** (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

84-0794536 YAMPA VALLEY COMMUNITY FOUNDATION Part I Questions Regarding Compensation

	WWWW				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any VII, Section A, line 1a. Complete Part III to provide any relevan	of the following to or for a person listed on Form 990, Part at information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization reimbursement or provision of all of the expenses described at		1b		
2	Did the organization require substantiation prior to reimbursing trustees, and officers, including the CEO/Executive Director, re		2		
3	Indicate which, if any, of the following the organization used to Executive Director. Check all that apply. Do not check any boxe establish compensation of the CEO/Executive Director, but exp	es for methods used by a related organization to			
	X Compensation committee	Written employment contract			
	Independent compensation consultant	X Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, S organization or a related organization:	Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-control payment?.		<b>4</b> a		Χ
b	Participate in or receive payment from a supplemental nonqual	lified retirement plan?	4b		Χ
С	Participate in or receive payment from an equity-based competence		4c	010101010101010101010	Χ
	If "Yes" to any of lines 4a-c, list the persons and provide the ap	pplicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, di contingent on the revenues of:	d the organization pay or accrue any compensation			
	The organization?		5a		Χ
b	Any related organization?		5b	010101010101010101010	Χ
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, di contingent on the net earnings of:	d the organization pay or accrue any compensation			
а	The organization?		6a		Χ
b	Any related organization?		6b	200000000000000000000000000000000000000	Χ
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, di payments not described on lines 5 and 6? If "Yes," describe in	d the organization provide any nonfixed Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or acc to the initial contract exception described in Regulations section If "Yes," describe in Part III.	n 53.4958-4(a)(3)?	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable section 53.4958-6(c)?	e presumption procedure described in Regulations	9		

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

Schedule J (Form 990) 2023

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(E) Total of columns(B)(i)-(D)	(F) Compensation	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
TIMOTHY WOHLGENANT	i)171,260.	0.	0.	5,297.	17,756.	194,313.	0.	
	ii)0.	0.	0.	0.	0.	0.	0.	
	i)							
	ii)	<del> </del>		<del> </del>		<del> </del>		
	i)							
	ii)	†		<del> </del>		T		
	i)							
4	ii)	T		T		T		
	i)							
5	ii)	T		T		T		
	i)							
6	ii)							
	i)	L		L		L		
	ii)							
	i)	L		L		L		
	ii)							
	i)					L		
	ii)							
	i)	<u> </u>				L		
	ii)							
	i)	<b> </b>		L		L		
	ii)							
	i)	<b> </b>		<b>_</b>		L		
	ii)							
	i)	<b> </b>		<b></b>		L		
	ii)							
	i)	<b> </b>		<b></b>		L		
	ii)							
	i)	ļ		<b> </b>		L		
	ii)							
	i)	ļ		<b></b>		<u> </u>		
16 (C)	ii)	TEFA/102L 07/01	100				L/Form 000) 2022	

BAA

TEEA4102L 07/03/23

Schedule J (Form 990) 2023

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## SCHEDULE M (Form 990)

### **Noncash Contributions**

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

YAMPA VALLEY COMMUNITY FOUNDATION

Employer identification number

84-0794536

Pai	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				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded	Х	18	2,467,583.	PUBLIC EXCHANGE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests .				
12	Securities - Miscellaneous				
13	Qualified conservation contribution —				
	Historic structures				
14	Qualified conservation contribution — Other				
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	n during the	e tax year for contributio	ons for which the	
	organization completed Form 8283, Part V, Donee	Acknowled	gement		29
					Yes No
<b>30</b> a	During the year, did the organization receive by co it must hold for at least 3 years from the date of th for exempt purposes for the entire holding period?	e initial con	tribution, and which isn'	t required to be used	
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance police	y that requi	res the review of any no	onstandard contributions	s? <b>31</b> X
<b>32</b> a	Does the organization hire or use third parties or recontributions?				32a X
b	ıf "Yes," describe in Part II.				
33	If the organization didn't report an amount in colun describe in Part II.	nn (c) for a	type of property for which	ch column (a) is checke	ed,

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

Schedule M (Form 990) 2023

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.

 BAA
 TEEA4602L 07/25/23
 Schedule M (Form 990) 2023

### SCHEDULE O (Form 990)

### 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 Form 990-EZ.

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

OMB No. 1545-0047

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 III, LINE 1 - ORGANIZATION MISSION

THE YAMPA VALLEY COMMUNITY FOUNDATION LEADS TRANSFORMATIONAL CHANGE THROUGHOUT THE YAMPA VALLEY BY ENGAGING DONORS IN PURPOSEFUL PHILANTHROPY, EMPOWERING LOCAL NONPROFIT ORGANIZATIONS, INSPIRING IMPACTFUL GRANTMAKING, AND COLLABORATING TO BUILD VIBRANT COMMUNITIES.

