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Form **990-EZ** Department of the Treasury

Internal Revenue Service

OMB No 1545-1150

Open to Public Inspection

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of dohor 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. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the pand of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

A	For th	e 2012 calendar year, or tax year beginning JUL 1, 2012		oution	and end				2013			
	Check if ipplicab	C Name of organization			dild cild	ng 00			identification number			
	7							, ,				
-	7	ess change KEEP IT IN THE VALLEY FOUNDATION) NT				1	6 _ N	895569			
		onange			16	oom/suite						
卢	Initial	425 ODOUTO ALIENTIE	٥)			oomvsuite						
느	Termi	nated 435 ORONDO AVENUE							667-8667			
<u> </u>	Amen	City or town, state or country, and ZIP + 4						oup Exe	•			
<u>_</u>	Applica	tion pending WENATCHEE, WA 98801					Number >					
G /	Accoun	ting Method: X Cash Accrual Other (specify) ►	H Check ► X If the organization is no									
		e: ▶NA					•		attach Schedule B			
<u>J</u> .	Гах-ех	empt status (check only one) $ X$ 501(c)(3) 501(c) () \blacktriangleleft (insert	no.) 🗀	49	947(a)(1) or	527	(Fo	rm 990), 990-EZ, or 990-PF).			
K	Check	▶ if the organization is not a section 509(a)(3) supporting organization or	a sectio	on 527	7 organizati	on and its g	ross re	eceipts	are normally not more than			
Ş	550,00	D. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-posto	ard) m	ay be	required (s	ee instructio	ns). B	ut if the	organization chooses to file			
a	returr	i, be sure to file a complete return.										
L /	Add line	es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,	000 or	more	, or if total a	ssets (Part	II,					
		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				,		▶ \$	76,689.			
_	art I	Revenue, Expenses, and Changes in Net Assets or F	und	Bala	ances (s	ee the instru	ictions	for Par	rt I)			
		Check if the organization used Schedule O to respond to any question in this Pa							X			
_	1	Contributions, gifts, grants, and similar amounts received						1	1,478.			
	2	Program service revenue including government fees and contracts						2				
	3	Membership dues and assessments						3				
	4	Investment income						4				
	1 '		i	5a	I			-				
	1		}	5b				·				
		Less; cost or other basis and sales expenses	5a\	30	L			ا ہے ا				
	<u> </u>	Gain or (loss) from sale of assets other man inventory (Subtract time on troth line	oa)					5c				
	6	Gain or (loss) from sale of assets other than inventory (Subtract Line 5), from line Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than										
e	a	Gross income from gaming (attach Scheddle G it greater than	1	_	1							
Revenue	l	\$15,000)	_ L	6a	<u> </u>							
Be.	þ	Gross income from fundraising events find including \$		of cor	ntributions							
		Gross income from gaming (attach Schedule G if greated than \$15,000) Gross income from fundraising events and including \$50000 from fundraising events reported on line (1) (attach Schedule G if the sum of such gross income and contributions exceeds \$45,000)	١ .									
	1	groot morno and contributions execute \$10,000,		6b								
	C	Less: direct expenses from gaming and fundraising events	L	6c]				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b ar	nd subt	tract lu	ne 6c)			6d				
	7a	Gross sales of inventory, less returns and allowances	L	7a								
	b	Less: cost of goods sold	L	7b]				
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				_		7c				
	8	Other revenue (describe in Schedule 0)	SEI	E S	CHEDU	LE O		8	75,211.			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8						9	76,689.			
	10	Grants and similar amounts paid (list in Schedule 0)	SEI	E S	CHEDU	LE O		10	25,500.			
	11	Benefits paid to or for members						11				
ý	12	Salaries, other compensation, and employee benefits						12				
Expenses	13	Professional fees and other payments to independent contractors						13	4,300.			
ē	14	Occupancy, rent, utilities, and maintenance	SEI	E S	CHEDU	LE O		14	5,571.			
ũ	15	Printing, publications, postage, and shipping						15	626.			
	16	Other expenses (describe in Schedule 0)	SEI	E S	CHEDU	LE O		16	32,655.			
	17	Total expenses. Add lines 10 through 16				•	•	17	68,652.			
_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	8,037.			
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))						\vdash	5,037.			
Net Assets	١,٠	(must agree with end-of-year figure reported on prior year's return)						19	0.			
et /	20	Other changes in net assets or fund balances (explain in Schedule O)						20	0.			
Ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20		•			_	21	8,037.			
1.11	_	Paperwork Reduction Act Notice, see the separate instructions.						41	Form 990-EZ (2012)			
ᄓ	~ : UI	r apornora ricultura not notico, soc tile septiale institutions.							1 01111 0 0 0 - LA (20 12)			

X

14,608.

