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Form **990**Department of the Treasury
Internal Revenue Service**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)

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning **AUG 1, 2012** and ending **JUL 31, 2013****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**UMPQUA VALLEY CHRISTIAN SCHOOLS**

Doing Business As

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

359 ROBERTS CREEK RD

Room/suite

City, town, or post office, state, and ZIP code

ROSEBURG, OR 97471**F** Name and address of principal officer **DOUG THARP**
SAME AS C ABOVE**D** Employer identification number**93-0951533****E** Telephone number**(541) 679-6248****G** Gross receipts \$**3,291,107.****H(a)** Is this a group return

for affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included?☐ Yes☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.UVCS.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1988** **M** State of legal domicile: **OR****Part I Summary**

Activities & Governance		Prior Year	Current Year
1	Briefly describe the organization's mission or most significant activities TO PARTNER WITH PARENTS TO EDUCATE AND DISCIPLE STUDENTS FROM A BIBLICAL WORLDVIEW.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	55
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-B, line 24	7b	0.
8	Contributions and grants (Part VIII, line 1h)	925,558.	2,377,466.
9	Program service revenue (Part VIII, line 2g)	817,529.	849,712.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,050.	3,623.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,010.	19,242.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,795,147.	3,250,043.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,592.	12,200.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	615,080.	615,985.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 19,366.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	364,621.	378,097.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	994,293.	1,006,282.
19	Revenue less expenses. Subtract line 18 from line 12	800,854.	2,243,761.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	2,420,319.	4,712,425.
22	Net assets or fund balances. Subtract line 21 from line 20	408,947.	457,293.
		2,011,372.	4,255,132.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	DOUG THARP, SUPERINTENDENT	7-22-14
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	Thomas J Davidson	6/18/14
	Firm's name	Firm's EIN
	NEUNER, DAVIDSON & COOLEY LLC	93-0764156
	Firm's address	Phone no.
	P.O. BOX 1786 ROSEBURG, OR 97470	541-672-4886

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

9-16 23

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission

TO PARTNER WITH PARENTS TO EDUCATE AND DISCIPLE STUDENTS FROM A BIBLICAL WORLDVIEW.2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ 654,802. including grants of \$ 12,200.) (Revenue \$ 853,335.)
TO OPERATE THE CHRISTIAN SCHOOLS FOR THE ELEMENTARY AND SECONDARY EDUCATION OF CHILDREN.

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **654,802.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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	X
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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
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	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b 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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f 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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
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? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
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 employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
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 entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 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	X	

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 55		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: 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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a 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		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 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?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b 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.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Form 990 (2012)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

☒**Section 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 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.	10	
b Enter the number of voting members included in line 1a, above, who are independent	10	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13 Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
14 Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		<input checked="" type="checkbox"/>
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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 organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **OR**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☒ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JULIE BANCROFT - (541) 679-6248**
359 ROBERTS CREEK RD, ROSEBURG, OR 97471

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)
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[illegible]

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	0
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		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0
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Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	57,241.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,320,225.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		2,377,466.			
Program Service Revenue	2 a TUITION/FEES INCOME	Business Code 611710	735,135.	735,135.		
	b ENROLLMENT/PROCESSING	611710	54,625.	54,625.		
	c ATHLETIC PROGRAM FEES	611710	27,649.	27,649.		
	d TRANSPORTATION REVENUE	611710	17,729.	17,729.		
	e COURSE/LAB FEES	611710	5,544.	5,544.		
	f All other program service revenue	611710	9,030.	9,030.		
	g Total. Add lines 2a-2f		849,712.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,723.	2,723.	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6 a Gross rents		(i) Real (ii) Personal				
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
7 a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other 900.				
b Less. cost or other basis and sales expenses		0.				
c Gain or (loss)		900.				
d Net gain or (loss)			900.	900.		
8 a Gross income from fundraising events (not including \$ 57,241. of contributions reported on line 1c) See Part IV, line 18		a 60,306. b 41,064.				
b Less direct expenses						
c Net income or (loss) from fundraising events			19,242.		19,242.	
9 a Gross income from gaming activities. See Part IV, line 19		a				
b Less direct expenses		b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances		a				
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		3,250,043.	853,335.	0.	19,242.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, 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	12,200.	12,200.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	52,986.	600.	52,386.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	502,754.	465,726.	26,028.	11,000.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	11,486.	861.	10,625.	
10 Payroll taxes	48,759.	40,914.	6,880.	965.
11 Fees for services (non-employees):				
a Management				
b Legal	60.		60.	
c Accounting	1,605.		1,605.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	2,911.		2,911.	
13 Office expenses	34,670.	1,773.	28,439.	4,458.
14 Information technology	21,239.		18,296.	2,943.
15 Royalties				
16 Occupancy	88,910.		88,910.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	68,471.		68,471.	
23 Insurance	13,229.		13,229.	
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.)				
a INSTRUCTION/EDUCATION	43,671.	43,671.		
b ATHLETICS	37,110.	37,110.		
c BAD DEBT EXPENSE	13,881.	13,881.		
d TRANSPORTATION	12,166.	12,166.		
e All other expenses	40,174.	25,900.	14,274.	
25 Total functional expenses. Add lines 1 through 24e	1,006,282.	654,802.	332,114.	19,366.
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)