THE YAMPA VALLEY COMMUNITY FOUNDATION HAS BEEN SERVING MOFFAT AND ROUTT COUNTIES SINCE 1996.

### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

THE FOUNDATION DEVELOPS ANNUAL AND GROWING FUNDS TO SUPPORT ORGANIZATIONS AND PROGRAMS IN ROUTT AND MOFFAT COUNTIES.

- 1. THROUGH OUR ANNUAL GRANT CYCLE, OVER \$541,000 WAS GRANTED OUT TO 70 NONPROFITS.
- 2. OVER \$509,000 IN SCHOLARSHIPS WERE GRANTED TO 137 STUDENTS ATTENDING UNIVERSITIES, COLLEGES AND VOCATIONAL TRADE SCHOOLS.
- 3. IN TOTAL, \$6.76 MILLION WAS GRANTED OUT TO 251 NONPROFIT ORGANIZATIONS IN 1044 GRANTS THROUGH FUNDS MANAGED BY THE FOUNDATION.
- 4. THE FOUNDATIONS' PASSPORT CLUB, THROUGH OUR PARTNERSHIP WITH THE STEAMBOAT SKI & RESORT CORPORATION HAS GENERATED OVER 9.4 MILLION DOLLARS. THESE CONTRIBUTIONS HAVE PROVIDED GRANTS AND SCHOLARSHIPS INTO THE COMMUNITY AND SUPPORTED THE OPERATIONS OF THE FOUNDATION FOR OVER 26 YEARS.

AFTER EMBARKING ON A NEARLY YEAR-LONG EXPLORATION, THE COMMUNITY FOUNDATION HAS
ESTABLISHED A LOCAL IMPACT INVESTMENT PROGRAM. LOCAL IMPACT INVESTMENTS ARE THOSE
MADE TO LOCAL NONPROFIT ORGANIZATIONS OR PUBLIC SERVING AGENCIES WITH THE INTENTION
OF GENERATING MEASURABLE COMMUNITY BENEFIT ALONGSIDE MODEST FINANCIAL RETURNS. THE

### YAMPA VALLEY COMMUNITY FOUNDATION

84-0794536

### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

PRIVATE MARKET WILL PROVIDE, ENABLING INVESTMENT OPPORTUNITIES AT RATES OF FINANCIAL RETURN THAT PRIORITIZE COMMUNITY IMPACT. THROUGH OUR IMPACT INVESTMENT PROGRAM, YVCF CAN UNLOCK CAPITAL TO ADDRESS CRITICAL ISSUES NONPROFITS FACE. RECOGNIZING THAT THE LACK OF AFFORDABLE HOUSING CAUSES A CASCADE OF ISSUES AND IS THE MOST SIGNIFICANT CHALLENGE IMPACTING THE YAMPA VALLEY TODAY, IN 2023 YVCF MADE ITS FIRST IMPACT INVESTMENT LOAN OF \$2.5 MILLION TO THE CRAIG HOUSING AUTHORITY FOR A 20 UNIT FOR-SALE DEED-RESTRICTED TOWNHOME DEVELOPMENT.

### FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

ROB PERLMAN AND CATHRINE BLEVINS: BUSINESS RELATIONSHIP

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

FORM 990 IS REVIEWED BY THE TREASURER AND PRESENTED TO THE BOARD OF DIRECTORS FOR FINAL REVIEW 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, EMPLOYEES, COMMITTEE MEMBERS AND

VOLUNTEERS. DETERMINATIONS OF CONFLICT OF INTEREST ARE MADE 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
THE SALARY OF THE EXECUTIVE DIRECTOR IS RECOMMENDED BY THE EXECUTIVE COMMITTEE AND
APPROVED BY THE BOARD OF TRUSTEES. COMPENSATION COMMITTEE AKA EXECUTIVE COMMITTEE
REVIEWS SALARY SURVEYS AND OTHER COMPARABLE COMPENSATION OF SIMILAR ORGANIZATIONS
AND POSITIONS.

Schedule O (Form 990) 2023 Page 2

Name of the organization
YAMPA VALLEY COMMUNITY FOUNDATION

Employer identification number
84-0794536

### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

COPIES OF DOCUMENTS ARE PROVIDED TO THE REQUESTING PARTY AND ARE AVAILABLE ON THE FOUNDATION'S WEBSITE AT WWW.YVCF.ORG

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

CONTRIBUTIONS TO FISCAL AGENT ACCOUNTS	\$ -27,555.
DISBURSEMENTS FROM FISCAL AGENT ACCOUNTS	15,729.
TOTAL	\$ -11,826.

BAA TEEA4902L 07/24/23 Schedule O (Form 990) 2023