

Return of Organization Exempt From Income Tax

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

2021

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning , **2021**, and ending , **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C UPPER VALLEY MEND P.O. BOX 772 LEAVENWORTH, WA 98826	D Employer identification number 91-1415660	E Telephone number 509-548-0408
F Name and address of principal officer: GREG STEEBER SAME AS C ABOVE		G Gross receipts \$ 4,547,710.	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
J Website: ▶ WWW.UVMEND.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1988	M State of legal domicile: WA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>WE ARE AN INDEPENDENT HUMAN SERVICES ORGANIZATION DEDICATED TO MEETING THE BASIC FOOD, WELLNESS, HOUSING AND ECONOMIC SECURITY NEEDS OF PEOPLE IN THE UPPER AND MID WENATCHEE VALLEY REGION. OUR GOAL IS TO MEET THESE BASIC NEEDS IN A WAY THAT RESPECTS THE DIGNITY OF EACH PERSON.</u>		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	34
6	Total number of volunteers (estimate if necessary)	6	405
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	250,990.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	22,935.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	1,405,253.	1,012,448.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	198,128.	324,435.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,073.	44,447.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	150,376.	262,405.
		1,766,830.	1,643,735.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	427,824.	323,489.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	494,387.	554,767.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>63,195.</u>		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	344,808.	366,045.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,267,019.	1,244,301.
19	Revenue less expenses. Subtract line 18 from line 12	499,811.	399,434.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	5,435,817.	3,228,472.
22	Net assets or fund balances. Subtract line 21 from line 20	2,881,099.	226,830.
		2,554,718.	3,001,642.

Part II 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.

Sign Here	Signature of officer KAYLIN BETTINGER Type or print name and title	Date EXECUTIVE DIRECTOR	
Paid Preparer Use Only	Print/Type preparer's name MICHAEL J. YALE, CPA	Preparer's signature 	Date 11-14-2022
		Check <input type="checkbox"/> if self-employed	PTIN P01301652
		Firm's name ▶ GOETZ, BAILEY & YALE, PS	Firm's EIN ▶ 91-1874918
		Firm's address ▶ 159 SOUTH WORTHEN ST STE 100 WENATCHEE, WA 98801	Phone no. 509-662-9691

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 369,921. including grants of \$ 202,888.) (Revenue \$ 298,777.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 347,965. including grants of \$) (Revenue \$ 553,032.)

DAS THRIFT HAUS/JUBILEE GLOBAL GIFTS: UPPER VALLEY MEND'S TWO RETAIL STORES SERVE THE COMMUNITY AND PROCEEDS SUPPORT OTHER MEND PROGRAMS. JUBILEE GLOBAL GIFTS IS A FAIR-TRADE RETAIL STORE SELLING HAND-CRAFTED ITEMS FROM AROUND THE DEVLEOPING WORLD. DAS THRIFT HAUS IS THE UPPER WENATCHEE VALLEY'S HOME FOR LOW-COST CLOTHING, HOUSHOLD GOODS AND UNEXPECTED TREASURES.

4c (Code:) (Expenses \$ 137,619. including grants of \$ 49,115.) (Revenue \$ 122,751.)

EMERGENCY FIANNICAL ASSISTANCE: EMERGENCY FINANCIAL ASSISTANCE SERVICES HELP LOCAL RESIDENTS IN NEED THROUGHOUT THE YEAR WITH EMEGENCY SHELTER, RENT AND UTILITY PAYMENTS, FUEL AND TRANSPORTATION ASSISTANCE, AND PAYMENTS FOR MEDICAL OR DENTAL CARE OR PAST MEDICAL DEBT. THIS PROGRAM'S FULL TIME SOCIAL WORKER ALSO PROVIDES CASE MANAGEMENT AND ONGOING SUPPORT FOR THOSE IN NEED.

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

(Expenses \$ 231,615. including grants of \$ 71,486.) (Revenue \$ 145,378.)

4e Total program service expenses 1,087,120.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
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? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
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? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
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>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
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? <i>If 'Yes,' complete Schedule D, Part VII.</i>	X	
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
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)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
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? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
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>		X
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? <i>If 'Yes,' complete Schedule G, Part I.</i> See instructions.		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>		X
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>		X
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X

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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	X	
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>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
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>		X
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? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	X	
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>		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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
1 a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	10	
1 b	Enter the number of voting members included on line 1a, above, who are independent.	10	
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?		X
3	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	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?		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
9	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.		X

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

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 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?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11 b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	SEE SCHEDULE O	
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done.	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15 a	The organization's CEO, Executive Director, or top management official.	X	
15 b	Other officers or key employees of the organization.		X
If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 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 Another's website Upon request Other (explain on Schedule O)
- 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.
 SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
 KAYLIN BETTINGER, EXEC DIR. P.O. BOX 772 LEAVENWORTH WA 98826 509-548-0408

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAYLIN BETTINGER EXECUTIVE DIR.	40 0			X				67,556.	0.	7,960.
(2) AMY MAHER DIRECTOR	2 0	X						0.	0.	0.
(3) CYNDI GARZA DIRECTOR	2 0	X						0.	0.	0.
(4) TIM JENKINS DIRECTOR	2 0	X						0.	0.	0.
(5) DARRYL WALL DIRECTOR	2 0	X						0.	0.	0.
(6) JOSE HURTADO DIRECTOR	2 0	X						0.	0.	0.
(7) KURT PETERSON DIRECTOR	2 0	X						0.	0.	0.
(8) TRACEY BECKENDORF-EDOU DIRECTOR	2 0	X						0.	0.	0.
(9) ANDY LANE PAST PRESIDENT	2 0			X				0.	0.	0.
(10) GREG STEEBER PRESIDENT	2 0			X				0.	0.	0.
(11) TIFFANY BRINE-DAVIES TREASURER	2 0			X				0.	0.	0.
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									

1 b Subtotal	67,556.	0.	7,960.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	67,556.	0.	7,960.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0			