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

☒ X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	539,736.	1	146,062.
	2 Savings and temporary cash investments	13,005.	2	13,014.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	22,968.	4	12,880.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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 organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	887.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 5,047,821.		
	b Less: accumulated depreciation	10b 550,227.	10c	4,497,594.
	11 Investments - publicly traded securities	1,256,083.	11	41,988.
	12 Investments - other securities. See Part IV, line 11	125,591.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	462,936.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,420,319.	16	4,712,425.	
Liabilities	17 Accounts payable and accrued expenses	3,424.	17	7,579.
	18 Grants payable		18	
	19 Deferred revenue	27,587.	19	54,592.
	20 Tax-exempt bond liabilities		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, 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	377,635.	23	369,591.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	301.	25	25,531.
	26 Total liabilities. Add lines 17 through 25	408,947.	26	457,293.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		1,428,497.	27	4,146,346.
28 Temporarily restricted net assets		545,724.	28	67,797.
29 Permanently restricted net assets		37,151.	29	40,989.
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		2,011,372.	33	4,255,132.
34 Total liabilities and net assets/fund balances		2,420,319.	34	4,712,425.

Form 990 (2012)

Part 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	3,250,043.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,006,282.
3	Revenue less expenses Subtract line 2 from line 1	3	2,243,761.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,011,372.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,255,132.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☒

- 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
- 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 or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 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?
- 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

	Yes	No
2a	X	
2b		X
2c	X	
3a		X
3b		

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.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

UMPQUA VALLEY CHRISTIAN SCHOOLS

Employer identification number

93-0951533

Part I 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.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☒ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ 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: _____
- 5 ☐ 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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.)
- 10 ☐ 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.
- a ☐ Type I 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).**
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g 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 (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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.)

Section A. Public Support

Calendar 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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
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 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

Calendar 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 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						
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						
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)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities 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 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's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ 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.

OMB No. 1545-0047

2012Open to Public
Inspection

Name of the organization

UMPQUA VALLEY CHRISTIAN SCHOOLS

Employer identification number

93-0951533

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	37,151.	25,742.	16,941.	16,280.	16,280.
b Contributions	1,299.	10,000.	6,412.	2,300.	
c Net investment earnings, gains, and losses	2,539.	1,429.	2,425.	-1,639.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses		20.	36.		
g End of year balance	40,989.	37,151.	25,742.	16,941.	16,280.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 43.00 %
 b Permanent endowment ▶ 43.00 %
 c Temporarily restricted endowment ▶ 14.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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		211,393.		211,393.
b Buildings		4,247,411.	241,732.	4,005,679.
c Leasehold improvements		252,061.	68,347.	183,714.
d Equipment		175,752.	83,591.	92,161.
e Other		161,204.	156,557.	4,647.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				4,497,594.

Schedule D (Form 990) 2012

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 valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL TAXES	25,531.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

25,531.

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
----------------	---

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
----------	--

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, 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 information

Schedule D (Form 990) 2012

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered "Yes" to Form 990, Part IV, line 13,
or Form 990-EZ, Part VI, line 48.**

► **Attach to Form 990 or Form 990-EZ.**

Name of the organization

UMPOUA VALLEY CHRISTIAN SCHOOLS

Employer identification number

93-0951533

Part I

- 1** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II.