33,429.

48,037.

40,000.

68,652.

68,652.

8,037.

(B) End of year

Expenses

(a) Name and title	per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employee benefit plans, and deferred compensation	amount of other compensation
BENJAMIN PAINE				
CHAIRMAN	0.00	0.	0.	0.
WEST MATHISON				
VICE CHAIRMAN	0.00	0.	0.	0.
SHELLIE FAULCONER	-			
SECRETARY	0.00	0.	0.	0.
ANDREW KOTTKAMP				
CHAIRMAN	0.00	0.	0.	0.
ROBERT PAINE				
TREASURER	0.00	0.	0.	0.
	<u> </u>			
				000 FT (00 (0)

Page 3

33 Od the organization engage in any significant activity not previously reported to the IRSP II "Ves." provide a detailed description of each activity in Schedule 0 4 Wire any significant changes made to the organization or anam. Otherwise, explain the change on Schedule 0 (bee instructions) 34 X 35 Did the organization have underliked beamers gross increase of \$1,000 or nitroe during the year from beamess activities (but has those reported on line 2, 6s, and 7a, aming others). 35 Li Yes, 10 line \$5.6s, and 7a, aming others). 36 Li Yes, 10 line \$5.6s, that the organization included on the year? II "No." provide an explanation in Schedule 0 37 Li Riter amount of obligical expenditures, direct or indirect, as described in the instructions. 38 Li X 39 Li Yes, 10 line \$6.5s, that the organization indirect, as described in the instructions. 39 Li Yes, 10 line \$6.5s, that the organization indirect, as described in the instructions. 30 Li Test ground or obligical expenditures, direct or indirect, as described in the instructions. 30 Li Yes, 20 Li	Fa	instructions for Part V) Check if the organization used Sch. O to respond to any question in this			X
33		indications for factly chook in the digametation about con. O to reopena to any question in the	-		
asterity in Schedule O Were any significant changes made to the organizing or governing documents? If Yes,* attach a conformed copy of the arminded documents if they reflect a change to the organization frame. Otherwise, explain the change on Schedule O(see instructions) 34	33	Did the organization engage in any significant activity not previously reported to the IRS2 If "Yes." provide a detailed description of each	Γ.		110
34 Were any significant changes made to the organization of governing documents? If Yes, "attach a conformed copy of the armended documents if the rycletical change to the organization is men. Otherwise, expain the change on a Schedule (See verifications). 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 Did the organization are section \$61(c)(4), 501(c)(5), or \$51(c)(6) organization subject to section \$603(6) notice, reporting, and proxy tax requirements during the year? If Yes," complete schedule (P. part III and the organization in the organization in the organization in the organization of political expenditures, direct or indiced, as described in the instructions 35b Did the organization fee form 1120PHIC to this year? 37c Infer amount of political expenditures, direct or indiced, as described in the instructions 35c Section 501(c)(7) organizations at the ord of the tax year covered by the return? 35b Did the organization fee form 1120PHIC to the year? 37c Infer amount of political expenditures, direct or indiced, as described in the instructions 35c Section 501(c)(7) organizations. Enter: 35c Section 501(c)(7) organizations. Enter amount of tax imposed on the organization managers or disqualsted perces studied to the set of the Section 501(c)(7) organizations. Enter amount of tax imposed on the organization managers or disqualsted perces studied to the Section 501(c)(7) organizations. Enter amount of tax imposed on organization managers or disqualsted perces studied to the Section 501(c)(7) organizations. Enter amount of tax on time 40c reimbursad by the organization is book as en increase of the ORBERT PATINE Telephone see. \$50.9 -667 -8			33		х
documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) 33 bill the congruination have unreflets thousiness gross morme of \$1,000 or more during the year from business activities (such as those reported on lens 2, \$a, and 7a, among others)? 34 li 1 'Yes', to link 35a, has the organization filled a Form 990-T for the year? If 'No,' provide an explanation in Schedule 0 (wish the organization as section \$0.04(6), \$5.01(6)(5), or 501(6)(6) organization subject to section \$0.05(6) indices, reporting, and proxy tax requirements during the year? If 'Yes', complete Schedule 0, Part III 35 bill the organization ansection \$0.04(6), \$5.01(6)(5), or 501(6)(6) organization of net assets during the year? If 'Yes', complete applicable pairs of Schedule 0, Part III 36 bill the organization for form 1120-POL for this year? 37 lift amount of policial expenditures, direct or indirect, as described in the instructions 38 bill the organization form or more, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and sall outstanding at the end of the tax year covered by this return? 39 lift 'Yes', complete Schedule 1, Part I and ender the total amount involved 39 Section \$0.1(6)(3) organizations. Enter amount of tax imposed on the organization during the year under section \$4.00 to 1. secti	34	·			
35. B Off 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 pithority?) 8 b If Yes; to line 35a, has the organization field a Form 990-T for the year? If Yes; prometa an explanation is Activated to Possible 10 or Was the organization a section \$01(c)(4), 501(c)(5), or \$01(c)(6) organization subject to section 8033(e) notice, reporting, and proxy tax requirements during the year? If Yes; complete Spiciotule? No midred, promised Spiciotule? No midred			34		Х
b If Yes, To line 35a, has the organization field a Form 990-T for the year? If Yes, provide an explanation in Schedule 0 Was the organization a section 501(c)(4), 501(c)(5), or 301(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule (P. Part III in the organization deform of the year) if Yes, complete special explanation (P. Part III in the organization deform) in 1900 (P. Part III in the organization of policial expanditures, direct or indirect, as described in the instructions 37 a Enter amount of policial expanditures, direct or indirect, as described in the instructions 38 b Ux 37 a Enter amount of policial expanditures, direct or indirect, as described in the instructions 38 b Ux 39 b Ux 30 b Ux	35 a				
e Was the organization a section \$01(c)(4), 501(c)(5), or \$01(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? II "Yes," complete Schedule C, Part III as the organization undergo a lequisition, dissolution, termination, or significant disposition of net assets during the year? II "Yes," as the organization undergo a lequisition, dissolution, termination, or significant disposition of net assets during the year? II "Yes," as a specific or indirect, as described in the instructions		on lines 2, 6a, and 7a, among others)?	35a		Х
requirements during the year? If "Yes," complete Schedule C, Part III 8	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	N/	A
36 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 38 bit the organization of the form of 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? 38 bit "Yes," complete Schedule L, Part I and enter the total amount involved 38 bit "Yes," camplete Schedule L, Part I and enter the total amount involved 39 Section 501(c)(3) organizations. Enter: 30 Intitle organization into the same of the tax year covered by this return? 39 bit "Yes," complete Schedule L, Part I and enter the total amount involved 39 bit "Yes," complete Schedule L, Part I 30 covers the organization of the organization of the organization during the year under: 30 covers the drapting into the organization of the organization during the year under organization and yor is prior Forms 990 or 990-EZ? 30 covers the drapting into the organization in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? 30 covers the drapting into the organization in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? 30 covers the drapting into the organization in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? 31 covers the drapting the sections 912 (2.495, and 9456) 32 covers the drapting the prior Base or displayed the organization in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? 32 covers the drapting the sections 912 (2.495, and 9456) 33 covers the organization in the drapting the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Schedule L, Part I 40 covers the organization is books are in care of ▶ ROBLERT PATINE 41 List the	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			