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 160,714.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 851,734.				
	g Noncash contributions included in lines 1a-1f	1 g 214,633.				
	h Total. Add lines 1a-1f		1,012,448.			
	Program Service Revenue	2 a THRIFT STORE		302,360.	302,360.	
b VARIOUS PROGRAMS		22,075.	22,075.			
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			324,435.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		19,511.	19,193.	318.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		6 b Less: rental expenses				
		6 c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		2,744,642.		
		7 b Less: cost or other basis and sales expenses		2,719,706.		
		7 c Gain or (loss)		24,936.		
	d Net gain or (loss)		24,936.	24,936.		
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8 a 14,831.				
8 b Less: direct expenses		3,098.				
c Net income or (loss) from fundraising events		11,733.				
9 a Gross income from gaming activities. See Part IV, line 19	9 a					
	9 b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10 a 431,843.					
	10 b Less: cost of goods sold		181,171.			
	c Net income or (loss) from sales of inventory		250,672.	250,672.		
Miscellaneous Revenue	11 a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions		1,643,735.	368,564.	250,990.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	323,489.	323,489.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	75,516.	61,923.	6,041.	7,552.
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.	406,009.	335,887.	34,098.	36,024.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	30,078.	26,514.	2,532.	1,032.
10 Payroll taxes.	43,164.	36,213.	3,264.	3,687.
11 Fees for services (nonemployees):				
a Management.				
b Legal.	1,217.	755.	462.	
c Accounting.	12,850.	7,967.	4,883.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	6,659.		6,659.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	29,600.	25,192.	3,628.	780.
12 Advertising and promotion.	810.	810.		
13 Office expenses.	17,935.	10,129.	4,956.	2,850.
14 Information technology.				
15 Royalties.				
16 Occupancy.	93,672.	75,922.	17,750.	
17 Travel.	4,150.	3,838.	169.	143.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	6,705.	4,111.	879.	1,715.
20 Interest.	52,995.	52,995.		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	12,823.	12,594.	229.	
23 Insurance.	12,321.	11,269.	1,052.	
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.)				
a <u>BANK CHARGES/MERCHANT FEES</u>	25,912.	22,998.		2,914.
b <u>PROGRAM SUPPLIES</u>	19,233.	19,233.		
c <u>PROPERTY AND EXCISE TAXES</u>	14,103.	14,103.		
d <u>REPAIRS/MAINTENANCE</u>	11,978.	11,978.		
e All other expenses.	43,082.	29,200.	7,384.	6,498.
25 Total functional expenses. Add lines 1 through 24e.	1,244,301.	1,087,120.	93,986.	63,195.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	4,212.	1	1,586.
	2 Savings and temporary cash investments	846,725.	2	1,379,419.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,760.	4	28,349.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	304,977.	7	242,195.
	8 Inventories for sale or use	75,953.	8	79,354.
	9 Prepaid expenses and deferred charges	11,925.	9	2,592.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,046,244.		
	b Less: accumulated depreciation	10b 150,330.		
	11 Investments — publicly traded securities		11	
	12 Investments — other securities. See Part IV, line 11	237,087.	12	532,543.
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets	5,128.	14	
	15 Other assets. See Part IV, line 11	3,050,433.	15	66,520.
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,435,817.	16	3,228,472.	
Liabilities	17 Accounts payable and accrued expenses	324,485.	17	164,601.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,032,788.	23	
	24 Unsecured notes and loans payable to unrelated third parties	450,000.	24	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	73,826.	25	62,229.	
26 Total liabilities. Add lines 17 through 25	2,881,099.	26	226,830.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,755,812.	27	2,146,742.
	28 Net assets with donor restrictions	798,906.	28	854,900.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances.	2,554,718.	32	3,001,642.
33 Total liabilities and net assets/fund balances.	5,435,817.	33	3,228,472.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,643,735.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,244,301.
3	Revenue less expenses. Subtract line 2 from line 1	3	399,434.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,554,718.
5	Net unrealized gains (losses) on investments	5	30,690.
6	Donated services and use of facilities	6	16,800.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,001,642.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2 b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3 b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2021

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.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization UPPER VALLEY MEND	Employer identification number 91-1415660
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations:
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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 beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	606,706.	605,391.	652,338.	1,405,253.	1,012,448.	4,282,136.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	153,665.	254,329.	267,536.	198,128.	324,435.	1,198,093.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge	16,800.	16,800.	16,800.	16,800.	16,800.	84,000.
6 Total. Add lines 1 through 5.	777,171.	876,520.	936,674.	1,620,181.	1,353,683.	5,564,229.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						5,564,229.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	777,171.	876,520.	936,674.	1,620,181.	1,353,683.	5,564,229.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	24,097.	67,306.	16,685.	13,073.	19,511.	140,672.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	41,903.	56,609.	58,315.	-49,742.	23,935.	131,020.
c Add lines 10a and 10b	66,000.	123,915.	75,000.	-36,669.	43,446.	271,692.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	12,670.	12,506.	11,753.	17,527.	11,733.	66,189.
13 Total support. (Add lines 9, 10c, 11, and 12.)	855,841.	1,012,941.	1,023,427.	1,601,039.	1,408,862.	5,902,110.
14 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. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)).	15	94.28 %
16 Public support percentage from 2020 Schedule A, Part III, line 15.	16	93.68 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	4.60 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17.	18	4.96 %

19a 33-1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶

b 33-1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).		
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).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .		
c Did a disqualified person (as defined 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 Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
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?	11a	
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 Part VI .	11c	

Section B. Type I Supporting 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	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 Part VI 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 Part VI the role the organization's supported organizations played in this regard.	3	

Section 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 instructions).

a The organization satisfied the Activities Test. Complete **line 2** below.

b The organization is the parent of each of its supported organizations. Complete **line 3** below.

c The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI .	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
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	

Section 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section 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 Part VI). 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 Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

BAA

Schedule A (Form 990) 2021

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 III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2021	2020	2019	2018	2017
SPECIAL EVENTS	\$ 11,733.	\$ 17,527.	\$ 11,753.	\$ 12,506.	\$ 12,670.
TOTAL	<u>\$ 11,733.</u>	<u>\$ 17,527.</u>	<u>\$ 11,753.</u>	<u>\$ 12,506.</u>	<u>\$ 12,670.</u>

Schedule B (Form 990)