ORGANIZATION WEBSITE.

- 4** Does the organization maintain the following?
- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d** Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain. If you need more space, use Part II.

- 5** Does the organization discriminate by race in any way with respect to:
- a** Students' rights or privileges?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?
- If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

- 6a** Does the organization receive any financial aid or assistance from a governmental agency?
- b** Has the organization's right to such aid ever been revoked or suspended?
- If you answered "Yes" to either line 6a or line 6b, explain on Part II.
- 7** Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.

YES NO

1 X

2 X

3 X

4a X

4b X

4c X

4d X

5a X

5b X

5c X

5d X

5e X

5f X

5g X

5h X

6a X

6b X

7 X

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

Schedule E (Form 990 or 990-EZ) (2012)

Part II

Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2012

Open To Public Inspection

Employer identification number
93-0951533

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- a** ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- ☐ Yes ☐ No

- | (i) Name and address of individual
or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|--|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
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| Total | | | | | | |

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

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

	(a) Event #1 FALL FUNDRAISER (event type)	(b) Event #2 (event type)	(c) Other events 10 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	62,108.		55,439.	117,547.
2 Less Contributions	48,989.		8,252.	57,241.
3 Gross income (line 1 minus line 2)	13,119.		47,187.	60,306.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	14,114.		26,950.	41,064.
10 Direct expense summary. Add lines 4 through 9 in column (d)				(41,064)
11 Net income summary. Combine line 3, column (d), and line 10				19,242.

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

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

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

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

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

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Name of the organization

Employer identification number
93-0951533

UMPOUA VALLEY CHRISTIAN SCHOOLS

Part I	General Information on Grants and Assistance
--------	--

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
TUITION ASSISTANCE	9	12,000.	0.		
SPORTS ASSISTANCE	1	200.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

SCHEDULE I, PART I, LINE 2: MONITORING PROCEDURES: BASED ON ECONOMIC NEED.

EDUCATIONAL ABILITY AND OTHER CRITERIA, STUDENTS MAY BE ELIGIBLE TO RECEIVE

GRANTS AND ASSISTANCE TO HELP WITH PAYMENT OF TUITION AND OTHER

EDUCATIONAL COSTS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

UMPQUA VALLEY CHRISTIAN SCHOOLS

Employer identification number

93-0951533

FORM 990, PART VI, SECTION B, LINE 11: AREAS OF CONCERN ARE DELT WITH ON A
DAILY BASIS, AND THE BOARD PROACTIVELY GOVERNS THE FINANCIAL POSITION OF
THE SCHOOL REGULARLY. THE 990 IS REVIEWED BY A BOARD MEMBER, EX-OFFICIO,
OFFICER OR KEY EMPLOYEE AT THE TIME OF SIGNING BEFORE IT IS SUBMITTED TO
THE IRS. WHEN NECESSARY, ADDIIONAL FOLLOW-UP AND IN-DEPTH REVIEWS AND
DISCUSSIONS WITH RESPOSIBLE OFFICIALS OCCURS AT THE MONTHLY FINANCE
COMMITTEE MEETING.

FORM 990, PART VI, SECTION C, LINE 19: THE ENTITY MAKES ITS GOVERNING
DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE IN A PUBLIC FILE BY REQUEST.

FORM 990, PART X, LINE 25: OTHER LIABILITIES
OTHER LIABILITIES AMOUNT REPRESENTS THE YEAR-END ACCRUAL OF PAYROLL
TAXES.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
ROUNDING -1.

FORM 990, PART XII, LINE 2C:
NO CHANGE. BOARD OF DIRECTORS HAS OVERSIGHT RESPONSIBILITY.