x 2 a Enter amount of political expenditures, direct or indirect, as described in the instructions		requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
The Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization for Form 1120-PQL for this year?	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
b Did the organization file Form 1120-P0L for this year? 37b X 38a Did the organization borrow from, or make any loans to, any officer, director, frustee, 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? b If "riss," complete Schedule I, Part II and enter the total amount involved 38b 40,000 38b A0,000 A0,00					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? 5 Bection 501(R/T) organizations, Enter: 5 In Instituent the said anaplatic contributions included on line 9 5 Gross receipts, included on line 9, for public use of club facitities 5 Section 501(R/S) organizations. Enter amount of tax imposed on the organization during the year under: 5 Section 501(R/S) organizations. Enter amount of tax imposed on the organization during the year under: 5 Section 501(R/S) organizations. Enter amount of tax imposed on the organization during the year under: 5 Section 501(R/S) and 501(R/S) organizations. Under organization engage in any section 4955 ▶ 0. 6 Section 501(R/S) and 501(R/S) organizations. Enter amount of tax imposed on organization managers 7 or disqualified persons during the year under sections 4912, 4955, and 4958 8 Section 501(R/S) and 501(R/S) organizations. Enter amount of tax imposed on organization managers 8 or disqualified persons during the year under sections 4912, 4955, and 4958 9 Section 501(R/S) and 501(R/S) organizations. Enter amount of tax imposed on organization managers 9 or disqualified persons during the year under sections 4912, 4955, and 4958 9 Section 501(R/S) organizations. Enter amount of tax imposed on organization managers 9 or disqualified persons during the year under sections 4912, 4955, and 4958 9 Section 501(R/S) organizations. Enter amount of tax violent to tax on line 400 reimbursed by the organization 9 organization 9 All organizations All any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete form 8980-E2 10 Coated at 1 A 43 S (RONDO AVE, WENATCHEE, WA 11 All any time during the calendary year, did the organization have an interest in or a signature or other authority over a financial account; 12 Section 491(R/R) in powerpal	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	+		
m a prior year and still outstanding at the end of the fax year covered by this return? b if "Yes," complete Schedule L, Part II and enter the total amount involved 38	b	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38 b 40,000. 38 b 40,000. 39 Section 501(c)(7) organizations. Enter: 39	38 a				
39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 .; section 4912 ▶ 0 .; section 4955 ▶ 0 . 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 and a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If 'Yes,' complete Schedule I, Part I 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 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 imposed on organization managers or disqualified persons during the year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8866-T 40. All ust the states with which a copy of this return is filled ▶ NONE 41. List the states with which a copy of this return is filled ▶ NONE 42. The organization's books are in care of ₱ NOBERT PATNE 43. Telephone no. ▶ 509-667-8667 21P+4 ▶ 98801 44. List the states with which a copy of this return is filled ▶ NONE 45. All any time during the catendary year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶ 45. Section 4947(a)(1) nonexempt charitable trusts filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 46. All any time during the calendary year, did the organization maintain an office outside of the U.S.? 47. If 'Yes,' enter the			38a	X	
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of citub facilities 39 N/A 39 N/A 39 N/A 39 SP N/A 40 Section 501(c)(3) and 501(c)(4) organizations. Did the organization during the year under: section 4911	b				
b Gross receipts, included on tine 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 ▶ 0 .; section 4912 ▶ 0 .; 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-E27 if "Yes," complete Schedule I., Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualided persons during the year under sections 4912, 4955, and 4955 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization in the 40c reimbursed by the 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 Located at ▶ 435 ORONDO AVE, WENATCHEE, WA 21P + 4 ▶ 988 01 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. ▶ See the instructions for exceptions and filing requirements for Form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ the form 990-EZ b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization receive any payments for indoor tanning services during the year? b Did the organization receive any payments for indoor tanning services during the year? b Did the organization receive any payments for indoor tanning services during the year? b Did the organization receive any payments for indoor tanning services during the year? c Did the organization receive any payments for indoor tanning services during the					
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4955 ▶ 0 . Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 ★ 0 ; section 4915 ▶ 0 ; section 4955 ▶ 0 . Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 & secress 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 I, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization in analysis 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 and 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations at any time during the lax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Located at ▶ 435 ORONDO AVE, WENATCHEE, WA 11 Telephone no. ▶ 509-667-8667 Located at ▶ 435 ORONDO AVE, WENATCHEE, WA 21P+4 ▶ 98801 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account; or other financial account; or other financial accounts in a foreign country; layer, enter the name of the foreign c					
section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4915 ▶ 0 . 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 t 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 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. All any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Located at lax the states with which a copy of this return is filed lax parts to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Located at lax parts the states with which a copy of this return is filed lax parts to a signature or other authority over a financial account in a foreign country. Which are an interest in or a signature or other authority over a financial account in a foreign country. 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 of the U.S.? If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 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 year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the or		-,			İ
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-E2? If Yes,: Complete Schedule L, Part I C. Section 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958 O. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958 O. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958 O. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the tax year under sections 4912, 4955, and 4958 O. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax exempting the tax year independent of the section 4912 40e	40 a				
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of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation In Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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			44a	<u> </u>	X
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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)? 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			-		
In Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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		·	44c		<u>x</u>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Significant Significa	d			}	
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	45		$\overline{}$	 	 -
512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b			45a		 ^
	40 B		AEL		
	_	312(U/(13). II 169, PUTIT 330 and Schedule in may liked to be completed histead of Putit 330-22 (see histractions)		190-F7	(2012\

