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Form **990**

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)

20**12**

Open to Public Inspection

Form 990 (2012)

Cat. No. 11282Y

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For th	e 2012 cale	endar year, or tax year			, 2012, a	nd ending			, 20	
B	Check	f applicable.	C Name of organization \	/alley Charities	inc.				D Employ	er identification nu	ımber
	Address	s change	Doing Business As							92-0130785	
	Name o	change	Number and street (or F	P.O. box if mail is	not delivered to street	address)	Room/suite		E Telepho	ne number	
\Box	Initial re	•	·			,		i			
			400 N. Yento City, town or post office	e state and 7ID c	odo.		L			907-376-5708	
님	Termina			s, state, and zir C	ode -						
님		ed return	Wasilla AK 99645					لـــــــــــــــــــــــــــــــــــــ	G Gross re		1. <u>026.825</u>
ш	Applica	tion pending	F Name and address of pr	rincipal officer				H(a) is this a	group return	for affiliates? 🔲 Yes	√ No
_								H(b) Are al	l affiliates ir	ncluded? 🗌 Yes	☐ No
<u> </u>	Tax-exe	empt status.	√ 501(c)(3)	501(c) () ◀ (insert no.) 🔲	4947(a)(1) or	527	If "N	o," attach a	a list. (see instruction	ns)
J	Websit	e: ▶						H(c) Group	exemption	n number ▶	
K	Form of	organization	✓ Corporation ☐ Trust	Association	Other ▶	L Yea	r of formation		T	of legal domicile	AK
Р	art i	Summ									AN
_	1		escribe the organizati	ion's mission	or most significan	nt activities:	T				
	•				_		~www.weele			ot sboon bns.to	Dersons
9			rough a thrift store					revent res	idents fro	om becomina	
lan	}	homeless	a or to transition reside	ents.from.a.boi	meless_situation_ir	nto bousing.			•		
Activities & Governance			· · · · · · · · · · · · · · · · · · ·								
Ś	2		is box ▶☐ If the org				sposed of i	more than	1 1	its net assets.	
જ	3		of voting members of						3		7
ΘS	4		of independent voting						4		7
ξ	5	Total nur	nber of individuals er	nployed in cal	lendar year 2012	(Part V, line	2a)		5		15
₹	6	Total nur	nber of volunteers (es	stimate if nece	essary)				6		50
⋖	7a		elated business reve						7a		
	b		lated business taxabl						7b		
	 							Prior Ye		Current Ye	0
	8	Contribut	tions and grants (Part	t VIII line 1h\	RE	CEIVE					
Revenue	9		service revenue (Par	466.295		<u>670.069</u>					
Ž	1		nt income (Part VIII, o			-			380.343		<u>356.756</u>
æ	10	mvesime	nt income (Part VIII, c	column (A), iin	es 3, (4, jand, 7d)	9. 0. 00	· 16H		76		
	11	Other rev	enue (Part VIII, colun	nn (A), lines 5,	6d, 8c, 9c, 10c,	and Me)[[]	3· /O/_				
	12	Total reve	enue-add lines 8 thro	ougn 11 (must	equal Part-VIII, co	olumn (A), lin	ie 12)/		846.714		.026.825
	13	Grants ar	nd similar amounts pa	aid (Part IX, co	olumn (A); linest11	BIN 11º	7 K				
	14	Benefits	paid to or for membe	ers (Part IX, co	lumn (A), line 4)						
8	15		other compensation, e						264,465		334.183
Expenses	16a	Profession	onal fundraising fees ((Part IX, colum	nn (A), line 11e)		[
ğ	Ь	Total fund	draising expenses (Pa	art IX, column	(D), line 25) >						
Ш	17	Other exp	oenses (Part IX, colur	nn (A), lines 1	1a-11d, 11f-24e)		····		681.310		736.018
	18	Total exp	enses. Add lines 13-	-17 (must equa	al Part IX, column	(A), line 25)) . 		945.775	1	.070.201
	19		less expenses. Subti				´ 		(99.061)		
5 6					-		Beg	inning of Cu		End of Yea	<u>(43.376)</u> ar
ag grand	20	Total ass	ets (Part X, line 16)						242 222		
A B	21		ilities (Part X, line 26)				· ·		.813.667		.812.838
Net Assets Fund Balanc	22		ts or fund balances.		of from line 20		· ·	1	.108.083		.140.800
	art II		ure Block	Jubitact line 2	i iloiii iile 20	· · · ·	<u>· · · </u>		705.584		672.038
				amused this setum							
tru	e, correc	t, and compl	ry, I declare that I have exe ete. Declaration of prepaye	r (other than office	, including accompant or) is based on all infor	ying screoules mation of whic	and statemer ch preparer ha	nts, and to tr is any knowle	ie best of n edge	ny knowledge and	belief, it is
_		T.	-\	~~~	<u> </u>					//	
Sig	ın	Sign	ature of afficer	75 5					&_/	8/13	
		y Sign	iture or dilicer	d'	150	100.1-		Dat	.6		
He	16		JOYIYI.	10221	, CC	VALUE	J Chr	SUTTE	5.4		
			or onnt name and title		<u> </u>		1				
Pa	id	Pnnt/Ty	pe preparer's name	Prep	arer's signature	λ_	Date	/. / = =	Check [7 if PTIN	
	epare	Julie R	Donn		Pulu KX	Tom	8/	6//3	self-emp		7689
	e On	l	ame Donn's Debit	ts & Credit				Firm	's EIN ▶	26-186406	
_			ddress ► 16260 E Jan		AK 99645				ne no.	907-746-593	
Ма	y the If		this return with the			structions)			• • •	· · Ves	