UMPQUA VALLEY CHRISTIAN SCHOOL [9213]
Depreciation Expense

Federal

08/01/2012 - 07/31/2013

93-0951533
08/01/2012 - 07/31/2013

Sorted: General - Type

Asset ID	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation	Adj. Basis
BUILDING												
76		1600.08 BUILDING T7 - MAIN ELEM	9/1/1995	MSL / MM	39 0000	128,722 00	0 00	0 00	66,572 00	2,809 04	69,381.04	59,340 96
12		1800 MBS MODULAR 1,2,3	7/25/2005	MSL / MM	39 0000	217,451 21	0 00	0 00	63,257 00	4,824 85	68,081 85	149,369.36
20		1800 MBS MODULAR 1,2,3	10/4/2005	MSL / MM	39 0000	19,684 75	0 00	0 00	17,896 00	55 54	17,951 54	1,733.21
78		1800 MBS MODULAR 4 ELEMENT	11/18/2010	MSL / MM	39 0000	63,890 00	0 00	0 00	3,969 00	1,606 82	5,575 82	58,314 18
79		1800 MBS MODULAR 4 SETUP	1/5/2011	MSL / MM	39 0000	16,149.21	0 00	0 00	905 00	406 96	1,311 96	14,837 25
37		1810 PLAYGROUND - COVERED PLAY	7/31/2008	MSL / MM	39 0000	2,550 00	0 00	0 00	325 00	63 65	388 65	2,161.35
38		1810 PLAYGROUND - COVERED PLAY	7/31/2009	MSL / MM	39 0000	143,849.78	0 00	0 00	14,752.00	3,590 20	18,342.20	125,507 58
52		1810 PLAYGROUND - COVERED PLAY	8/19/2009	MSL / MM	39 0000	12,178 34	0 00	0 00	923 79	312 26	1,236 05	10,942 29
53		1810 PLAYGROUND - COVERED PLAY	5/14/2010	MSL / MM	39 0000	190 00	0 00	0 00	10 75	4 87	15 62	174 38
53		1810 PLAYGROUND - COVERED PLAY	10/15/2012	MSL / MM	39 0000	424 55	0 00	0 00	0 00	8 62	8 62	415 93
54		1820 DEER CREEK BLDGS - SCHOOL	9/8/2009	MSL / MM	39 0000	420,000.00	0 00	0 00	31,470.21	10,755 15	42,225 36	377,774 64
76		1840 DCP - GYM BUILDING	5/31/2013	MSL / MM	39 0000	3,222,321 54	0 00	0 00	0 00	17,213 26	17,213 26	3,205,108 28
Subtotal: BUILDING						4,247,411.38	0.00	0.00	200,080.75	41,651.22	241,731.97	4,005,679.41
Less dispositions and exchanges:						0 00	0 00	0 00	0 00	0 00	0 00	0 00
Net for: BUILDING						4,247,411.38	0.00	0.00	200,080.75	41,651.22	241,731.97	4,005,679.41
EQUIPMENT												
5		1600 17 COPIER (ELEMENTARY)	12/2/2003	M / HY	5 0000	5,200.00	0 00	0 00	5,200.00	0 00	5,200.00	0 00
6		1600.18 PLAYGROUND EQUIPMENT	1/7/2004	M / HY	5 0000	16,247 00	0 00	0 00	16,247 00	0 00	16,247 00	0 00
7		1600.19 COMPUTER	4/8/2004	M / HY	5 0000	803 85	0 00	0 00	803.85	0 00	803 85	0 00
8		1600 20 DELL COMPUTER	6/14/2004	M / HY	5 0000	968 70	0 00	0 00	968 70	0 00	968 70	0 00