Form 990-EZ (2012) KEEP IT IN TH	E VALLEY	FOUNDATIO	N		<u>46-0895</u>	<u> 569</u>		Page 4
			_					Yes	No
46 Did the o	rganization engage, directly or indirectly, i	n political campaign	activities on behalf of	or in oppositio	n to candidates for pu	iblic office?			
If "Yes," c	complete Schedule C, Part I						46		X
Part VI	Section 501(c)(3) organization	ons only							
	All section 501(c)(3) organizations mu	ust answer question	ons 47-49b and 52,	and complete	e the tables for line	s 50 and 51			
	Check if the organization used Sched	dule O to respond	to any question in	this Part VI					<u>_L_</u>
						-		Yes	
47 Did the o	rganization engage in lobbying activities of	r have a section 501	(h) election in effect d	uring the tax ye	ar? If "Yes," complete	Sch. C, Part II	47		X
48 Is the org									
49a Did the o	a Did the organization make any transfers to an exempt non-charitable related organization?								
b If "Yes," v	was the related organization a section 527 (organization?					49b		<u> </u>
50 Complete	e this table for the organization's five highe	st compensated em	ployees (other than of	ficers, directors	s, trustees and key en	nployees) who ea	ich rec	eived	more
than \$10	0,000 of compensation from the organizat	ion. If there is none,	enter "None."						
	(a) Name and title of each emplo	yee	, , ,	age hours	(C) Reportable	(d) Health benefits contributions to) Estin	
	paid more than \$100,000			devoted to	compensation (Forms W-2/1099-MISC)	employee benefit plans, and deferred	efit alliouii		
	N	ONE	pos	ition		compensation		mpens	<u>auun</u>
					1				
							$oldsymbol{ol}}}}}}}}}}}}}}}}}$		
					1				
							\bot		
							Т		
					<u> </u>		Ш_		
	nber of other employees paid over \$100,00			-					
	e this table for the organization's five highe		ependent contractors	who each recei	ved more than \$100,	000 of compensa	ıtıon fr	om the	•
		ONE							
(a) Name an	d address of each independent contractor	paid more than \$100	0,000	(b) Type o	of service	(c) (Compe	nsatio	<u>n</u>
<u></u>									
									
