

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public

Employer identification number

	HE VALLEY FOR H									128068		
· Pa			arity Status (All orga						instructi	ons		
The			ation because it is: (Fo									
1			ches, or association of			ed in se	ction 170	(b)(1)(A)(ı).			
2			n 170(b)(1)(A)(ii). (Atta				4=0(1)(4)					
3			ospital service organiza						0/5/4//4	VIIIV E. C.	. 41	
4		ne, city, and sta	on operated in conjun	iction wit	n a nospr	tai descr	ibea in se	ection 17	Α)(Τ)(α)υ)(III). Ente	er the	
5	•		the benefit of a colle	oo or un	weresty o	wned or	operated	by a go		atal unit o	locorib	
Ŭ	_	o)(1)(A)(iv). (Com		ge or un	iversity o	iwiled of	operated	by a gc	vermie	na unii c	iescrit.	eu II
6	A federal, stat	te, or local gover	rnment or government	al unit de	escribed i	n sectio i	n 170(b)(1)(A)(v).				
7	An organizati	on that normally	receives a substantia)(A)(vi). (Complete Pa	al part of					nıt or fro	m the ge	neral p	oublic
8	☐ A community	trust described	ın section 170(b)(1)(A	.)(vı). (Co	mplete Pa	art II.)						
9						gross						
	receipts from	activities relate	d to its exempt funct	tions—su	bject to	certain e	xceptions	s, and (2) no mor	e than 3	31/3%	of its
			ent income and unre						on 511 ta	ax) from	busin	esses
	-	-	after June 30, 1975. S				•	1	CECE	IVED	1	
10			d operated exclusively						(4) <u></u> -		7%	l
11	☐ An organizati	on organized a	nd operated exclusiv blicly supported organ	ely for th	ne beneti	it of, to	pertorm	the tunc	tions of,	or to ca	rry jou	it the
	509(a)(3). Che	eck the box that	describes the type of	supportu	uescribe na orașni	zation ar	id comple	tedines		19(a)(a).13	ee/26	Cuon
	a Type I	b Type						14-1		์ เบิดีกิลโไร เก	tegrat	
e			that the organization									
•			ers and other than on									
	or section 509				. ,	, ,	J					. , ,
f	If the organiz	ation received	a written determination	on from	the IRS	that it is	a Type	I, Type	II, or Ty	pe III sup	portir	ng
	•	check this box				•			•			
g	g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?											
			indirectly controls, eit			ther with	persons	describe	d in (ii) a	ind	Yes	No
	(III) below,	the governing b	ody of the supported	organızat	tion? .	-				11g(ı)		
		·	on described in (i) abo	**				•		11g(ıı		
			a person described in							11g(ııı		
h	Provide the fo	llowing informat	ion about the support	ed organ	ızatıon(s)							
(I) Name of supported (II) EIN			(iii) Type of organization (iv) Is the organization (described on lines 1–9 in col (i) listed in your				(v) Did you notify the organization in		(vi) is the organization in col		(vii) Amount of monet	
	organization		above or IRC section	governing document?		col (i) of your		(i) organized in the		support		
		(see instructions))		support?		·	US?		4			
				Yes	No	Yes	No	Yes	No			
(A)												
				 	 		 		 	 		
(B)												
(C)						-						
												
(D)												
(E)												
-			ļ — —	,	 	,	-					
Tota	l		, , , , , , , , , , , , , , , , , , ,		1 ***	, ,	- 1	,	٠.			

Schedule A (Form 990 or 990-EZ) 2012 Page 2 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) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") revenues levied for organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV). Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 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) Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))

	in ability support personnage for 2012 (into 0, column (i) divided by fine 11, column (i))			/0
15	Public support percentage from 2011 Schedule A, Part II, line 14	15		%
16a b	331/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 331/3 box and stop here. The organization qualifies as a publicly supported organization . 331/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line			
	check this box and stop here. The organization qualifies as a publicly supported organization		▶	
17a	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box an Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies a organization	d sto	p here. Explain in	
b	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check th Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization	ıs bo	x and stop here	
	supported erganization		_	

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

18

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.)

	If the organization fails to qualify	under the tes	sis listed bei	ow, please co	omplete Part	II.)	
	on A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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.	0	0	0	76470	130120	206590
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	76470	130120	206590
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from		,			4	
	line 6.)	1	<u> </u>	1, 1			206590
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	0	0	0	76470	130120	206590
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	o	0	0	21	47	68
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						-
11	Net income from unrelated business activities not included 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)	0	0	0	76491	130167	206658
14	First five years. If the Form 990 is for the organization, check this box and stop her	-	's first, second	d, third, fourth			
Secti	on C. Computation of Public Suppor	t Percentage)				
15	Public support percentage for 2012 (line 8	3, column (f) dıv	rided by line 1	3, column (f))		15	99 99 %
16	Public support percentage from 2011 Sch			·	<u> </u>	16	99 99 %
	on D. Computation of Investment Inc				_		
17	Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))						
18	Investment income percentage from 2011 Schedule A, Part III, line 17						
19a							
_	17 is not more than 33½%, check this box a						
b	331/3% support tests – 2011. If the organization 18 is not more than 331/3%, check this b	oox and stop he	ere. The organi	zation qualifies	as a publicly si	upported organiz	zation 🕨 🔲
20	Private foundation. If the organization did	d not check a b	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	tions 🕨 🔲

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).							
								
····								

00024546

CACHE VALLEY FOR HOPE CANCER FOUNDATION PO BOX 575 LOGAN UT 84323



DECLARATION

002367

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

ard Member