PUBLIC DISCLOSURE COPY Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

UPPER VALLEY MEND

Employer identification number

91-1415660

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. > \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization UPPER VALLEY MEND	Employer identification number 91-1415660
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 50,237.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 68,621.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 34,239.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 32,534.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UPPER VALLEY MEND	Employer identification number 91-1415660
--	---

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A ----- ----- -----		
	----- ----- -----	\$	-----
	----- ----- -----	\$	-----
	----- ----- -----	\$	-----
	----- ----- -----	\$	-----
	----- ----- -----	\$	-----
	----- ----- -----	\$	-----
	----- ----- -----	\$	-----

Name of organization
UPPER VALLEY MEND

Employer identification number
91-1415660

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ _____ N/A
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

UPPER VALLEY MEND

Employer identification number

91-1415660

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, 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)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

Complete if the organization answered '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, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

(ii) Assets included in Form 990, Part X. ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

b Assets included in Form 990, Part X. ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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? Yes No

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.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance.....	1 c
d Additions during the year.....	1 d
e Distributions during the year.....	1 e
f Ending balance.....	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance.....	68,413.	12,356.	10,414.	0.	0.
b Contributions.....	203.	50,206.	760.		
c Net investment earnings, gains, and losses.....	7,735.	6,448.	1,744.		
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....	1,552.	597.	562.	0.	
f Administrative expenses.....					
g End of year balance.....	74,799.	68,413.	12,356.	0.	0.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 15.00 %
- b Permanent endowment ▶ 68.00 %
- c Term endowment ▶ 17.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations.....	3a(i)	X
(ii) Related organizations.....	3a(ii)	X
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?.....	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land.....		826,587.		826,587.
b Buildings.....		17,211.	8,495.	8,716.
c Leasehold improvements.....		41,154.	17,451.	23,703.
d Equipment.....		137,351.	100,581.	36,770.
e Other.....		23,941.	23,803.	138.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).....				895,914.

BAA

Schedule D (Form 990) 2021

Part VII Investments – Other Securities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other <u>INVESTMENTS HELD IN NCW COMM.</u>	532,543.	END OF YEAR MARKET VALUE
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	532,543.	

Part VIII Investments – Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		N/A

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CVB LOC	62,229.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	62,229.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	1,684,566.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments.....	2 a	30,690.	
	b Donated services and use of facilities.....	2 b	16,800.	
	c Recoveries of prior year grants.....	2 c		
	d Other (Describe in Part XIII.).....	2 d		
	e Add lines 2a through 2d.....	2 e	47,490.	
3	Subtract line 2e from line 1.....		3	1,637,076.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b.....	4 a	6,659.	
	b Other (Describe in Part XIII.).....	4 b		
	c Add lines 4a and 4b.....	4 c	6,659.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).....		5	1,643,735.

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

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

1	Total expenses and losses per audited financial statements.....		1	1,237,642.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities.....	2 a		
	b Prior year adjustments.....	2 b		
	c Other losses.....	2 c		
	d Other (Describe in Part XIII.).....	2 d		
	e Add lines 2a through 2d.....	2 e		
3	Subtract line 2e from line 1.....		3	1,237,642.
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.....	4 a	6,659.	
	b Other (Describe in Part XIII.).....	4 b		
	c Add lines 4a and 4b.....	4 c	6,659.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....		5	1,244,301.

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

SCHEDULE I
(Form 990)

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

OMB No. 1545-0047
2021

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

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

Employer identification number

91-1415660

UPPER VALLEY MEND

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0

3 Enter total number of other organizations listed in the line 1 table 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) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 EMERGENCY AID	2,225	108,856.	214,633.	FMV	FOOD, SHELTER, AND OTHER ASSISTANCE
2					
3					
4					
5					
6					
7					

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

- ▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization

UPPER VALLEY MEND

Employer identification number

91-1415660

Part 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				
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	X		214,633	FMV
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 during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If 'Yes,' describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If 'Yes,' describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

UPPER VALLEY MEND

Employer identification number

91-1415660

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

WE ARE AN INDEPENDENT HUMAN SERVICES ORGANIZATION DEDICATED TO MEETING THE BASIC FOOD, WELLNESS, HOUSING AND ECONOMIC SECURITY NEEDS OF PEOPLE IN THE UPPER AND MID WENATCHEE VALLEY REGION. OUR GOAL IS TO MEET THESE BASIC NEEDS IN A WAY THAT RESPECTS THE DIGNITY OF EACH PERSON.

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

COMMUNITY CUPBOARD: THE COMMUNITY CUPBOARD BEGAN AS A SMALL FOOD BANK STARTED BY LOCAL CHURCHES IN 1983 AND HAS GROWN BOTH IN SIZE AND SERVICES OVER THE YEARS SINCE. LOCALED IN A SPACE DONATED BY THE CITY OF LEAVENWORTH, THE COMMUNITY CUPBOARD IS A FULL-SERVICE FREE GROCERY STORE OPEN TO ANYONE IN NEED. THE CUPBOARD PROVIDES PEOPLE IN THE REGION WITH MUCH NEEDED FOOD AND HYGIENE ITEMS ON A DAILY, WEEKLY OR MONTHLY BASIS. IT IS ONE OF THE FEW FOOD BANKS IN THE REGION OPEN SIX DAYS PER WEEK. COMMUNITY CUPBOARD PROVIDES SEASONAL SPECIALTY PROGRAMS, SUCH AS SWIM LESSONS VOUCHERS FOR CHILDREN AT THE LOCAL POOL AND GIFTS FOR CHILDREN DURING THE HOLIDAY SEASON. UPPER VALLEY MEND'S PRODUCE GLEANING PROGRAM PROVIDES FRESHLY HARVESTED FRUITS AND VEGETABLES AT THE FOOD BANK. THE GLEANING PROGRAM PARTNERS WITH LOCAL FARMERS AND ORCHARDISTS AND UTILIZES VOLUNTEERS TO HARVEST EXCESS AND UNMARKETABLE PRODUCE AND DISTRIBUTES THIS FRESH PRODUCE TO FOOD BANKS THROUGH THE TWO-COUNTY REGION.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

OTHER PROGRAMS INCLUDING CORNERSTONE COMMUNITY AND UPPER VALLEY FREE CLINIC THAT PROVIDES NEEDED ASSISTANCE INCLUDING FREE URGENT HEALTH CARE TO UNINSURED AND UNDER-INSURED COMMUNITY MEMBERS. IN ADDITION, THE ORGANIZATION OVERSEES TWO COMMUNITY LAND TRUST NEIGHBORHOODS WHICH OFFER AFFORDABLE HOUSING FOR LOW-TO-MEDIUM INCOME FAMILIES.