	·								
									
	mber of other independent contractors eac	•	•		<u> </u>				
	rganization complete Schedule A? Note: A	, ,, ,	organizations and 494	7(a)(1) nonexe	empt		 .	_	-
charitable	e trusts must attach a completed Schedule	: A T. Including accompany	no sengoujes ano statem	ents, and to the b	est of my knowledge and	Delief, it is true, col	KL Ye	S L	No
Declaration of pre	of perjury, I declare that I have examined this return eparer (other than officer) is based on all information	n of which preparer has	any knowledge						
Sign	Signature of officer					Date			
Here \									
	BEN PAINE, CHAIRM	AN							
	**	I Duanamanta ava		I Data	T Chaok I	CH I DTIN			
Daid	Print/Type preparer's name	Preparer's sig	natur e	Date	Check	if PTIN			
Paid	TONA MULANI DE GUOD			00.400	self- emplo	1		n ^ 4	
Preparer	JONATHAN BISHOP	G0373 7 7 777		09/26		P00			
Use Only	Firm's name CLIFTONLAR			TTMT T		► 41-07			
	Firm's address ► 517 NORTH			UITE B	Phone no.	509-6	o 3 –	562	4
	WENATCHEE	•				······································			
May the IRS di	scuss this return with the preparer shown	above? See instruct	ions				X Ye		No No
						F	orm 9	90-EZ	(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.

2012

Open to Public Inspection

Name of the organization

KEEP IT IN THE VALLEY FOUNDATION

Employer identification number 46-0895569

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	tructions			
The organi	ızatıon ıs not a	private foundation	because it is (For lines 1	1 through	11, check	only one b	ox)				
1 🔲	A church, cor	nvention of churche	s, or association of churc	ches desc	nbed in se	ction 170	(b)(1)(A)(i)).			
2 🗀	A school des	cnbed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E)							
з 🔲	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4 🔲	•	•	operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospital's n	name,
	city, and stat	•	•								
5 🔲			benefit of a college or ur	niversity ov	wned or or	erated by	a governi	mental uni	t describ	ed in	
•		(b)(1)(A)(iv). (Comple		,		· · · · · · · · · · · · · · · · · · ·	_ 3				
6 🗀				t describer	d in sectio	n 170(b)(1	IYAYv).				
· =	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.)										
, 122											
• [
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from										
9 📖	_	-	` '						•	-	
		•	nctions - subject to certa	•		-				_	
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization	after June 30,	1975.
		509(a)(2). (Complete	·								
10	-	•	perated exclusively to te	-	_						
11 📖			perated exclusively for th								
			ations described in section				2). See se o	ction 509 (a)(3). Ch	eck the box tha	at
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h.					
	a Type I		•	ype III - Fu	-	-				n-functionally in	_
e	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r ındırectly	by one o	r more dis	qualified	persons other	than
	foundation m	anagers and other t	than one or more publicly	y supporte	d organiza	itions des	onbed in s	ection 50	9(a)(1) or	section 509(a)((2)
f	If the organiz	ation received a writ	tten determination from t	the IRS tha	at rt is a Ty	pe I, Type	II, or Type	e III			
	supporting of	rganization, check th	his box				_	_	-	_	
g	Since August	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the foll	owing per	sons?		
•			lirectly controls, either al							·, Y	es No
			upported organization?	_		•				11g(i)	
	_	-	n described in (i) above?	ı						11g(iı)	
		•	person described in (i) o		e?					11g(iii)	
h			about the supported or							<u> </u>	
••	T TOTAGO GIO I	onoving intermedicin	about the cupperiou of	9424	(0)						
(I) N====		(1) [1)	(iii) Turn of agreements	(iv) Is the c	organization	(v) Did voi	u notify the	(vi) Is	the	(wii) Amount of	monotoni
	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		sted in your		ion in col.	organizati	on in col.	(vii) Amount of i support	
urya	anization		above or IRC section		document?		r support?	(i) organiz U.S	.?	Support	ı
			(see instructions))	Yes	No	Yes	No	Yes	No		
				163	110	163	100	163	110		
				ļ .	<u> </u>			<u> </u>	 		
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		_	<u> </u>	İ					1		
T - 4 - 1		1			I	I	1	i	1	l	