For Paperwork Reduction Act Notice, see the separate instructions.

Part	0 (2012	·	Page 2
	Ш	Statement of Program Service Accomplishments	
1	Brief	Check if Schedule O contains a response to any question in this Part III	· • <u>-</u>
•		ovide medical equipment and goods to persons in need through a thrift store. To administer and distribute funds for a	grant
		event residents from becoming homeless or to transition residents from a homeless situation into housing.	
2	Did t	he organization undertake any significant program services during the year which were not listed on the	
~			s □No
	If "Ye	es," describe these new services on Schedule O.	
3		the organization cease conducting, or make significant changes in how it conducts, any program	
			s 🕢 No
4		es," describe these changes on Schedule O. Tribe the organization's program service accomplishments for each of its three largest program services, as me	asured by
7	expe	nses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations of the expenses, and revenue, if any, for each program service reported.	
4a	(Cod	e:) (Expenses \$ 823,908 including grants of \$) (Revenue \$ 356.7	756)
		store provides low cost clothing, household items and medical equipment to needy individuals. Program provides	
		ingful employment for individuals with developmental disabilities. Expense total includes \$404.563 in program materia	
	(See	Form 990 Part IX Line 24a) that consist of non-cash clothing and merchandise donations that were donated to the orga	nization
	and_t	ben resold as thrift shop inventory (See Form 990 Part VIII Line 1g)	·
		······································	
			·
		*	
4b	(Cod	e:) (Expenses \$ 170 saa including grants of \$) (Revenue \$	······································
4b		e:) (Expenses \$	
4b	Ihe.t	e:) (Expenses \$	situation
4b	The.t into.t	nomeless prevention grant is to prevent residents from becoming homeless or to transition residents from a homeless	situation
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	0 (2012)		1	Page 3
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
•	·	1	✓	ļ.,
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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>	4		1
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? If "Yes," complete Schedule C, Part III	5		1
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? If "Yes," complete Schedule D, Part I	6		1
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>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
	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? If "Yes," complete Schedule D, Part VII	11b		1
	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? If "Yes," complete Schedule D, Part VIII	11c		1
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? If "Yes," complete Schedule D, Part IX	11d		1
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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)? If "Yes," complete Schedule D, Part X.	11e		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f	√	✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		√
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? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		√
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? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		√
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part	Checklist of Required Schedules (continued)		<u>'</u>	<u>-ge</u>
04	Did the association and the original to the control of the control		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	[1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	41		
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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			
24a	employees? If "Yes," complete Schedule J	23		✓
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1		
4	to defease any tax-exempt bonds?	24c		
25a		24d		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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? If "Yes," complete Schedule L. Part I			,
26	If "Yes," complete Schedule L, Part I	25b		✓
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			,
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	✓
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
С	Schedule L, Part IV	28b		✓
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
31	conservation contributions? If "Yes," complete Schedule M	30		✓
0.	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
	complete Schedule N, Part II	32		✓_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓_
	or IV, and Part V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			✓
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable	35b		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
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? If "Yes," complete Schedule R,			_
38	Part VI	37	-	√
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		
		. 30	▼	