Name of the organization

UPPER VALLEY MEND

Employer identification number

91-1415660

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

COMMUNITY HARVEST GLEANING: THE COMMUNITY HARVEST GLEANING PROGRAM MOBILIZES VOLUNTEERS TO HARVEST EXCESS OR UNMARKETABLE PRODUCE FROM LOCAL FARMS, ORCHARDS, AND BACKYARDS. WE DISTRIBUTE THESE FRESH, LOCAL FRUITS AND VEGETABLES TO EMERGENCY FOOD PROVIDERS IN CHELAN AND DOUGLAS COUNTIES, INCLUDING OUR OWN COMMUNITY CUPBOARD.

SHARE COMMUNITY LAND TRUST: SHARE COMMUNITY LAND TRUST BUILT 20 HOMES IN TWO NEIGHBORHOODS IN LEAVENWORTH. THESE HOMES ARE AVAILABLE FOR LOCAL PEOPLE TO PURCHASE AT AFFORDABLE PRICES, HELPING PEOPLE WHO LIVE AND WORK IN THE UPPER VALLEY FIND PERMANENT HOUSING THEY CAN AFFORD.

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

NO REVIEW WAS OR WILL BE CONDUCTED.

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

BOARD MEMBERS, EXECUTIVE DIRECTOR, AND EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT PRIOR TO THE BEGINNING OF THEIR TERM OR EMPLOYMENT WITH THE ORGANIZATION. THE APPLICATION OF THIS POLICY IS MONITORED AND ENFORCED BY THE EXECUTIVE DIRECTOR AND THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE BOARD OF DIRECTORS PERFORMS AN ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR'S PERFORMANCE, PERFORMS A COMPARISON ANALYSIS WITH OTHER NONPROFITS OF THE SAME NATURE, AND SETS COMPENSATION LEVEL ACCORDINGLY.

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

ALL GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UPPER VALLEY MEND

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number
91-1415660

Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) LEAVENWORTH MEADOWLARK, LLC P.O. BOX 772 LEAVENWORTH, WA 98826 46-3279055	TO DEVELOP AND OPERATE AFFORDABLE HOUSING.	WA	-61,475.	0.	UPPER VALLEY MEND
(2) MEADOWLARK FOUNDATION, LLC P.O. BOX 772 LEAVENWORTH, WA 98826	INTERMEDIARY BETWEEN MEND AND COMMUNITY SUPPORT.	DE	0.	0.	UPPER VALLEY MEND
(3) -----					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) CORNERSTONE COMMUNITY PO BOX 772 LEAVENWORTH, WA 98826 26-2056154	TO PROVIDE HOUSING FOR DEVELOPMENTALLY DISABLED PEOPLE.	WA	501 (C) 3	LINE 7, 990, SCH A	N/A		X
(2) -----							
(3) -----							
(4) -----							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec. 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									

Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				
(1) CORNERSTONE COMMUNITY		M	9,984.FMV	
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. UPPER VALLEY MEND	Taxpayer identification number (TIN) 91-1415660
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. P.O. BOX 772	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LEAVENWORTH, WA 98826	

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

● The books are in the care of ▶ KAYLIN BETTINGER, EXEC DIR.

Telephone No. ▶ 509-548-0408 Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2021 or
- ▶ tax year beginning _____, 20____, and ending _____, 20_____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a	\$	4,816.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3 b	\$	8,250.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3 c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2021

For calendar year 2021 or other tax year beginning _____, 2021, and ending _____,

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(C)(3)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p align="center"><input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>UPPER VALLEY MEND P.O. BOX 772 LEAVENWORTH, WA 98826</p>	<p>D Employer identification number</p> <p align="center">91-1415660</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year ▶ 3,228,472.</p>			
<p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>			
<p>H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>			
<p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/></p>			
<p>J Enter the number of attached Schedules A (Form 990-T) ▶ 1</p>			
<p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsi- diary controlled group? ... ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' enter the name and identifying number of the parent corporation ... ▶</p>			
<p>L The books are in care of ▶ KAYLIN BETTINGER, EXEC DIR. P.O. BOX 772 LEAVENWORTH Telephone number ▶ 509-548-0408</p>			

Part I Total Unrelated Business Taxable Income	
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).....	1 23,935.
2 Reserved.....	2
3 Add lines 1 and 2.....	3 23,935.
4 Charitable contributions (see instructions for limitation rules).....	4
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3.....	5 23,935.
6 Deduction for net operating loss. See instructions.....	6
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5.....	7 23,935.
8 Specific deduction (generally \$1,000, but see instructions for exceptions).....	8 1,000.
9 Trusts. Section 199A deduction. See instructions.....	9
10 Total deductions. Add lines 8 and 9.....	10 1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.....	11 22,935.

Part II Tax Computation	
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)..... ▶	1 4,816.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)..... ▶	2
3 Proxy tax. See instructions..... ▶	3
4 Other tax amounts. See instructions.....	4
5 Alternative minimum tax (trusts only).....	5
6 Tax on noncompliant facility income. See instructions.....	6
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies.....	7 4,816.