9		1600.21 COMVIEW PROJECTORS	9/24/2004	M / HY	5 0000	1,925 00	0 00	0 00	1,925 00	0 00	1,925 00	0 00
10		1600 22 DELL COMPUTERS LEARNINC	3/31/2005	M / HY	5 0000	1,996 00	0 00	0 00	1,996 00	0 00	1,996 00	0 00
14		1600.27 PHONE SYSTEM (ELEMENT)	8/2/2005	M / HY	5 0000	517 66	0 00	0 00	517 66	0 00	517 66	0 00
15		1600.28 OFFICE EQUIPMENT	9/1/2005	M / HY	5 0000	529 03	0 00	0 00	529 00	0 03	529 03	0 00
16		1600.30 COMPUTER	9/6/2005	M / HY	5 0000	668 00	0 00	0 00	668 00	0 00	668 00	0 00
17		1600 33 COMPUTER (HOMESTUDY)	9/18/2005	M / HY	5 0000	398 00	0 00	0 00	398 00	0 00	398 00	0 00
18		1600 34 TV/DVD/VCR	9/27/2005	M / HY	5 0000	273 81	0 00	0 00	273 81	0 00	273 81	0 00
19		1600.35 PROJECTOR	10/4/2005	M / HY	5 0000	1,475 00	0 00	0 00	1,475 00	0 00	1,475 00	0 00
21		1600.37 HS LOCKERS	11/4/2005	M / HY	5 0000	3,638 00	0 00	0 00	3,638 00	0 00	3,638 00	0 00
25		1600 41 STATE COMPUTERS	8/22/2006	SL / N/A	5 0000	1,760 00	0 00	0 00	1,760 00	0 00	1,760 00	0 00
26		1600 42 CABINET/ANSWERING MACH	10/11/2006	SL / N/A	5 0000	279 98	0 00	0 00	279 98	0 00	279 98	0 00
27		1600.43 FIRE RESISTANT FILE CABINE	10/11/2006	M / HY	5 0000	769 99	0 00	0 00	769 99	0 00	769 99	0 00
28		1600 44 ADT ALARM SYSTEM	11/7/2006	M / HY	5 0000	1,238 00	0 00	0 00	1,238 00	0 00	1,238 00	0 00
29		1600 45 FIREPROOF FILE CABINET	12/8/2006	M / HY	5 0000	1,419 00	0 00	0 00	1,419 00	0 00	1,419 00	0 00
31		1600 47 CURRICULUM SHED	10/23/2007	MSL / HY	7 0000	3,000 00	0 00	0 00	3,000 00	0 00	3,000 00	0 00
32		1600 48 FIREPROOF FILE CABINET	1/29/2008	SL / N/A	7 0000	1,520 00	0 00	0 00	1,519 00	1 00	1,520 00	0 00
34		1600 50 NSA2400 SONIC WALL	7/31/2008	SL / N/A	5 0000	7,842 00	0 00	0 00	7,842 00	2 00	7,842 00	0 00
39		1600 55 STORAGE SHED	9/30/2008	SL / N/A	7 0000	300 00	0 00	0 00	172 00	42 86	214 86	85 14
40		1600 56 LAPTOP COMPUTER	5/8/2009	SL / N/A	5 0000	1,069 90	0 00	0 00	856 00	213 90	1,069 90	0 00
41		1600 57 2 COPIERS	3/19/2009	SL / N/A	5 0000	11,300 00	0 00	0 00	9,040 00	2,260 00	11,300 00	0 00
56		1600 72 CHAIRS & RACKS	11/20/2009	SL / N/A	7 0000	5,626 66	0 00	0 00	2,143 49	803 81	2,947 30	2,679 36
57		1600 73 SHREDDER	4/6/2010	SL / N/A	7 0000	433 11	0 00	0 00	132 85	61 87	194 72	238 39
58		1600 74 WELCOME SIGNS	2/26/2010	SL / N/A	7 0000	195 90	0 00	0 00	67 64	27 99	95 63	100 27
59		1600 75 HEPA VACUUM	8/31/2009	SL / N/A	7 0000	403 90	0 00	0 00	168 31	57 70	226 01	177 89

