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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder 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

2012

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning _____, and ending _____

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

K OF C - VALLEY COUNCIL #3572

Number and street (or P O box, if mail is not delivered to street address)

519 SOUTH CAMERON ST.

D Employer identification number

54-1595307

Room/suite

E Telephone number
540-662-5545

City or town, state or country, and ZIP + 4

WINCHESTER VA 22601

F Group Exemption
Number ► 0188G Accounting Method Cash Accrual Other (specify) ► _____

I Website: ► NONE

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (8) (insert no) 4947(a)(1) or 527K 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

► \$ 83,617

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 Contributions, gifts, grants, and similar amounts received	1	20,961
2 Program service revenue including government fees and contracts	2	30,001
3 Membership dues and assessments	3	6,467
4 Investment income	4	18
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Gaming and fundraising events	6a	8,675
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	17,495
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	10,883
c Less direct expenses from gaming and fundraising events	6d	15,287
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a	
7a Gross sales of inventory, less returns and allowances	7b	
b Less cost of goods sold	7c	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8 Other revenue (describe in Schedule O)	9	72,734
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	27,700
10 Grants and similar amounts paid (list in Schedule O)	11	
11 Benefits paid to or for members	12	
12 Salaries, other compensation, and employee benefits	13	
13 Professional fees and other payments to independent contractors	14	7,500
14 Occupancy, rent, utilities, and maintenance	15	1,212
15 Printing, publications, postage, and shipping	16	27,855
16 Other expenses (describe in Schedule O)	17	64,267
17 Total expenses. Add lines 10 through 16	18	8,467
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	51,177
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)	20	
20 Other changes in net assets or fund balances (explain in Schedule O)	21	59,644
21 Net assets or fund balances at end of year. Combine lines 18 through 20		

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990-EZ (2012)

SCANNED BY INRevenue

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	33	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)	34	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)?	35a	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	35b		
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	35c	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	36	X	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	N/A	
b	Did the organization file Form 1120-POL for this year?	37b	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?	38a	X	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A	
39	Section 501(c)(7) organizations Enter	39a	N/A	
a	Initiation fees and capital contributions included on line 9	39b	N/A	
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► <u>N/A</u> , section 4912 ► <u>N/A</u> , section 4955 ► <u>N/A</u>	40b		
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		N/A	
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		N/A	
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		N/A	
41	List the states with which a copy of this return is filed ► <u>NONE</u>			
42a	The organization's books are in care of ► <u>THE ORGANIZATION</u>	Telephone no	540-662-5545	
	519 S CAMERON ST.	VA	ZIP + 4	22601
	Located at ► <u>WINCHESTER</u>			
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 ► _____	42b	X	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► _____	42c	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	N/A	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	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	44b	X	
c	Did the organization receive any payments for indoor tanning services during the year?	44c	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	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	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)	45b	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

46	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	<input type="checkbox"/>
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	<input type="checkbox"/>
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b If "Yes," was the related organization a section 527 organization?

49b	<input type="checkbox"/>
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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

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

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

N/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	► <i>X Richard J. Hart</i>	► <i>X May 4, 2013</i>			
	Signature of officer	Date			
	► <i>X RICHARD J. HART - FINANCIAL SECRETARY</i>				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name PETER V. WALKER, CPA	Preparer's signature <i>PETER V. WALKER, CPA</i>	Date 05/01/13	Check <input type="checkbox"/> if self-employed	PTIN P00056766
	Firm's name ► WALKER DAUGHERTY INC.		Firm's EIN ► 54-1172431		
	Firm's address ► P.O. BOX 41 FRONT ROYAL, VA 22630		Phone no 540-635-7729		

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Form 990-EZ (2012)

SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2012Open to Public
Inspection

Name of the organization

K OF C - VALLEY COUNCIL #3572Employer identification number
54-1595307**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

 Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2012

K OF C - VALLEY COUNCIL #3572

54-1595307

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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000

	(a) Event #1 GOLF TOURNEY (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	15,340			15,340
2 Less Contributions				
3 Gross income (line 1 minus line 2)	15,340			15,340
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	5,587			5,587
10 Direct expense summary Add lines 4 through 9 in column (d)				5,587
11 Net income summary Combine line 3, column (d), and line 10				9,753

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue	<i>N/A</i>			
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				
8 Net gaming income summary Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?
b If "No," explain

N/A Yes No

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain

N/A Yes No

Schedule G (Form 990 or 990-EZ) 2012

K OF C - VALLEY COUNCIL #3572

54-1595307

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11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

N/A

Name ►

N/A

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$

c If "Yes," enter name and address of the third party

Name ►

N/A

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

N/A

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

OMB No. 1545-0047

2012Open to Public
Inspection

Name of the organization

K OF C - VALLEY COUNCIL #3572Employer identification number
54-1595307**FORM 990-EZ, PART I, LINE 10 - GRANTS/SIMILAR AMTS PAID TO INDIVIDUALS****RELATIONSHIP TO ORG CLASS OF ACTIVITY DATE OF GIFT DESC. OF PROPERTY****CASH CONTRIB. NONCASH CONTRIB. BOOK VALUE BV EXPL. FMV EXPL.**

\$	17,987	\$	0	0
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\$	9,713	\$	0	0
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FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES**DESCRIPTION AMOUNT****EXPENSES**

INSURANCE	\$	1,173
PAYMENTS TO AFFILIATES	\$	4,464
PROGRAM SERVICE EXPENSES	\$	22,218
TOTAL	\$	27,855

FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT**EDUCATIONAL, CHARITABLE AND RELIGIOUS**

Federal Statements**Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES & ASSESS	\$ 6,467
TOTAL	\$ 6,467