BAA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)...	1a		
b	Other credits (see instructions).....	1b		
c	General business credit. Attach Form 3800 (see instructions).....	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827).....	1d		
e	Total credits. Add lines 1a through 1d.....	1e		0.
2	Subtract line 1e from Part II, line 7.....	2		4,816.
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement).....	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here.....	4		4,816.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k).....	5		
6a	Payments: A 2020 overpayment credited to 2021.....	6a		
b	2021 estimated tax payments. Check if section 643(g) election applies... <input type="checkbox"/>	6b	8,250.	
c	Tax deposited with Form 8868.....	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions).....	6d		
e	Backup withholding (see instructions).....	6e		
f	Credit for small employer health insurance premiums (attach Form 8941).....	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total... <input type="checkbox"/>	6g		
7	Total payments. Add lines 6a through 6g.....	7		8,250.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input checked="" type="checkbox"/>	8		21.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed.....	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid.....	10		3,413.
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax 3,413. Refunded ▶	11		0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country here ▶	Yes	No										
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X										
3	Enter the amount of tax-exempt interest received or accrued during the tax year..... ▶ \$ 0.												
4	Enter available pre-2018 NOL carryovers here ▶ \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.												
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.												
<table border="1"> <thead> <tr> <th>Business Activity Code</th> <th>Available post-2017 NOL carryover</th> </tr> </thead> <tbody> <tr> <td>453220</td> <td>\$ 49,742.</td> </tr> <tr> <td>-----</td> <td>\$ -----</td> </tr> <tr> <td>-----</td> <td>\$ -----</td> </tr> <tr> <td>-----</td> <td>\$ -----</td> </tr> </tbody> </table>		Business Activity Code	Available post-2017 NOL carryover	453220	\$ 49,742.	-----	\$ -----	-----	\$ -----	-----	\$ -----		
Business Activity Code	Available post-2017 NOL carryover												
453220	\$ 49,742.												
-----	\$ -----												
-----	\$ -----												
-----	\$ -----												
6a	Did the organization change its method of accounting? (see instructions).....		X										
b	If 6a is 'Yes', has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If 'No', explain in Part V.....												

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer	Date	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	MICHAEL J. YALE, CPA		11-14-2022
	Firm's name	Firm's address	Firm's EIN
GOETZ, BAILEY & YALE, PS	159 SOUTH WORTHEN ST STE 100 WENATCHEE, WA 98801	91-1874918	Phone no. 509-662-9691

Part III Cost of Goods Sold Enter method of inventory valuation ► **COST**

1	Inventory at beginning of year.....	1	75,953.
2	Purchases.....	2	173,135.
3	Cost of labor.....	3	
4	Additional section 263A costs (attach statement).....	4	
5	Other costs (attach statement)..... SEE STATEMENT 4	5	11,437.
6	Total. Add lines 1 through 5.....	6	260,525.
7	Inventory at end of year.....	7	79,354.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2.....	8	181,171.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%).....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D...				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A). ►				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement).....				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B). ►				

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property.....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement).....				
c Total deductions (add lines 3a and 3b, columns A through D).....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement).....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)....				
6 Divide line 4 by line 5.....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6.				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)..... ►				
9 Allocable deductions. Multiply line 3c by line 6.				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B).... ►				
11 Total dividends-received deductions included in line 10..... ►				

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach statement)	4 Set-asides (attach statement)	5 Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity:	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, col (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B).....	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7.....	4
5 Gross income from activity that is not unrelated business income.....	5
6 Expenses attributable to income entered on line 5.....	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12.....	7

BAA

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	<input type="checkbox"/>	_____
B	<input type="checkbox"/>	_____
C	<input type="checkbox"/>	_____
D	<input type="checkbox"/>	_____

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)	▶ _____			
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)	▶ _____			
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13.	▶ _____			

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on Part II, line 1			▶ _____

Part XI Supplemental Information (see instructions)

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

2021

Name UPPER VALLEY MEND	Employer identification number 91-1415660
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions).....		1	4,816.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1.....	2 a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method.....	2 b		
c Credit for federal tax paid on fuels (see instructions).....	2 c		
d Total. Add lines 2a through 2c.....		2 d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty.....		3	4,816.
4 Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5.....		4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3.....		5	4,816.

Part II Reasons for Filing – Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year.....	9	4/15/21	6/15/21	9/15/21	12/15/21
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column.....	10	1,204.	1,204.	1,204.	1,204.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions.....	11		2,250.		
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column.....	12				
13 Add lines 11 and 12.....	13		2,250.		
14 Add amounts on lines 16 and 17 of the preceding column.....	14		1,204.	158.	1,362.
15 Subtract line 14 from line 13. If zero or less, enter -0-.....	15	0.	1,046.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-.....	16		0.	158.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18.....	17	1,204.	158.	1,204.	1,204.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column.....	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 – no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions.	19 5/05/21	1/21/22	1/21/22	1/21/22
20 Number of days from due date of installment on line 9 to the date shown on line 19.	20 20	220	128	37
21 Number of days on line 20 after 4/15/2021 and before 7/1/2021.	21 20	15		
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 3% (0.03)	22 1.98	0.19		
23 Number of days on line 20 after 6/30/2021 and before 10/1/2021.	23	92	15	
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 3% (0.03)	24	1.19	1.48	
25 Number of days on line 20 after 9/30/2021 and before 1/1/2022.	25	92	92	16
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 3% (0.03)	26	1.19	9.10	1.58
27 Number of days on line 20 after 12/31/2021 and before 4/1/2022.	27	21	21	21
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 3% (0.03)	28	0.27	2.08	2.08
29 Number of days on line 20 after 3/31/2022 and before 7/1/2022.	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x %	30			
31 Number of days on line 20 after 6/30/2022 and before 10/1/2022.	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x %	32			
33 Number of days on line 20 after 9/30/2022 and before 1/1/2023.	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x %	34			
35 Number of days on line 20 after 12/31/2022 and before 3/16/2023.	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x %	36			
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36.	37 1.98	2.84	12.66	3.66
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns.	38			21.

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Depreciation and Amortization
(Including Information on Listed Property)

2021

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment
Sequence No. **179**

Name(s) shown on return

UPPER VALLEY MEND

Identifying number
91-1415660

Business or activity to which this form relates

FORM 990-T SCH A - FAIR TRADE RETAIL STORE

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,292.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B – Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C – Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions	22	1,292.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

STATEMENT 1
SCHEDULE A, PART I, LINE 12
OTHER INCOME

OTHER INVESTMENT INCOME.....	\$	318.
TOTAL	\$	<u>318.</u>

STATEMENT 2
SCHEDULE A, PART II, LINE 14
OTHER DEDUCTIONS

ADVERTISING/MARKETING.....	\$	1,836.
BANK/MERCHANT FEES.....		11,998.
CONTRACT SERVICES.....		15,947.
DUES AND FEES.....		936.
INSURANCE.....		3,293.
OFFICE EXPENSE.....		3,060.
OTHER DIRECT COSTS.....		705.
PROFESSIONAL FEES.....		2,472.
RENT.....		28,556.
SUPPLIES.....		6,161.
TRAVEL.....		67.
UTILITIES.....		2,439.
TOTAL	\$	<u>77,470.</u>