UMPQUA VALLEY CHRISTIAN SCHOOL [9213]
Depreciation Expense

Federal

08/01/2012 - 07/31/2013

93-0951533
08/01/2012 - 07/31/2013
Sorted: General - Type

Asset ID	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Sec. 179b Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation	Adj. Basis
EQUIPMENT												
60		1600 76 DESK. COMPUTER DESKS	9/1/2009	SL / N/A	7.0000	875 05	0.00	0.00	366.00	125.01	491.01	384.04
61		1600 77 12 VOLT BATTERIES	9/3/2009	SL / N/A	5.0000	478.00	0.00	0.00	278.83	95.60	374.43	103.57
62		1600 78 ANSWERING MACHINE/FAX	9/15/2009	SL / N/A	5.0000	106.25	0.00	0.00	61.96	21.25	83.21	23.04
63		1600.79 PHONE SYSTEM	9/17/2009	SL / N/A	5.0000	3,218.27	0.00	0.00	1,824.00	643.65	2,467.65	750.62
64		1600 80 CONVECTION HEATERS	10/5/2009	SL / N/A	5.0000	139.96	0.00	0.00	79.30	27.99	107.29	32.67
69		1600 85 CATCHER'S GEAR	1/19/2010	SL / N/A	5.0000	669.69	0.00	0.00	334.85	133.94	468.79	200.90
70		1600.86 BATTING CAGE	2/11/2010	SL / N/A	5.0000	377.71	0.00	0.00	188.85	75.54	264.39	113.32
71		1600 87 HITTING CAGE	2/25/2010	SL / N/A	5.0000	315.32	0.00	0.00	152.40	63.06	215.46	99.86
72		1600 88 BASEBALL BATTING NET	3/19/2010	SL / N/A	5.0000	368.74	0.00	0.00	172.08	73.75	245.83	122.91
74		1600.90 BASKETBALL DUFFELS	5/5/2010	SL / N/A	5.0000	500.00	0.00	0.00	225.00	100.00	325.00	175.00
83		1640 01 LIBRARY BOOKSHELVES	9/30/2011	SL / N/A	5.0000	4,294.14	0.00	0.00	429.00	858.83	1,287.83	3,006.31
82		1640 02 LATERAL FILE CABINET	8/31/2011	SL / N/A	5.0000	249.99	0.00	0.00	25.00	50.00	75.00	174.99
90		1650 01 DESKTOP COMP - TEACHERS	6/2/2012	SL / N/A	5.0000	5,000.10	0.00	0.00	442.00	1,000.02	1,442.02	3,558.08
84		1650.02 FINANCE DIRECTOR LAPTOP	8/15/2011	SL / N/A	5.0000	579.99	0.00	0.00	58.00	116.00	174.00	405.99
88		1650 03 DESKTOP COMPUTER-FINANC	6/1/2012	SL / N/A	5.0000	833.35	0.00	0.00	83.00	166.67	249.67	583.68
89		1650 04 DESKTOP COMP - SECRETAR	6/1/2012	SL / N/A	5.0000	833.35	0.00	0.00	83.00	166.67	249.67	583.68
91		1650 05 ELEMENTARY PRINCIPALS L	8/15/2011	SL / N/A	5.0000	579.98	0.00	0.00	58.00	116.00	174.00	405.98
86		1650 06 CANON MX882 PRINTER - FIN	2/14/2012	SL / N/A	5.0000	343.43	0.00	0.00	34.00	68.69	102.69	240.74
87		1650 07 CANON MX882 PRINTER - SEC	2/14/2012	SL / N/A	5.0000	343.42	0.00	0.00	34.00	68.68	102.68	240.74
85		1670 01 DEVELOPMENT DIRECTOR L	8/15/2011	SL / N/A	5.0000	579.99	0.00	0.00	58.00	116.00	174.00	405.99