Schedule A (Form 990 or 990-EZ) 2012 KEEP IT IN THE VALLEY FOUNDATION 46-08955 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		_				
Cale	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						
	ınclude any "unusual grants ")					1,478.	1,478.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf				<u> </u>		
3	The value of services or facilities					_	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					1,478.	1,478.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly	j					
	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>		1,478.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4		1			1,478.	1,478.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties		,				
	and income from similar sources		1				
9	Net income from unrelated business						
	activities, whether or not the	ļ		_			
	business is regularly carried on	_	_		İ		
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)		ļ.				
11	Total support. Add lines 7 through 10						1,478.
	Gross receipts from related activities,	, etc. (see instructi	ions)			12	75,211.
	First five years. If the Form 990 is for	•	-	rd, fourth, or fifth	tax year as a section	on 501(c)(3)	
	organization, check this box and stor	p here			·	_	▶□
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
14	Public support percentage for 2012 (line 6, column (f) d	ivided by line 11,	column (f))		14	100.00 %
15	Public support percentage from 2011	I Schedule A, Part	t II, line 14			15	%
	33 1/3% support test - 2012. If the			n line 13, and line	e 14 is 33 1/3% or i	more, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	oorted organizatioi	1			$\triangleright X$
t	33 1/3% support test - 2011. If the				nd line 15 is 33 1/39	6 or more, check th	nis box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	t - 2012. If the org	ganization did not	check a box on li	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					J	ightharpoons
Ŀ	10% -facts-and-circumstances tes	_	·	-		17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-cire		•				
18	Private foundation. If the organization						s >
<u> </u>						edule A (Form 990	

Schedule A (Form 990 or 990 EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	plow, please com	bioto i die ii.j				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and	, ,	, ,			1	
membership fees received (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose			,		1	
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-				1		
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						[
6 Total. Add lines 1 through 5				· · · · · · · · · · · · · · · · · · ·		
7a Amounts included on lines 1, 2, and					1	
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received			-			<u> </u>
from other than disqualified persons that					1	
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)				<u> </u>		
Section B. Total Support			I			·
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	(4) 2000	(6) 2000	(6) 2010	(4) 2311		
10a Gross income from interest.						1
dividends, payments received on						
secunties loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses			:			
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business		 			+	
activities not included in line 10b,						
whether or not the business is						
regularly carried on 12 Other income Do not include gain	· · · · · · · · · · · · · · · · · · ·	 		 	 	
or loss from the sale of capital		1	1			
assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12)		 	 	 	†	 -
14 First five years. If the Form 990 is for	the organization!	e first second the	rd fourth or fifth t	lay year as a coct	nn 501/c)/3) organi	zation.
	une organization	a mai, second, inii	io, iourui, or iiitii t	ian year as a secti	on sonojoj organi	ZaliOi1,
check this box and stop here Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2012 (I			column (fl)		15	%
16 Public support percentage from 2011			00141111 (1))		16	%
Section D. Computation of Inves						
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2012. If the			on line 14, and lin	e 15 is more than		
more than 33 1/3%, check this box at	=					>
b 33 1/3% support tests - 2011. If the	-	-	•			and
line 18 is not more than 33 1/3%, che	_					
20 Private foundation. If the organization						ightharpoons

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2012

Employer identification number

Open To Public Inspection

REEP IT IN THE VALLEY FOUNDATION 46-0895569

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

(a) Name of disqualified person person and organization person and organization person and organization person and organization person and organization person and organization person and organization person and organization person and organization person and organization person and organization person and organization person and organization person during the year under

Part II | Loans to and/or From Interested Persons.

