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CHANGE IN ACCOUNTING PERIOD

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

Department of the Treasury
Internal Revenue Service



A For the 2011 calendar year, or tax year beginning **07/01/11**, and ending **12/31/11**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Sacred Earth Foundation		D Employer identification number 26-2272458
	Number and street (or P O box, if mail is not delivered to street address)		Room/suite
	401 Ekone Rd		E Telephone number 509-773-4536
	City or town, state or country, and ZIP + 4 Goldendale WA 98620		F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ **Modified Cash**

I Website: ▶ **www.ekone.org**

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **110,911**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

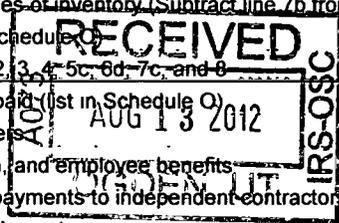
Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received															17,092												
	2	Program service revenue including government fees and contracts															88,432												
	3	Membership dues and assessments																											
	4	Investment income															23												
	5a	Gross amount from sale of assets other than inventory																											
	5b	Less cost or other basis and sales expenses																											
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																											
	6	Gaming and fundraising events																											
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
	6b	Gross income from fundraising events (not including \$ 5,888 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)															5,364												
	6c	Less direct expenses from gaming and fundraising events															3,656												
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)															1,708												
	7a	Gross sales of inventory, less returns and allowances																											
	7b	Less cost of goods sold																											
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
	8	Other revenue (describe in Schedule O)																											
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8															107,255												
Expenses	10	Grants and similar amounts paid (list in Schedule O)																											
	11	Benefits paid to or for members															757												
	12	Salaries, other compensation, and employee benefits															22,604												
	13	Professional fees and other payments to independent contractors															20,450												
	14	Occupancy, rent, utilities, and maintenance															6,681												
	15	Printing, publications, postage, and shipping															190												
	16	Other expenses (describe in Schedule O)															29,633												
17	Total expenses. Add lines 10 through 16															80,315													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															26,940												
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)															149,489												
	20	Other changes in net assets or fund balances (explain in Schedule O)																											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20															176,429												

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter. 39a		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed. ▶ None		
42a The organization's books are in care of ▶ Shonie Schlotzhauer Telephone no. ▶ 509-773-4536 400 Ekone Road Located at ▶ Goldendale WA ZIP + 4 ▶ 98620		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X

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

	Yes	No
48		X

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		X

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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: *William Weiler* Date: 7-30-12
 Type or print name and title: **William Weiler President**

Paid Preparer Use Only
 Print/Type preparer's name: Angela Hoffman Preparer's signature: *Angela Hoffman* Date: 07/30/12
 Firm's name: Hoffman & Company, CPA, LLC Firm's EIN: 91-1504203
 Firm's address: 1530 S Roosevelt Goldendale, WA 98620 Phone no: 509 773 5793

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

Sacred Earth Foundation

Employer identification number

26-2272458

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 11, 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.)
- 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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			9,380	34,936	17,092	61,408
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			9,380	34,936	17,092	61,408
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						61,408

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4			9,380	34,936	17,092	61,408
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			671	321		992
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 IV.)				7,102	5,364	12,466
11 Total support. Add lines 7 through 10						74,866

12 Gross receipts from related activities, etc. (see instructions) 12 **88,455**

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%

- 16a 33 1/3% support test—2011.** 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
- b 33 1/3% support test—2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2011.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2010.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five 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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2011.** 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—2010.** 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions)

Part II, Line 10 - Other Income Detail

Other income \$ **7,102**

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011Open to Public
Inspection**Sacred Earth Foundation**

Employer identification number

26-2272458**Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	
Advertising & Promotion	\$ 499
Office Supplies & Expenses	\$ 194
Travel	\$ 788
Insurance	\$ 652
Food	\$ 4,240
Animal Feed & Supplies	\$ 8,074
Supplies	\$ 1,045
Bank & CC Fees	\$ 61
Licenses	\$ 121
One with Horses Program	\$ 10,580
Education & Training	\$ 1,916
Fire Victim Assistance	\$ 500
Non-investment Depreciation	\$ 963
Total	\$ 29,633

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Accounts Receivable	\$ 5,351	\$ 5,501
Equipment & Other Depreciable Assets	\$ 21,466	\$ 22,619
Less Accumulated Depreciation	\$ 11,003	\$ 11,966
Total	\$ 15,814	\$ 16,154

Name of the organization

Sacred Earth Foundation

Employer identification number

26-2272458**Form 990-EZ, Part II, Line 26 - Other Liabilities**

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 3,609	\$ 114
Payroll Taxes Withheld	\$ 1,199	\$ 1,291

Form 990-EZ, Part III - Primary Exempt Purpose

The Sacred Earth Foundation is a 501(c)(3) not-for-profit, community-stewarded land trust with a mission to hold Sacred Earth Foundation lands in trust, to steward with reverence, and to teach sustainable living to people of all ages.