STATEMENT 3
SCHEDULE A, PART II, LINE 17
NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS PREVIOUSLY USED	LOSS AVAILABLE
12/31/20	\$	49,742.	\$
TOTAL NET OPERATING LOSS DEDUCTION.....		0.	<u>49,742.</u>
			<u>\$ 49,742.</u>

STATEMENT 4
SCHEDULE A, PART III, LINE 4B
OTHER COST OF GOODS SOLD

SHIPPING AND FREIGHT.....	\$	11,437.
TOTAL	\$	<u>11,437.</u>

UPPER VALLEY MEND

91-1415660

SECTION 1.263(A)-3(H) SAFE HARBOR ELECTION FOR SMALL TAXPAYERS

THE ORGANIZATION HEREBY MAKES THE SAFE HARBOR ELECTION FOR SMALL TAXPAYERS UNDER REGULATION 1.263(A)-3(H) .

DESCRIPTION OF ELIGIBLE PROPERTY:

UPPER VALLEY MEND
P.O. BOX 772
LEAVENWORTH, WA 98826
91-1415660

UPPER VALLEY MEND

91-1415660

**BALANCE SHEET
INVENTORIES (IF DIFFERENT FROM ENTRIES IN INVENTORY SALES)**

JUBILEE GLOBAL GIFTS.....	\$	79,354.
TOTAL	\$	<u>79,354.</u>

**BALANCE SHEET
ACCOUNTS PAYABLE AND ACCRUED EXPENSES**

ACCOUNTS PAYABLE.....	\$	25,935.
ASSOCIATION RESERVE FUNDS.....		37,345.
ACCRUED LIABILITIES.....		15,868.
ACCRUED WAGES & COMPENSATED ABSENCES.....		79,453.
FEDERAL UNRELATED BUSINESS INCOME TAX PAYABLE.....		6,000.
TOTAL	\$	<u>164,601.</u>

UPPER VALLEY MEND

91-1415660

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 990-T										
FURNITURE AND FIXTURES										
49	STORE FIXTURES & FURNISH	4/01/11		15,000			15,000	S/L HY	7	0
				TOTAL FURNITURE AND FIXTURE			0			0
MACHINERY AND EQUIPMENT										
50	STORE EQUIPMENT	4/01/11		5,000			5,000	S/L HY	7	0
54	POS SYSTEM - JUBILEE	12/06/11		1,287			1,287	S/L HY	5	0
				TOTAL MACHINERY AND EQUIPME			0			0
NEW JUBILEE BUILDING										
79	FLOORING	5/11/15		4,163			1,575	S/L	15	278
80	LIGHTING/ELECTRICAL WORK	6/15/15		8,729			3,249	S/L	15	582
81	TABLES/SHELVES	6/15/15		1,678			938	S/L	10	168
82	NEW SIGNS	6/25/15		1,322			726	S/L	10	132
83	BLINDS	8/01/15		1,319			715	S/L	10	132
				TOTAL NEW JUBILEE BUILDING			0			1,292
				TOTAL DEPRECIATION			0			1,292
				GRAND TOTAL DEPRECIATION			0			1,292

UPPER VALLEY MEND

91-1415660

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179 BONUS/SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE/BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
ALDEA VILLAGE																
29	INFRASTRUCTURE - ALDEA	12/31/06		221,790							221,790					0
38	INFRASTRUCTURE - ALDEA	12/31/08		2,513							2,513					0
47	INFRASTRUCTURE - ALDEA	6/01/10		825							825					0
60	INFRASTRUCTURE - ALDEA	1/01/05		31,477							31,477					0
61	LAND - ALDEA VILLAGE	5/30/00		304,116							304,116					0
TOTAL ALDEA VILLAGE																
				560,721		0	0	0	0	0	560,721	0				0
AMORTIZATION																
69	LOAN FEES - MEADOWLARK	8/23/13		7,056							7,056	6,114	S/L	5		942
70	LOAN FEES - MEADOWLARK	10/25/13		6,682							6,682	5,567	S/L	5		1,115
71	LOAN FEES - MEADOWLARK	4/18/14		3,808							3,808	2,794	S/L	5		1,014
72	LOAN FEES - MEADOWLARK	5/30/14		1,433							1,433	1,028	S/L	5		405
73	LOAN FEES - MEADOWLARK	10/17/14		1,433							1,433	909	S/L	5		524
88	LOAN FEES - MEADOWLARK	7/27/15		2,182							2,182	1,054	S/L	5		1,128
TOTAL AMORTIZATION																
				22,594		0	0	0	0	0	22,594	17,466				5,128
FURNITURE AND FIXTURES																
1	OFFICE FURNITURE	6/28/99		799							799	799	S/L	7		0
33	COMPUTER FOR ED	7/05/07		1,433							1,433	1,433	S/L	5		0
34	2 FREEZERS FOR FOOD PANTRY	3/23/07		1,909							1,909	1,909	S/L	7		0
35	WASHER & DRYER	2/20/08		970							970	970	S/L	7		0
43	DESKS	6/01/10		1,122							1,122	1,122	S/L	7		0