Form **990** (2012)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V		٠	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4	ĺ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1
20		1c	/	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	l		1
.	Statements, filed for the calendar year ending with or within the year covered by this return 2a 15	7		ŀ
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2b</u>	/	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	-	Ì	,
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b	<u> </u>	-
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	-	
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			<u> </u>
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		*
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		· ·
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	ا ۾ ا		,
	Sponsoring organizations maintaining donor advised funds.	8		√
	Did the organization make any taxable distributions under section 4966?	9a	1	,
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
	Section 501(c)(7) organizations. Enter:	90		<u> </u>
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1 1		
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	L_		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

rart				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Socti	Check if Schedule O contains a response to any question in this Part VI	<u>···</u>		. 🗸
Jecu	on A. Governing body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			İ
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		✓.
7a	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?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
	stockholders, or persons other than the governing body?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
•		0-	,	'
a b	The governing body?	8a 8b	√	├
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD	V	├─
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	✓	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.		,	
12		12c	√	
13 14	Did the organization have a written whistleblower policy?	13	<u>√</u>	
15	Did the process for determining compensation of the following persons include a review and approval by	14	✓	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ĺ
а	The organization's CEO, Executive Director, or top management official	15a	1	l
þ	Other officers or key employees of the organization	15b	<u> </u>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100	•	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		1
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	i l		l
04	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed None.		-::::	
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	f into-	oct -	olio:
	and financial statements available to the public during the tax year.	ınter	esi p	ulicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
	organization: ► John Rozzi, 400 N. Yenlo, Wasilla, AK 99654 (907) 376-5708	J. 1110		
			_	

-orm	990	(2012)	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to ar	y question in this Part VII						

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	or any relate	d org	aniz	atio	on c	ompe	ensa	ated any currer	nt officer, director	r, or trustee.
				(C)					
(A)	(B)	(do n	not ch		ition	e than o	nne	(D)	(E)	(F)
Name and Title	Average	box,	unles	ss pe	rson	is both	an	Reportable	Reportable	Estimated
	hours per week (list any		_			or/trus	. <u> </u>	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	휥	Former	the	organizations	compensation
	related organizations	i di	톭	ĕ	93	lest loye	Per	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	9 2	ă		ջ	* §		(** 2 *********************************		and related
	line)	ste	캶		8	Pen				organizations
	İ	•	8			Highest compensated employee		1		
44										
(1) Susan Watkins	0						1			
Director	 -	<u> </u>	-					o	O	Q
(2) Dean Mandrell	0							_		
Oirector (3) Barbara Nord	1	 		-	 		-	0	- O	0
Secretary	-† V							0	٥	•
(4) Ella Braun	0		_	╁			-	V		0
Treasurer	V			1				,	اما	0
(5) Leisa Carrick	0								Y	<u> </u>
President							<u> </u>	٥	o	0
(6) Joy Lynch	0									
Director				L			<u> </u>	o	o	0
(7) Henry Woodall	0									
Director	<u> </u>			_			<u> </u>	o	o	0
(8) John Rozzi	40									
Executive Director	 -			<u> </u>			 	66.000	o	7.585
(9)										
(10)				-	Н		\vdash	<u> </u>		
(10)	†									
(11)			Н		-		-			
	·									
(12)			П							
(13)										
(4.0)					\sqcup					· · · · · · · · · · · · · · · · · · ·
(14)										
					1			ĺ		