45		1812 PLAYGROUND EQUIPMENT	6/22/2009	SL / N/A	7.0000	4,027.22	0.00	0.00	2,300.00	575.32	2,875.32	1,151.90
44		1817 SOCCER FIELD GOALS & NETS	5/14/2009	SL / N/A	7.0000	1,789.05	0.00	0.00	1,024.00	255.58	1,279.58	509.47
44		1855 DCP - GYM EQUIPMENT	5/31/2013	SL / N/A	7.0000	77,450.37	0.00	0.00	0.00	1,844.06	1,844.06	75,606.31
Subtotal: EQUIPMENT						175,751.86	0.00	0.00	73,357.55	10,233.47	83,591.02	92,160.84
Less dispositions and exchanges:						0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net for: EQUIPMENT						175,751.86	0.00	0.00	73,357.55	10,233.47	83,591.02	92,160.84
IMPROVEMENTS												
2		1600 12 T7 IMPROVEMENTS	9/1/1995	SL / N/A	31.5000	34,985.00	0.00	0.00	13,332.00	1,110.63	14,442.63	20,542.37
51		1720 ELE LOT IMPROVEMENT	6/28/2010	SL / N/A	15.0000	770.00	0.00	0.00	106.94	51.33	158.27	611.73
50		1720 ELEM LOT IMPROVEMENT	9/18/2009	SL / N/A	15.0000	5,008.00	0.00	0.00	945.96	333.87	1,279.83	3,728.17
80		1720 ELEM LOT IMPROVEMENTS	7/13/2011	SL / N/A	15.0000	324.00	0.00	0.00	33.00	21.60	54.60	269.40
22		1720 ELEMENTARY CAMPUS FEN	11/4/2005	SL / N/A	27.5000	12,000.00	0.00	0.00	3,052.00	436.36	3,488.36	8,511.64
23		1720 ELEMENTARY LOT IMPROVEME	11/28/2005	SL / N/A	27.5000	11,542.18	0.00	0.00	2,940.00	419.72	3,359.72	8,182.46
47		1720 ELEMENTARY LOT IMPROVEME	8/12/2009	SL / N/A	15.0000	3,600.00	0.00	0.00	720.00	240.00	960.00	2,640.00
48		1720 ELEMENTARY LOT IMPROVEME	8/12/2009	SL / N/A	15.0000	784.26	0.00	0.00	156.84	52.28	209.12	575.14
13		1720 ELEMENTARY LOT IMPROVEME	7/25/2005	SL / N/A	27.5000	30,415.05	0.00	0.00	8,848.00	1,106.00	9,954.00	20,461.05
30		1720 ELEMENTARY LOT IMPROVE	5/30/2007	SL / N/A	27.5000	5,508.41	0.00	0.00	1,200.00	200.31	1,400.31	4,108.10
36		1720 LANDSCAPE PROJECT	5/23/2008	SL / N/A	15.0000	7,257.00	0.00	0.00	2,420.00	483.80	2,903.80	4,353.20
42		1720 PLAYGROUND PAVEMENT	12/10/2008	SL / N/A	15.0000	20,807.80	0.00	0.00	5,548.00	1,387.19	6,935.19	13,872.61
49		1720 PLAYGROUND PAVEMENT	8/19/2009	SL / N/A	15.0000	24,060.00	0.00	0.00	4,678.33	1,604.00	6,282.33	17,777.67
43		1720 RETAINING WALL	6/17/2009	SL / N/A	15.0000	8,400.00	0.00	0.00	2,240.00	560.00	2,800.00	5,600.00
35		1720 SIDEWALK PROJECT	4/30/2008	SL / N/A	15.0000	20,548.73	0.00	0.00	6,850.00	1,369.92	8,219.92	12,328.81
77		1740 LOT IMPROV - FIRE HYDRANTS	10/15/2012	SL / N/A	15.0000	3,734.95	0.00	0.00	0.00	207.50	207.50	3,527.45
77		1740 LOT IMPROV - LANDSCAPE AND	9/10/2010	SL / N/A	15.0000	2,000.00	0.00	0.00	200.00	133.33	333.33	1,666.67