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2011

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment Sequence No **179**

Name(s) shown on return

Sacred Earth Foundation

Identifying number
26-2272458

Business or activity to which this form relates

Indirect Depreciation

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	500,000
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	2,000,000
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 2010 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not 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	144
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	819

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	0
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 2011 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	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 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	963
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	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2011)

Federal Statements

Form 990-EZ, Part I, Line 11 - Benefits Paid To or For Members

<u>Description</u>	<u>Amount</u>
Volunteer Appreciation	\$ <u>757</u>
Total	\$ <u><u>757</u></u>

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
Donations	\$ 1,204
Dinnerstein Foundation	
Cash Contribution	10,000
Fundraising Events	
Cash Contribution	5,888
Total	<u>\$ 17,092</u>

Schedule A, Part II, Line 10(e)

Description	Amount
Fundraising Events	\$ 5,364
Total	<u>\$ 5,364</u>

Schedule A, Part II, Line 12

Description	Amount
Facilities	\$ 6,940
Summer Camp	25,939
Cemetery	23,396
Other Programs	22,157
Stewardship Cost Share (DNR)	10,000
Taxable Interest on Savings and Temporary Cash Investments	23
Total	<u>\$ 88,455</u>



Sacred Earth Foundation

Ekone Ranch...a place for children of all ages

990 Report for the 6-month period of 7-1-11 thru 12-31-11

Program Services

A. Land Conservation & Stewardship

1. Sacred Earth Foundation holds 1060 acres in a conservation land trust for future generations. Stewardship of this land is a central feature of the work we do. **Number benefited:** Approximately 200 children and adults gained inspiration, renewal and nature-based education during this period.
2. Green Cemetery: Sacred Earth Foundation's wilderness cemetery, the White Eagle Memorial Preserve, exists to offer a low-impact alternative to conventional burial methods, and be an active part of the green cemetery movement. **Number benefited:** 3 people were interred in the Preserve during this period, with approximately 20 friends and relatives of the deceased participating in burials. **Significant achievements:**
 - Each of the 3 burials during this period were conducted with no embalming fluid, hardwood, or concrete used, therefore keeping these substances out of the earth and reducing resources needed for burial.
 - An additional 8 burial plots were purchased, reflecting a commitment to green burial as the last act of each purchaser.
 - The methods, practices and marketing for the Preserve were greatly refined and will make the Preserve a more effective part of the organization in the future.

B. Educational Programs

1. Youth education: Sacred Earth Foundation conducts youth education and nature-based education programs. **Number benefited:** Approximately 100 children visited Sacred Earth Foundation land for a deep experience on a working ranch and wild lands during this period. **Significant achievements:**
 - Two schools brought groups of children to SEF land for several days of wilderness exploration, ranch projects, and hands-on learning in the kitchen, garden, forest, and riding arena.
 - A coming-of-age retreat gave graduating high-school seniors a space and a forum to deepen their relationships with the earth and themselves before launching into the adult world.
 - The One With Horses children's program shared the concepts of natural horsemanship and a relationship-based approach to riding with children.
2. Adult Education & Retreat: Sacred Earth Foundation is expanding into work with adults as well as children, offering a healing place and increasing number of programs where adults can come to recharge their batteries and gain skills for the demanding work of modern living and social and environmental changemaking. **Number benefited:** Approximately 100 adults visited Sacred

Earth Foundation land during this period, and overwhelmingly report deeply valuable and renewing experiences. **Significant achievements:**

- 2 workparties drew about 15 people each. In addition to accomplishing significant tasks for SEF at each event, participants experience the rewards of tangible work done in good company, the satisfaction of seeing the results of your efforts at day's end, and the healing invigoration of physical labor, fresh air, clean water and healthy food. Our very high rate of return to these events proves their value to participants.
- Our second annual fundraising event was a tremendous success and drew approximately 150 attendees. The event included hikes and opportunities to explore and enjoy SEF land.
- The One With Horses adult program created an opportunity for adults to deepen and strengthen their relationships with their horses and themselves, using love, language and leadership.

Officers, Directors, Trustees & Employees Schedule

Name, Address & Title	Average Hours Worked Per Week & Percentage of Time Devoted to: A) Fundraising B) Management C) Exempt Purposes	Compensation	Contribution to Employee Benefit Plans	Expense Account and Other Allowances
William Weiler, SEF Board President P. O. Box 213 Lyle, WA, 98635	2 hrs/week avg 100% exempt purposes	\$0	N/A	N/A
Janice Sherer, SEF Vice President and White Eagle Memorial Preserve Trustee PO Box 1424 Hood River, OR 97031	2.5 hrs/week avg 100% exempt purposes	\$0	N/A	N/A
Teresa Martin, SEF Vice President 2322 NE 52nd St Vancouver, WA 98663	1 hr/week avg 100% exempt purposes	\$0	N/A	N/A
Therese Charvet, SEF Treasurer 9255 Holly Farm Lane Bainbridge Island, WA 98110	3.5 hrs/week avg 100% exempt purposes	\$0	N/A	N/A
Vibrance Pulla, SEF Secretary 17817 20th Ave. SE Bothell, WA 98012	2 hrs/week avg 100% exempt purposes	\$0	N/A	N/A
Warren Pfahl, SEF Board Member 15240 Lewis Rd. Nevada City, CA 98959	1 hr/week avg 100% exempt purposes	\$0	N/A	N/A
Nancy Fisse Davis, SEF Board Member and White Eagle Memorial Preserve Trustee 1049 Blue Heron Ave NE	2.5 hrs/week avg 100% exempt purposes	\$0	N/A	N/A