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	ıd H	lighes	st C	ompensated E	mployees (continu	ed)_		
	(A) Name and title	(B) Average hours per week (list any	box, ı	unles	Pos neck is pe	rson	than on the thick the thic	an tee)	(D) Reportable compensation from	(E) Reportab compensation related	n from	Esti amo	(F) mated ount of ther	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N	ons	composition from from from from from from from from	ensation in the nization related nizations	
(15)														
(16)														
(17)								-			+			
(18)					-			-			$\neg \dagger$		<u>-</u>	
(19)				_		-		-						
(20)			<u> </u> 	<u> </u>	-			-			\dashv			
(21)					 	-							_	
(22)			ļ		_									
(23)				-	-	-		-			+			
(24)			ļ		<u> </u>			_			-			
(25)				<u> </u>			ļ	-		<u></u>	-			-
1b c d	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)	-		L	<u>.</u>	l · ·		> > >						
2	Total number of individuals (including but reportable compensation from the organi	not limited		_			above	e) w	l 66.000 ho received m	ore than \$1	00,000	of		7.585
3	Did the organization list any former of employee on line 1a? If "Yes," complete to	ficer, direc						emp	loyee, or high	est compe	ensated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that		50,	000	? //								√
5	Did any person listed on line 1a receive of for services rendered to the organization											5		<u> </u>
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.	compensation compe	ed ind nsatio	depo on fo	end or th	ent ne c	contr alend	acto ar y	ors that receive rear ending wit	ed more than	n \$100 the org	0,000 of ganization	on's ta	ax
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	ation	
			_					-	····	_				
								-						
2	Total number of independent contractor							L th	ose listed ab	ove) who				
	received more than \$100,000 of compens	sation from	the o	rgar	nizai	tion	ightharpoons							

Form **990** (2012)

Par	CVIII	Statement of Revenue				
		Check if Schedule O contains a response to any ques	tion in this Part V	III		🗆
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns 1a				
ira our	b	Membership dues 1b		·		
s, G	С	Fundraising events 1c 15.000				
Sift.	d	Related organizations 1d				
Contributions, Gifts, Grants and Other Similar Amounts	e f	Government grants (contributions) 1e 15.102 All other contributions, gifts, grants,		•		
out The		and similar amounts not included above 1f 221,652				
و ځ	g	Noncash contributions included in lines 1a-1f: \$ 418.315				
anc and	h	Total. Add lines 1a–1f ▶	670.069			
		Business Code	670.009			
en.	2a	Thrift Store Sales	256 756	256 756		
Rev	b	1	356.756	356.756		
e c	c					
θΓV	ď					
m S	e					
Program Service Revenue	f	All other program service revenue .				
Pro	g	Total. Add lines 2a–2f	250 750			
	3	Investment income (including dividends, interest,	356.756			
		and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties		-		
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less: rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)	İ			
	7a	Gross amount from sales of (i) Securities (ii) Other	-	· · · · · · · · · · · · · · · · · · ·		
		assets other than inventory				
	ь	Less cost or other basis				
		and sales expenses .				
	С	Gain or (loss)				
	d	Net gain or (loss)				
enu		Gross income from fundraising				
	Oa	events (not including \$				
Other Reve		of contributions reported on line 1c). See Part IV, line 18 a				
됐	b	Less: direct expenses b				
	С	Net income or (loss) from fundraising events		ļ		
	9a	Gross income from gaming activities. See Part IV, line 19 a				
	h	Less: direct expenses b		ļ		
	ì	Net income or (loss) from gaming activities	}			
		Gross sales of inventory, less				
		returns and allowances a		į		
	ь	Less: cost of goods sold b				
		Net income or (loss) from sales of inventory		Ì		
		Miscellaneous Revenue Business Code				
	11a		}	ŀ		
	b					
	C					
	d	All other revenue	· · - · · ·			
	e	Total. Add lines 11a–11d	 			···
	12	Total revenue. See instructions.	1 026 925	256 756		