UMPQUA VALLEY CHRISTIAN SCHOOL [9213]
Depreciation Expense

93-0951533
08/01/2012 - 07/31/2013
Sorted: General - Type

Federal

08/01/2012 - 07/31/2013

Asset ID	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation	Adj. Basis
IMPROVEMENTS												
94		1830 DCP - BLDG IMPROVEMENTS	11/15/2012	SL / N/A	15.0000	6,050.82	0.00	0.00	0.00	302.54	302.54	5,748.28
75		1830 DCP - ELECTRICAL IMPROVEMENTS	3/31/2010	SL / N/A	39.0000	14,441.04	0.00	0.00	863.99	370.28	1,234.27	13,206.77
81		1830 DCP - ELECTRICAL UPGRADES	7/31/2011	SL / N/A	39.0000	4,332.00	0.00	0.00	116.00	111.08	227.08	4,104.92
94		1830 DCP - ELECTRICAL UPGRADES	9/1/2011	SL / N/A	15.0000	8,852.45	0.00	0.00	295.00	590.16	885.16	7,967.29
92		1830 DCP - HEATING & COOLING SYS	8/31/2011	SL / N/A	15.0000	26,250.00	0.00	0.00	875.00	1,750.00	2,625.00	23,625.00
93		1830 DCP - MINI-MART BLDG COVER	9/8/2011	SL / N/A	7.0000	389.18	0.00	0.00	28.00	55.60	83.60	305.58
Subtotal: IMPROVEMENTS						252,060.87	0.00	0.00	55,449.06	12,897.50	68,346.56	183,714.31
Less dispositions and exchanges:						0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net for: IMPROVEMENTS						252,060.87	0.00	0.00	55,449.06	12,897.50	68,346.56	183,714.31
LAND												
1		1700 LAND - ELEM CAMPUS	9/1/1995	No Calc / N	0.0000	31,393.00	0.00	0.00	0.00	0.00	0.00	31,393.00
55		1730 DEER CREEK PROPERTY-LAND	9/8/2009	No Calc / N	0.0000	180,000.00	0.00	0.00	0.00	0.00	0.00	180,000.00
Subtotal: LAND						211,393.00	0.00	0.00	0.00	0.00	0.00	211,393.00
Less dispositions and exchanges:						0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net for: LAND						211,393.00	0.00	0.00	0.00	0.00	0.00	211,393.00
OTHER - SOFTWARE												
65		1600 81 COMPUTER VIRUS PROTECTI	10/16/2009	SL / N/A	3.0000	1,360.00	0.00	0.00	1,284.43	75.57	1,360.00	0.00
66		1600 82 QUICKBOOKS PREMIER	3/15/2010	SL / N/A	3.0000	200.00	0.00	0.00	161.12	38.88	200.00	0.00
67		1600 83 WILCOMP SOFTWARE	6/22/2010	SL / N/A	3.0000	1,980.00	0.00	0.00	1,430.00	550.00	1,980.00	0.00
68		1600 84 SOFTWARE RENEWAL	10/7/2009	SL / N/A	3.0000	214.96	0.00	0.00	150.18	11.95	162.13	52.83
73		1600 89 BASEBALL SCOREKEEPING	4/1/2010	SL / N/A	3.0000	506.70	0.00	0.00	394.10	112.60	506.70	0.00
Subtotal: OTHER - SOFTWARE						4,261.66	0.00	0.00	3,419.83	789.00	4,208.83	52.83
Less dispositions and exchanges:						0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net for: OTHER - SOFTWARE						4,261.66	0.00	0.00	3,419.83	789.00	4,208.83	52.83
OTHER - VEHICLES												
3		1600 14 BUS - FORD COLLINS	11/21/2000	M / HY	5.0000	8,971.00	0.00	0.00	8,971.00	0.00	8,971.00	0.00
11		1600 23 2006 BLUEBIRD BUS #1 (SC01	5/25/2005	M / HY	5.0000	81,005.00	0.00	0.00	81,005.00	0.00	81,005.00	0.00
24		1600 40 2006 FORD BUS #3 (SC01250)	1/26/2006	M / HY	5.0000	52,466.00	0.00	0.00	52,466.00	0.00	52,466.00	0.00
46		1600 62 1995 BLUE BIRD BUS #5 (SC0	2/17/2010	SL / N/A	5.0000	14,500.00	0.00	0.00	7,007.00	2,900.00	9,907.00	4,593.00
Subtotal: OTHER - VEHICLES						156,942.00	0.00	0.00	149,449.00	2,900.00	152,349.00	4,593.00
Less dispositions and exchanges:						0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net for: OTHER - VEHICLES						156,942.00	0.00	0.00	149,449.00	2,900.00	152,349.00	4,593.00
Subtotal:						5,047,820.77	0.00	0.00	481,756.19	68,471.19	550,227.38	4,497,593.39
Less dispositions and exchanges:						0.00	0.00	0.00	0.00	0.00	0.00	0.00
Grand Totals:						5,047,820.77	0.00	0.00	481,756.19	68,471.19	550,227.38	4,497,593.39

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Enter filer's identifying number, see instructions	
Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or	
UMPQUA VALLEY CHRISTIAN SCHOOLS	93-0951533	
Number, street, and room or suite no. If a P.O. box, see instructions	Social security number (SSN)	
359 ROBERTS CREEK RD		
City, town or post office, state, and ZIP code. For a foreign address, see instructions		
ROSEBURG OR 97471		

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990 or Form 990-EZ	01
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **JULIE BANCROFT**
Telephone No. **541-679-6248** Fax No. **541-679-7053**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **JUNE 15**, 20 **14**.
- 5 For calendar year _____, or other tax year beginning **AUGUST 1**, 20 **12**, and ending **JULY 31**, 20 **13**.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO PREPARE AN ACCURATE RETURN**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶

Title ▶

Date ▶

Form **8868** (Rev. 1-2014)