UPPER VALLEY MEND

91-1415660

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179 BONUS/SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
51	OFFICE DESKS	8/02/11		1,335							1,335	1,335	S/L	5		0
63	FREEZER	3/06/12		865							865	865	S/L	5		0
75	SIGN - NEW OFFICE	10/01/14		508							508	319	S/L	10		51
	TOTAL FURNITURE AND FIXTURE IMPROVEMENTS			8,941		0	0	0	0	0	8,941	8,752				51
3	EMERGENCY SHELTER	1/01/97		10,000							10,000	6,000	S/L	40		250
4	FOOD STORAGE ADDITION	7/15/99		1,703							1,703	942	S/L	40		43
12	STORAGE SHED	7/01/02		2,133							2,133	1,008	S/L	40		53
39	CC IMPROVEMENTS	5/01/09		6,245							6,245	4,854	S/L	15		416
74	LEASEHOLD IMP.-NEW OFFICE	9/15/14		2,665							2,665	1,127	S/L	15		178
90	DAS THRIFT HAUS IMPROV	2/28/18		12,416							12,416	1,759	S/L	20		621
95	NEW DOOR / CUPBOARD	6/24/21		5,992							5,992		S/L	15		200
	TOTAL IMPROVEMENTS			41,154		0	0	0	0	0	41,154	15,690				1,761
	LAND - ALPINE HEIGHTS										265,865					0
24	ALPINE HEIGHT LAND	4/02/02		265,865							265,865					0
	TOTAL LAND - ALPINE HEIGHTS			265,865		0	0	0	0	0	265,865	0				0
	MACHINERY AND EQUIPMENT															
2	PHONE SYSTEM	8/04/99		2,749							2,749	2,749	S/L	7		0
5	IMAC COMPUTER - FOODBANK	4/11/00		1,089							1,089	1,089	S/L	5		0
6	HP PRINTER	3/12/01		1,595							1,595	1,372	S/L	5		0
7	IBOOK PORTABLE COMPUTER	10/04/01		1,425							1,425	1,425	S/L	5		0
8	IMAC COMPUTER	11/19/01		929							929	929	S/L	5		0

UPPER VALLEY MEND

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179 BONUS/SP. DEPR.	PRIOR DEC. BAL. DEPR.	SALVAGE/BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
9	IMAC COMPUTER	11/19/01		929							929		S/L	5		0
10	RICHO COPIER/FAX	11/29/01		9,309							9,309		S/L	5		0
11	G4 MAC COMPUTER	3/18/02		2,068							2,068		S/L	5		0
13	APPLE MONITOR - FLAT	2/20/03		748							748		S/L	5		0
14	COMPAQ PC COMPUTER	9/12/03		602							602		S/L	5		0
15	HEATING/COOLING SYSTEM	8/01/03		4,392							4,392		S/L	10		0
25	IMAC DESIGN COMPUTER	1/15/05		1,977							1,977		S/L	5		0
26	MINI MAC SERVER	7/01/05		684							684		S/L	5		0
27	MINI MAC CONNECTIONS	8/15/05		647							647		S/L	5		0
36	COLOR PRINTER	1/23/08		597							597		S/L	5		0
42	COMPUTERS	6/01/10		3,878							3,878		S/L	5		0
44	SOFTWARE	6/01/10		998							998		S/L	5		0
45	SERVER SB 2000	12/31/10		1,965							1,965		S/L	5		0
46	POWER PROJECTOR	6/01/10		445							445		S/L	5		0
52	PHONE SYSTEM	3/04/11		562							562		S/L	5		0
53	2 DELL OPTIPLEX COMPUTERS	8/03/11		1,719							1,719		S/L	5		0
55	TRUCK (FROM HABITAT)	7/31/11		1,000							1,000		S/L	5		0
56	TRAILER (FROM HABITAT)	7/31/11		300							300		S/L	5		0
57	TOOLS (FROM HABITAT)	7/31/11		200							200		S/L	5		0
58	COMPUTER EQUIPMENT	1/01/12		1,179							1,179		S/L	5		0
59	PRINTER	2/06/12		479							479		S/L	5		0
62	DELL COMPUTER EQUIPMENT	2/24/12		421							421		S/L	5		0
64	PAINT SPRAYER	9/05/12		415							415		S/L	5		0
66	LAPTOP	8/27/13		722							722		S/L	5		0
67	VAN	8/26/13		8,500							8,500		S/L	5		0
76	COMPUTER EQUIPMENT	10/01/14		514							514		S/L	5		0
77	LAPTOP	5/12/14		1,201							1,201		S/L	5		0

UPPER VALLEY MEND

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/BONUS/SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
78	LAPTOP	10/13/14		1,067							1,067	1,067	S/L	5		0
84	TECH STORAGE APPLIANCE	4/05/15		1,900							1,900	1,900	S/L	5		0
85	LENOVO THINKPAD COMPUTER	4/05/15		1,145							1,145	1,145	S/L	5		0
86	NEW COMPUTER	5/03/15		824							824	824	S/L	5		0
87	2014 GMC VAN	9/16/15		25,197							25,197	25,197	S/L	5		0
89	COMPUTER FOR CUPBOARD	2/01/16		967							967	949	S/L	5		18
91	2 DOOR COOLER	3/11/19		3,393							3,393	622	S/L	10		339
92	2 DOOR SWING GLASS FREEZER	3/11/19		6,361							6,361	1,166	S/L	10		636
93	REFRIGERATOR	3/11/19		10,786							10,786	1,978	S/L	10		1,079
94	WALK IN COOLER	9/09/20		25,187							25,187	840	S/L	10		2,519
TOTAL MACHINERY AND EQUIPME																
MEADOWLARK																

TOTAL MACHINERY AND EQUIPME																
MEADOWLARK																

16	BURNETT PROPERTY - COST	5/30/00	11/19/21	205,796							205,796	89,703				0
17	CAPITALIZED INTEREST 2000	12/31/00	11/19/21	10,000							10,000					0
18	PROPERTY TAXES 2001	4/19/01	11/19/21	894							894					0
19	CAPITALIZED INTEREST 2001	12/31/01	11/19/21	8,000							8,000					0
20	PROPERTY TAXES 2002	12/31/02	11/19/21	1,815							1,815					0
21	CAPITALIZED INTEREST 2002	12/31/02	11/19/21	8,000							8,000					0
22	PROPERTY TAXES 2003	12/31/03	11/19/21	1,836							1,836					0
23	CAPITALIZED INTEREST 2003	12/31/03	11/19/21	8,000							8,000					0
28	INFRASTRUCTURE - ALDEA	12/31/05	11/19/21	177,835							177,835					0
30	CAPITALIZED TAXES	12/31/06	11/19/21	2,968							2,968					0
31	CAPITALIZED INT. ALDEA	12/31/06	11/19/21	4,573							4,573					0
32	CAPITALIZED INT. TITUS	12/31/07	11/19/21	3,958							3,958					0
37	CAPITALIZED INT. TITUS	12/31/08	11/19/21	3,837							3,837					0