Bainbridge Island, WA 98110				
Timothy Lamb, SEF Board Member 1333 Blaine Ave Blaine, WA 98230	1 hr/week avg 100% exempt purposes	\$0	N/A	N/A
Douglas Lyon, SEF Board Member PO Box 390 Brightwood, OR 97011	1 hr/week avg 100% exempt purposes	\$0	N/A	N/A
Christine Woodcock, White Eagle Memorial Preserve Trustee 1111 Ownby Rd Goldendale, WA 98620	1.5 hrs/week avg 100% exempt purposes	\$0	N/A	N/A
Daniel Dancer, White Eagle Memorial Preserve Trustee PO Box 693 Mosier, OR 97040	2.5 hrs/week avg 100% exempt purposes	\$0	N/A	N/A
Shonie Schlotzhauer, Executive Director 400 Ekone Rd Goldendale, WA 98620	30 hrs/week 10% fundraising 20% management 70% exempt purposes	\$1250/month	N/A	N/A
Rollean, Facilities Manager 401 Ekone Rd Goldendale, WA 98620	25 hrs/week: 100% exempt purposes	\$1329.10/month	N/A	N/A

Conflict of Interest Disclosures

Sale, Exchange or Lease of Property

- Nancy Fisse Davis, director, leases a room in an SEF structure and resides on the property part-time. She also boards her horses on SEF property.
- Christine Woodcock, cemetery trustee, leases a home on SEF property and is a full-time resident.
- Vibrance Pulla, director, boards a horse on SEF property.

Payment of Compensation or Reimbursement over \$1,000

- Janice Sherer, director and cemetery trustee, was compensated \$2,100 during this period for contract services on behalf of White Eagle Memorial Preserve, SEF's licensed cemetery. Services consisted of cemetery tours, burial coordination, and bookkeeping. SEF's conflict of interest policy has been followed.
- Christine Woodcock, cemetery trustee, was compensated \$5,705 during this period for contract services including cemetery tours, burial coordination, and cooking for various SEF events and programs. She was also reimbursed \$860 for purchases made on behalf of SEF, primarily food for events. SEF's conflict of interest and reimbursement policies have been followed.
- Daniel Dancer, cemetery trustee, was compensated \$4,025 during this period for contract services on behalf of White Eagle Memorial Preserve, including cemetery tours, burial coordination, marketing,

and website creation & maintenance. SEF's conflict of interest policy has been followed.

- Rollean was reimbursed \$1508 for purchases made on behalf of SEF, primarily supplies for repairs and maintenance. SEF's reimbursement policy has been followed.
- Shonie Schlotzhauer was reimbursed \$2223 for purchases made on behalf of SEF, primarily office supplies, animal supplies, and event supplies. SEF's reimbursement policy has been followed.

Conflict of Interest Policy and Disclosure statements are on file.

Application for Extension of Time To File an Exempt Organization Return

(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions. Sacred Earth Foundation	Employer identification number (EIN) or <input checked="" type="checkbox"/> 26-2272458
	Number, street, and room or suite no. If a P.O. box, see instructions 401 Ekone Road	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Goldendale WA 98620	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **Hoffman & Company, CPA, LLC**

Telephone No. ► **509-773-5793** FAX No. ► **509-773-3178**

- 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 EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15**, 20 **12**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 _____ or
- tax year beginning **07/01**, 20 **11**, and ending **12/31**, 20 **11**.

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 Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Form 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.	3b	\$
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.	3c	\$ NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Cat No 27916D

Form **8868** (Rev 1-2012)

Made 5-10-12

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions.	Name of exempt organization or other filer, see instructions. Sacred Earth Foundation	Employer identification number (EIN) or <input checked="" type="checkbox"/> 26-2272458
	Number, street, and room or suite no. If a P.O. box, see instructions 401 Ekone Rd	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Goldendale WA 98620	

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

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **Hoffman & Company, CPA 1530 S. Roosevelt, Goldendale WA 98620**
Telephone No. **509-773-5793** FAX No. **509-773-3178**
- 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 EINs of all members the extension is for.

- I request an additional 3-month extension of time until **05/15/12**.
- For calendar year _____, or other tax year beginning **07/01/10**, and ending **06/30/11**.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
Additional time is needed to reconstruct/reorganize records due to new accountant, new bookkeeper, and request for change in tax year.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 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 and any amount paid previously with Form 8868.	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Angela Hoff** Title **Agent** *Hoffman & Company, CPAs LLC*
1530 S. Roosevelt Ave.
Goldendale WA 98620 Date **03/30/12**