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990, Part X, line 5, 6, or 22. (h) Approved by board or (b) Relationship (a) Name of (d) Loan to or (i) Written (c) Purpose (e) Original (f) Balance due (g) In with from the agreement? principal amount default? interested person of loan organization organization? committee? То From Yes No Yes No Yes No BENJAMIN PAINE TO START X 50,000. 40,000 X X X WEST MATHINSON TO START X 10,000. X X X 40,000. \$

Part III | Grants or Assistance Benefiting Interested Persons.

Complete if the organization	answered "Yes" on Form 990, Pa	rt IV, line 27		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose o assistance
				<u> </u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

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.

2012
Open to Public Inspection

Name of the organization

KEEP IT IN THE VALLEY FOUNDATION

Employer identification number 46-0895569

REEP II IN THE VALLET FOUNDATION	
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
FUNNEL CAKE SALES	75,211
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: SCHOLARSHIPS	
GRANTEE NAME: COMMUNITY FOUNDATION OF NCW	
GRANTEE ADDRESS: 9 SOUTH WENATCHEE AVE WENATCHEE, WA 98801	
AMOUNT GIVEN:	25,500
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, A	ND MAINTENANCE:
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, ADDESCRIPTION OF EXPENSES:	ND MAINTENANCE: AMOUNT:
DESCRIPTION OF EXPENSES:	AMOUNT:
DESCRIPTION OF EXPENSES: DEPRECIATION	AMOUNT:
DESCRIPTION OF EXPENSES: DEPRECIATION FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	AMOUNT: 5,571
DESCRIPTION OF EXPENSES: DEPRECIATION FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES:	AMOUNT: 5,571 AMOUNT:
DESCRIPTION OF EXPENSES: DEPRECIATION FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: SUPPLIES	AMOUNT: 5,571 AMOUNT: 10,875
DESCRIPTION OF EXPENSES: DEPRECIATION FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: SUPPLIES PERMITS AND FEES	AMOUNT: 5,571 AMOUNT: 10,875 16,037
DESCRIPTION OF EXPENSES: DEPRECIATION FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: SUPPLIES PERMITS AND FEES TRAVEL	AMOUNT: 5,571 AMOUNT: 10,875 16,037 1,529
DESCRIPTION OF EXPENSES: DEPRECIATION FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: SUPPLIES PERMITS AND FEES TRAVEL INSURANCE	AMOUNT: 5,571 AMOUNT: 10,875 16,037 1,529 1,739

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SCHEDULE, O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Employer identification number Name of the organization 46-0895569 KEEP IT IN THE VALLEY FOUNDATION BEG. OF YEAR DESCRIPTION END OF YEAR OTHER DEPRECIABLE ASSETS 0. 33,429. FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES: BEG. OF YEAR END OF YEAR DESCRIPTION N/P - BEN PAINE 0. 40,000. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ORGANIZATION OPERATES EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES. THE NET PROFITS RAISED FROM THIS ACTIVITY WILL BE DONATED TO THE NCW COMMUNITY FOUNDATION FOR SCHOLARSHIPS AS DIRECTED BY THE ORGANIZATION. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Form 4562