Par					
Section	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se to any question		· · · · · · ·	<u> </u>
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	73.585		73.585	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	260.598	260.598		
7 8	Other salaries and wages				
9 10 11 a	Other employee benefits				
b c d	Legal	3.459	3.459		
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 13	Advertising and promotion	5.346			
14 15	Information technology	12.824	12.551	273	
16 17	Occupancy	72.132	72.132		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings . Interest	52.956	52.956		
21 22	Payments to affiliates	67.118	67.118		
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Program Materials	404.563	404,563		
b	Dues & Subscriptions	12.807	12,107	700	
C	Housing Assistance	74.285	l 1		
d	Housing Facility Operatons	18,793			
е	All other expenses	11.735	1 ·· I	1.091	
25	Total functional expenses. Add lines 1 through 24e	1.070.201	1	75.649	
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 if following SOP 98-2 (ASC 958-720)				

33

Form 990 (2012) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) Beginning of year End of year 1 23.713 60.612 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 4 4 18.651 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 7 15.000 8 Inventories for sale or use 8 135.000 148.752 Prepaid expenses and deferred charges 9 Land, buildings, and equipment; cost or 10a other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 305.289 1.628.124 1.563.163 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV. line 11 12 13 Investments—program-related. See Part IV, line 11. 13 14 14 15 Other assets. See Part IV, line 11 15 11.830 21,660 Total assets. Add lines 1 through 15 (must equal line 34) . . 16 16 1.813.667 1.812.838 17 Accounts payable and accrued expenses 17 19.816 55.015 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 1.088.267 1.085.785 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 1.108.083 26 1.140.800 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 687.531 611.573 28 28 18.053 50.635 29 9.830 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Net Assets 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32

Total liabilities and net assets/fund balances .

672.038

33

34

705.584

1.813.667

Form 9	90 (2012)		P	age 12
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1.026.82		
2	Total expenses (must equal Part IX, column (A), line 25)			70.201
3	Revenue less expenses. Subtract line 2 from line 1			3.376)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4			05.584
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior penod adjustments			9.830
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		6	72.038
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>		. 🗆
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	ī		
2a	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 o reviewed on a separate basis, consolidated basis, or both:		1	
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	-		
b	Were the organization's financial statements audited by an independent accountant?		✓	
С	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		✓
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	1		
3a	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?	1 3a		/
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 in Schedule O and describe any steps taken to undergo such audits			<u> </u>

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

0MB №. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Valley Charities, Inc. 92-0130785 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) 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. **b** Type II c Type III-Functionally integrated **d** Type III–Non-functionally integrated 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). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting 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 Yes No 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9) in col. (i) listed in your the organization in organization in col governing document? col. (i) of your (i) organized in the U.S.? above or IRC section support? (see instructions)) No Yes No Yes No (A) (B) (C) (D) (E) Total

Part							
	(Complete only if you checked the						alify under
 .	Part III. If the organization fails to	quality unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	(-) 0000	(h) 0000	7-10010	(-D 0044	(-) 0010	(0.7.4-1
	dar 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.")						
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.		<u> </u>	<u> </u>	<u> </u>		ļ
	on B. Total Support			T	T	1	T 42 = 1
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
Casti	organization, check this box and stop her on C. Computation of Public Suppor			· · · · ·		· · · ·	· · · P 📙
<u>Secu</u>	Public support percentage for 2012 (line 6			1 column (f)		144	%
15	Public support percentage from 2011 Sch					15	
16a	331/2% support test—2012. If the organization qual	zation did not	check the box	on line 13, and	d line 14 is 331	/3% or more, o	check this
b	331/2% support test—2011. If the organicheck this box and stop here. The organic	nization did no	t check a box	c on line 13 or	16a, and line		or more,
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization mee Part IV how the organization meets the "forganization	ets the "facts- acts-and-circu	and-circumsta imstances" tes	nces" test, che	eck this box ar ation qualifies	nd stop here. as a publicly s	l line 14 is Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	cion meets the eets the "facts	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check th he organizatio	nis box and s	a, and line top here.
18	Private foundation. If the organization di					k this box and	l see

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.)