UPPER VALLEY MEND

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
40	CAPITALIZED INT. TITUS	12/31/09	11/19/21	2,950							2,950					0
41	CAPITALIZED INT. TITUS	12/31/10	11/19/21	3,995							3,995					0
48	CAPITALIZED INT. -TITUS	12/31/11	11/19/21	2,150							2,150					0
65	CAPITALIZED INT. - TITUS	12/31/12	11/19/21	2,070							2,070					0
	TOTAL MEADOWLARK			448,677		0	0	0	0	0	448,677	0				0
	MEADOWLARK - BURNETT LAND															
68	LAND - BURNETT	12/31/13	11/19/21	845,689							845,689					0
	TOTAL MEADOWLARK - BURNETT			845,689		0	0	0	0	0	845,689	0				0
	TOTAL DEPRECIATION			2,302,112		0	0	0	0	0	2,302,112	114,145				6,403
	GRAND TOTAL AMORTIZATION			22,594		0	0	0	0	0	22,594	17,466				5,128
	GRAND TOTAL DEPRECIATION			2,302,112		0	0	0	0	0	2,302,112	114,145				6,403
	DEPRECIATION ASSETS SOLD			1,294,366		0	0	0	0	0	1,294,366	0				0
	DEPR REMAINING ASSETS			1,007,746		0	0	0	0	0	1,007,746	114,145				6,403

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990-T																
FURNITURE AND FIXTURES																
49	STORE FIXTURES & FURNISH	4/01/11		15,000							15,000	15,000	S/L	HY	7	0
TOTAL FURNITURE AND FIXTURE																
				15,000							15,000					0
MACHINERY AND EQUIPMENT																
50	STORE EQUIPMENT	4/01/11		5,000							5,000	5,000	S/L	HY	7	0
54	POS SYSTEM - JUBILEE	12/06/11		1,287							1,287	1,287	S/L	HY	5	0
TOTAL MACHINERY AND EQUIPME																
				6,287							6,287	6,287				0
NEW JUBILEE BUILDING																
79	FLOORING	5/11/15		4,163							4,163	1,575	S/L	15		278
80	LIGHTING/ELECTRICAL WORK	6/15/15		8,729							8,729	3,249	S/L	15		582
81	TABLES/SHELVES	6/15/15		1,678							1,678	938	S/L	10		168
82	NEW SIGNS	6/25/15		1,322							1,322	726	S/L	10		132
83	BLINDS	8/01/15		1,319							1,319	715	S/L	10		132
TOTAL NEW JUBILEE BUILDING																
				17,211							17,211	7,203				1,292
TOTAL DEPRECIATION																
				38,498							38,498	28,490				1,292
GRAND TOTAL DEPRECIATION																
				38,498							38,498	28,490				1,292

UPPER VALLEY MEND

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	2021	2020	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	1,012,448	1,405,253	-392,805
PROGRAM SERVICE REVENUE.....	324,435	198,128	126,307
INVESTMENT INCOME.....	44,447	13,073	31,374
OTHER REVENUE.....	262,405	150,376	112,029
TOTAL REVENUE.....	1,643,735	1,766,830	-123,095
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	323,489	427,824	-104,335
SALARIES, OTHER COMPEN., EMP. BENEFITS...	554,767	494,387	60,380
OTHER EXPENSES.....	366,045	344,808	21,237
TOTAL EXPENSES.....	1,244,301	1,267,019	-22,718
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	399,434	499,811	-100,377
TOTAL ASSETS AT END OF YEAR.....	3,228,472	5,435,817	-2,207,345
TOTAL LIABILITIES AT END OF YEAR.....	226,830	2,881,099	-2,654,269
NET ASSETS/FUND BALANCES AT END OF YEAR.	3,001,642	2,554,718	446,924

	2021	2020	DIFF
REVENUE			
GROSS RECEIPTS OR SALES.....	431,843	219,745	212,098
NET SALES.....	431,843	219,745	212,098
COST OF GOODS SOLD.....	181,171	114,874	66,297
GROSS PROFIT.....	250,672	104,871	145,801
OTHER INCOME.....	318	204	114
TOTAL REVENUE.....	250,990	105,075	145,915
DEDUCTIONS			
SALARIES AND WAGES.....	83,423	83,740	-317
TAXES AND LICENSES.....	9,975	9,386	589
DEPRECIATION.....	1,292	1,292	0
DEPRECIATION CLAIMED ON PAGE ONE.....	1,292	1,292	0
EMPLOYEE BENEFIT PROGRAMS.....	5,153	10,446	-5,293
OTHER DEDUCTIONS.....	77,470	49,953	27,517
TOTAL DEDUCTIONS.....	177,313	154,817	22,496
UNRELATED BUSINESS TAXABLE INCOME BEFORE NET OPERATING LOSS POST-2017.....	73,677	-49,742	123,419
UNRELATED BUSINESS TAXABLE INCOME.....	49,742	0	49,742
	23,935	-49,742	73,677
TOTAL UNRELATED BUSINESS TAXABLE INCOME			
TOTAL UNRELATED BUSINESS TAXABLE INCOME.....	23,935	-49,742	73,677
UNRELATED BUSINESS TAXABLE INCOME BEFORE UNRELATED BUSINESS TAXABLE INCOME BEFORE SPECIFIC DEDUCTION.....	23,935	-49,742	73,677
	1,000	1,000	0
UNRELATED BUSINESS TAXABLE INCOME.....	22,935	0	22,935
TAX COMPUTATION			
INCOME TAX.....	4,816	0	4,816
TOTAL TAX BEFORE CREDITS AND PAYMENTS.....	4,816	0	4,816
TAX AND PAYMENTS			
TOTAL TAX.....	4,816	0	4,816
ESTIMATED TAX PAYMENTS.....	8,250	6,750	1,500
TOTAL PAYMENTS AND CREDITS.....	8,250	6,750	1,500
REFUND OR AMOUNT DUE			
UNDERPAYMENT PENALTY.....	21	0	21
TAX DUE.....	0	0	0
OVERPAYMENT.....	3,413	6,750	-3,337
OVERPAYMENT CREDITED TO NEXT YEAR.....	3,413	0	3,413
REFUND.....	0	6,750	-6,750
TAX RATES			
EFFECTIVE TAX RATE.....	21.0%	0.0%	21.0%