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization 990EZ

(Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

Business or activity to which this form relates

23

2012

Attachment Sequence No 179

Identifying number

KEEP IT IN THE VALLEY FOUNDATION FORM 990-EZ PAGE 1 46-0895569 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 2,000,000. Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) 7 Listed property Enter the amount from line 29 7 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 11 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III | MACRS Depreciation (Do not include listed property) (See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2012 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery (a) Classification of property (e) Convention (f) Method (a) Depreciation deduction 19a 3-year property b 5-year property 39,000 YRS HY 200DB5,571. 7-year property С 10-year property d е 15-year property f 20-year property 25 yrs. S/L 25-year property g 27.5 yrs. MM S/L h Residential rental property 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. b 12-year S/L 40 yrs. MM C 40-year S/L Part IV | Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 5,571. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Form 4562 (2012) K	EEP IT I	N THE	VAL	LEY	FOUN	DAT	ION			46-	0895	<u>56</u> 9	Page 2
Part V Listed Property (Include	de automobiles,	certaın otl	ner vehic	les, cer	taın com	puters	, and pro	perty us	ed for e				
amusement.) Note: For any vehicle for	or which voil are	usina the	standard	d milean	ie rate oi	r deduc	tına leası	expens	e com	ete onl	v 24a. 2	4b. colui	nns (a)
through (c) of Section A	A, all of Section E	3, and Sec	ction C if	applica	ble								11110 (U)
Section A - Deprec	iation and Othe	er Informa	ation (Ca	aution: S	See the i	nstruct	ions for li	mits for	passeng	er auton	nobiles)		
24a Do you have evidence to support th	ie business/investr	nent use cl	aimed?	Y	es L	No	24b If "Y	es," ıs tl	ne evide	nce writt	ten? L	Yes	<u> No</u>
(a) (b)		.,	(d)		(e)		(f)		(g)		h)		(I)
Type of property (list vehicles first)		nt	Cost or	l (bus	sis for depri siness/inve		Recovery period		thod/ /ention		ciation action		cted on 179
(list verificies first) services	ce use percent	tage of	ther basis		use only	/)	————	COIN	- CITUOII	ucut		C	ost
25 Special depreciation allowance	for qualified liste	d property	placed	ın servi	ce durin	g the ta	ıx year ar	d		1			
used more than 50% in a qualifi									25			l	
26 Property used more than 50% in	n a qualified busi	iness use:	1							•			
		%								L			
		%								<u> </u>			
		%]			
27 Property used 50% or less in a c	qualified busines	s use:								,			
		%						S/L -					
		%						S/L -		ļ			
		%				ŀ		S/L·		ļ <u>.</u> .			
28 Add amounts in column (h), lines	s 25 through 27.	Enter her	e and on	line 21,	, page 1				28				
29 Add amounts in column (i), line 2	26. Enter here an	nd on line	7, page ⁻	1							29	i	
		Section I	B - Infor	mation	on Use	of Veh	icles						
Complete this section for vehicles us	•								•				
If you provided vehicles to your emp	oloyees, first ans	wer the qu	uestions	ın Secti	on C to	see if y	ou meet	an excep	otion to	completi	ng this s	section f	or
those vehicles.				·		T				,		1	
		(a)	(1	b)		(c)		d)	1 .	e)	Į.	f)
30 Total business/investment miles driv	en during the	Vel	nicle	Vel	hicle	Ve	ehicle	Vel	ncle	Veh	ncle	Vet	ıcle
year (do not include commuting mi	ıles)					ļ							
31 Total commuting miles driven du	uring the year							ļ		ļ			
32 Total other personal (noncommu	uting) miles							1					
driven						ļ		<u> </u>					
33 Total miles driven during the year	ar.												
Add lines 30 through 32											-	ļ	
34 Was the vehicle available for pe	rsonal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours?										<u> </u>	ļ		
35 Was the vehicle used primarily b	oy a more												
than 5% owner or related perso									<u> </u>	<u> </u>			
36 Is another vehicle available for p	ersonal												
use?							1	L	l	<u> </u>			
Section	on C - Questions	s for Emp	loyers W	ho Pro	vide Vel	nicles f	for Use b	y Their I	Employ	ees			
Answer these questions to determin	ie if you meet an	exception	n to com	pleting	Section	B for ve	ehicles us	ed by e	mployee	s who a	re not m	ore thar	15%
owners or related persons.													
37 Do you maintain a written policy	statement that	prohibits a	all persor	nal use d	of vehicl	es, ıncl	uding coi	nmuting	, by you	ır		Yes	No
employees?													
38 Do you maintain a written policy									your				
employees? See the instruction:				ficers, c	directors	, or 1%	or more	owners					
39 Do you treat all use of vehicles to		*											ļ
40 Do you provide more than five v				informat	tion fron	n your e	employee	s about				ŀ	
the use of the vehicles, and reta													+
41 Do you meet the requirements of	• .												
Note: If your answer to 37, 38, 3	19, 40, or 41 is "\	es," do n	ot compl	ete Sec	tion B fo	or the c	overed ve	hicles					
Part VI Amortization			1			· · · · · ·	(-1)						
(a) Description of costs	n	(b) ate amortization		(C) Amortizat	ole		(d) Code		(e) Amortiza		Aı	(f) mortization	
		begins]	amount			section		penod or pe			r this year	
42 Amortization of costs that begin	s during your 20	12 tax yea	ar:					,		 ,-			
			ļ								·		
						i							
43 Amortization of costs that begain	-	-								43			
44 Total. Add amounts in column (f) See the instru	ctions for	where to	report						44			