Sect	ion A. Public Support	drider the tee	no noted bere	ow, picase co	impiete i ait i	1.,	
	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		. ,	` -	`′		<u> </u>
	received. (Do not include any "unusual grants.")	966,965	541,501	543,770	466,295	670,069	3,188,600
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	421,210	521,570	515,727	380,343	356,756	2,195,606
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	1,388,175	1,063,071	1,059,497	846,638	1,026,825	5,384,206
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.)						5,384,206
	on B. Total Support						····
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	1,388,175	1,063,071	1,059,497	846,638	1,026,825	5,384,206
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	2,426	316	699	70		0.547
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	2,420	310	699	76	0	3,517
C	Add lines 10a and 10b	2,426	316	699	76	o	3,517
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.)	297,504	0	0	0	0	297,504
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,688,105	1,063,387	1,060,196	846,714		
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization'	s first, second	, third, fourth,	or fifth tax ye	1,026,825] ar as a section	
Secti	on C. Computation of Public Support			· · · ·	<u> </u>	<u> </u>	· · - U
15	Public support percentage for 2012 (line 8			3. column (fl)		15	94.7 %
16	Public support percentage from 2011 Sch		-	· · · · ·		16	93.7 %
	on D. Computation of Investment Inc			· · · ·	· · · ·	1 1	33.1 /0
17	Investment income percentage for 2012 (li			line 13, colum	n (f))	17	0 %
18	Investment income percentage from 2011					18	.1 %
19a	331/a% support tests – 2012. If the organization is not more than 331/a%, check this box a	zation did not d	check the box	on line 14, and	d line 15 is mo	ore than 331/3%	, and line
b	331/2% support tests – 2011. If the organizatine 18 is not more than 331/2%, check this b	ation did not ch	eck a box on li	ne 14 or line 19	a, and line 16	is more than 33	31/3%, and
20	Private foundation. If the organization du						_

SCHEDULE D (Form 990)

Supplemental Financial Statements

201

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	charities, Inc.			92-0130785
Pari	organizations Maintaining Donorganization answered "Yes" to F	or Advised Funds or Other Similar Fu form 990, Part IV, line 6.	inds or Acco	ounts. Complete if the
	<u> </u>	(a) Donor advised funds	(b) Fur	nds and other accounts
	Total number at end of year			
	Aggregate contributions to (during year) .			
	Aggregate grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and funds are the organization's property, subje			
		-		
	Did the organization inform all grantees, do only for charitable purposes and not for the			
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·		
Part		olete if the organization answered "Yes		
	Purpose(s) of conservation easements held		10 1 01111 33	o, raitiv, line 7.
	Preservation of land for public use (e.g.,		of an historica	ally important land area
	Protection of natural habitat			nistoric structure
	Preservation of open space			
	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribu	tion in the for	n of a conservation
	easement on the last day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restncted by conservation ea	sements	2b	
	Number of conservation easements on a ce			
d	Number of conservation easements include		ntona	
_	historic structure listed in the National Regis		· 2d	
	Number of conservation easements modifie	d, transferred, released, extinguished, or te	erminated by t	he organization during the
	tax year ►			
	Number of states where property subject to Does the organization have a written po		anaction bo	ndling of
	violations, and enforcement of the conserva			
	Staff and volunteer hours devoted to monitor			
•	Stail and volunteer riours devoted to mornic	orning, inspecting, and emoreing conservation	on easements	during the year
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements durin	o the vear
	> \$, map a sing, and a sing a sing a single state of		.g
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	s of section 17	'0(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?			· · · 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization re	eports conservation easements in its reveni	ue and expens	se statement, and
	balance sheet, and include, if applicable, th		financial state	ments that describes the
	organization's accounting for conservation			
Part		ections of Art, Historical Treasures, o		nilar Assets.
		vered "Yes" to Form 990, Part IV, line 8		
	If the organization elected, as permitted un			
	works of art, historical treasures, or other			
	public service, provide, in Part XIII, the text			
	If the organization elected, as permitted u			
	works of art, historical treasures, or other		education, or	research in furtherance of
	public service, provide the following amoun			. •
	(i) Revenues included in Form 990, Part VII	ı, iine i		5
2	(ii) Assets included in Form 990, Part X .If the organization received or held works			
~	in the organization received or neid works following amounts required to be reported to			mancial gain, provide the
2	Revenues included in Form 990, Part VIII, lii			e
a b	Assets included in Form 990, Part X			Ψ • ¢
				- JD

