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**Part II Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	4,740	<b>22</b> 8,592
<b>23</b> Land and buildings		<b>23</b>
<b>24</b> Other assets (describe in Schedule O)		<b>24</b>
<b>25</b> Total assets	4,740	<b>25</b> 8,592
<b>26</b> Total liabilities (describe in Schedule O)		<b>26</b>
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	4,740	<b>27</b> 8,592

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose? **See Schedule O**

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

<b>28</b> N/A (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	N/A
<b>29</b> N/A (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	N/A
<b>30</b> N/A (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	N/A
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	N/A
<b>32</b> Total program service expenses (add lines 28a through 31a)	<b>32</b>	N/A

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
GEORGE HARPER, J.D.M. CHAIRPERSON	5 HURS PER YEAR	0	0	0
JIM CAEDE, LCSW SECRETARY	5 HOUR PER YEAR	0	0	0
BARBARA BOLDT TREASURER	5 HOUR PER YEAR	0	0	0
JAMES ALDREDGE, PHD BOARD MEMBER	5 HOUR PER YEAR	0	0	0
STAN HUEBERT, M.A. BOARD MEMBER	5 HOUR PER YEAR	0	0	0
PHILIP NUEBERT, MBA BOARD MEMBER	5 HOUR PER YEAR	0	0	0
JILL SCHELLENBERG, M.A. BOARD MEMBER	5 HOUR PER YEAR	0	0	0
MARY SHAMSHOIAN, MFT BOARD MEMBER	5 HOUR PER YEAR	0	0	0
KEVIN SCHELLENBERG, PHD BOARD MEMBER	5 HOUR PER YEAR	0	0	0
LEON HOOVER CEO	40 HOURS PER YEAR	0	0	0

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

Form 990-EZ (2012) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, borrowing, and tax shelter transactions. Includes a table with 'Yes' and 'No' columns and checkmarks.

**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 . . . . . **46**  Yes  No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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 . . . . . **47**  Yes  No

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . **48**  Yes  No

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a**  Yes  No

**b** If "Yes," was the related organization a section 527 organization? . . . . . **49b**  Yes  No

**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 title of each employee paid more than \$100,000	(b) 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
N/A - No Employees				

**f** Total number of other employees paid over \$100,000 . . . . . **f** N/A

**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
N/A - No Independent Contractor		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . **d** N/A

**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: *Leon Hoover* Date: 5/17/13  
 Type or print name and title: Leon Hoover/CEO

**Paid Preparer Use Only** Print/Type preparer's name: Preparer's signature: Date: Check  if self-employed PTIN:  
 Firm's name: Firm's EIN:  
 Firm's address: Phone no:

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

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

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

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization

**Kings View Foundation**

Employer identification number

**01-0946385**

**990 EZ/Part I, Page 1, Line 16 - Expenses reported in here are for bank fees.**

**990 EZ/Part III/Page 2 - The primary exempt purpose of the organization:**

**Advancement & support of charitable medical and health care related services provided by Kings View.**