Schedu	le D (Form 990) 2012								Page
	Organizations Maintaining	Collections of	Art, Historica	al Treas	sures, or	Othe	er Similar Ass	ets (co	
3	Using the organization's acquisition, collection items (check all that apply):		ther records, c	heck an	y of the fo	llowin	ig that are a sig	nificant	use of it
а	☐ Public exhibition		d 🗌 Lo	oan or ex	change p	rogran	ns		
b	☐ Scholarly research		e 🗌 O	ther			·		
C	□ Preservation for future generations	3							
4	Provide a description of the organizat XIII.	tion's collections	and explain ho	w they f	urther the	orgar	nization's exem	pt purpo	se in Pa
5	During the year, did the organization assets to be sold to raise funds rather								s 🗌 No
Part	IV Escrow and Custodial Arra							m 990,	Part IV,
	line 9, or reported an amoun								
1a	Is the organization an agent, trustee, included on Form 990, Part X?								es 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and compi	ete the followin	ig table:	r	1		nount	 -
_	Paginning balance				ŀ	1c		- Iouiit	
G	Beginning balance					1d			
d e	Distributions during the year					1e			
f	Ending balance				- F	1f			
2a	Did the organization include an amour				L				s 🗆 No
	If "Yes," explain the arrangement in Pa								
Par									
		(a) Current year	(b) Pnor year		wo years bad) Three years back		vears back
1a	Beginning of year balance				<u> </u>	╅		 	<u>-</u>
b	Contributions		1	- 		+		 	
c	Net investment earnings, gains, and								
_	losses	TI.	ļ	ļ		ļ			
d	Grants or scholarships					+			
e	Other expenditures for facilities and		<u> </u>			+-			
	programs					}			
f	Administrative expenses				·				
9	End of year balance			_					
2	Provide the estimated percentage of the	he current year er	nd balance (line	1a coli	ımn (a)) he	ld as:		L	
a	Board designated or quasi-endowmer	nt ▶	%	, , g, oo	(a _j) 110				
b	Permanent endowment ▶	%							
C	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2		00%						
За	Are there endowment funds not in the			that are	held and	admi	nistered for the	,	
	organization by:		J						Yes No
	(i) unrelated organizations							3a(i)	100 110
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organi							3b	
4	Describe in Part XIII the intended uses		•	-		•			
	VI Land, Buildings, and Equip								

Part VI Land, Buildings, and Equipment. 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		
1a Land	-					
b Buildings	1,820,219		273,035	1,547,184		
c Leasehold improvements	9,543		6,638	2,90		
d Equipment	38,690		25,616	13,074		
e Other						
otal. Add lines 1a through 1e. (Column (d) mus	st equal Form 990. Part	X. column (B), line 10	(c)) >	1 563 161		

Part VII	Investments - Other Securities	See Form 990, Part X,	line 12.	- · · · · · · · · · · · · · · · · · · ·
(a	Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year m	
(1) Financia	derivatives			· ·
	held equity interests			
(3) Other				
(A)				
(B) (C)				
(D)				
(E)				<u> </u>
(F)				
(G)				
(H)				
(1)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments - Program Related	I. See Form 990, Part X,	line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of vali Cost or end-of-year m	
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> <u>(7)</u>		 		
(8)				
(9)				
(10)				
	b) must equal Form 990, Part X, col. (B) line 13)			
Part IX	Other Assets. See Form 990, Pa			
	(a) Description		(b) Book value
		· · · · · · · · · · · · · · · · · · ·		
(2)				
<u>(3)</u> <u>(4)</u>			-	·
(5)				
(6)				
(7)				······································
(8)				
(9)				
(10)				
	mn (b) must equal Form 990, Part X, co		<u> ▶ </u>	
Part X 1.	Other Liabilities. See Form 990, (a) Description of liability	(b) Book value		
	Income taxes	(b) Book value		
(2)	income taxes	·		
(3)				
(4)				
(5)				
(6)		 		
(7)				
(8)				
(9)				
(10)				
(11)				
	b) must equal Form 990, Part X, col. (B) line 25.)			
Lability for to	C 740) Footnote. In Part XIII, provide the to certain tax positions under FIN 48 (ASC 74)	ext of the footnote to the org	anization's financial statements that i	reports the organization's
naomy for un	vertain tax positions under FIN 40 (ASC 7	TOJ. OHECK HEIE II LIIE LEXT OF	ule loculote has been provided in Pa	ırtxiii

Par	le D (Form 990) 2012 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	Page 4
1	Total revenue, gains, and other support per audited financial statements	1	994,243
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		00 1/2 10
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants	1 1	
d	Other (Describe in Part XIII.)	1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	994,243
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	1	
С	Add lines 4a and 4b	4c	32,582
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,026,825
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Retui	m
1	Total expenses and losses per audited financial statements	1	1,070,201
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	1 1	
b	Prior year adjustments]	
C	Other losses]	
d	Other (Describe in Part XIII.)]	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,070,201
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
b	Other (Describe in Part XIII.)]	
_	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,070,201
	XIII Supplemental Information		
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F		
	, 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
	ation.		
Part X	Line 4b Other: 2012 increase in temporary restricted funds.		

SCHEDULE M (Form 990)

Noncash Contributions

2012

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Open To Public Inspection
Employer identification number

Valley	Charities, Inc.					92-0130	785		
Part	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII,	d on	Method noncash co			
1	Art-Works of art								
2	Art—Historical treasures								
3	Art - Fractional Interests						-		
4	Books and publications								
5	Clothing and household								
	goods	✓		!	418.315	Consignme	nt sho	n valu	e
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		'			1			
12	Securities-Miscellaneous								
13	Qualified conservation								
	contribution—Historic								
	structures					ł			
14	Qualified conservation								
	contribution—Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate—Other								
18	Collectibles								
19	Food inventory								
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								
	which the organization completed	l Form 8283	3, Part IV, Donee Acknowle	dgement		29			
								Yes	No
30a	During the year, did the organiza								
	it must hold for at least three year								
	used for exempt purposes for the		ing period?				30a		1
þ	If "Yes," describe the arrangement								
31	Does the organization have a					n-standard			
							31		1
32a	Does the organization hire or use								
							32a		1
b	If "Yes," describe in Part II.								
33	If the organization did not report at describe in Part II.	n amount in	column (c) for a type of pro	perty for which col	umn (a)	is checked,			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

92-0130785

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Valley Charities, Inc.

Employer identification number

Form 990, Part III, Line 2: New Services
In 2012, Valley Charities, Inc. received grant monies for the prevention of homelessness or to transition residents from a homeless
situation into housing. Funding supports activities such as utility shut-off and eviction prevention, first month's rent, laundry, showers and
bedding (sleeping bags/tents), gas and stove oil (firewood). The Homeless Assistance Program grant is supplemented with our voucher
program helping individuals with clothing and household items. The current Homeless Assistance Program grant's time period is July 1,
2012 through June 30, 2013. The grant is for one year with the opportunity to renew for an additional year.
Form 990, Part VI, Line 11b: Form 990 Review Process
After completion of the Form 990, the Executive Director meets with the Treasurer to review the completed form.
The amounts shown on the audited financial are then used to confirm the accuracy of the amounts shown on the
Form 990 Part 1 Summary, Part VIII Statement of Revenues, Part IX Statement of Functional Expenses and Part X
Balance Sheet.
Form 990, Part VI, Line 12c: Conflict of Interest Policy
Every other month the Board meets to discuss policies and procedures. Any conflicts of interest are required to
be disclosed at that time.
Form 990, Part VI, Line 15b: Compensation Review & Approval Process
The Executive Director's wages are determined by a board vote based on an evaluation of the employee. Staff are
evaluated on their anniversary date and given adjustments based on their performance.
Form 990, Part VI, Line 19: Public Availability of Organizational Documents
All documents are available upon request.