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# **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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Open to Public Inspection

A For the 20	D12 calendar year, or tax year beginning OCT 1, 2012 and	ending :	SEP 30, 2013	
B Check if applicable	C Name of organization		D Employer identifi	cation number
Address	ROGUE VALLEY MANOR FOUNDATION, INC.		]	
X Name change	Doing Business As		93-0	712867
Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
Termin- ated Amended	1200 MIRA MAR AVENUE		<del> </del>	724-6424
return	City, town, or post office, state, and ZIP code		G Gross receipts \$	1,698,471.
tion pending	MEDFORD, OR 97504  F Name and address of principal officer MARC BAYLISS		H(a) Is this a group re	
	for affiliates? <b>H(b)</b> Are all affiliates in	Yes X No		
I Tay-evem	965 ELLENDALE DRIVE, MEDFORD, OR 97504 pt status		-1	list. (see instructions)
	► WWW.RETIREMENT.ORG	JI JZ	H(c) Group exemption	,
	ganization X Corporation Trust Association Other	L Year		M State of legal domicile: OR
	ummary	1		
1 Bri	efly describe the organization's mission or most significant activities ACQU	IRE, E	OLD, AND DI	STRIBUTE
	IFTS TO ROGUE VALLEY MANOR AND COMMUNITY			
2 Ch	eck this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net as:	sets
3 Nu	imber of voting members of the governing body (Part VI, line 1a)		3	5
	imber of independent voting members of the governing body (Part VI, line 1b)		4	5
.91	tal number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0
.₹ 6 To	tal number of volunteers (estimate if necessary)		6	339
7a 10	tal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
<b>D</b> Ne	et unrelated business taxable income from Form 990-T, line 34		Prior Year	
8 = Co	ուրյիսրերը բաժարգույանը art VIII), line 1h)		Prior Year 668,538.	470,020.
9 Pro	ogram-service revenue (Part, VIII, line 2g)		0.	270,020.
	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		84,486.	654,306.
11 201	her႔မွာများမှာ (Pert VIII (ထုပါများ) နဲ), lines 5, 6d, 8c, 9c, 10c, and 11e)		82,037.	86,992.
12 VID	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		835,061.	1,211,318.
	ants and similar amounts, paid (Part IX column (A), lines 1-3)		657,384.	476,340.
	enefits (Pald) to on the hours (Part IX, column (A), line 4)		0.	0.
رم 15 Sa	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		187,288.	182,492.
16a Pro	ofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b To	tal fundraising expenses (Part IX, column (D), line 25)	<u> </u>		644 050
''   ''	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	782,106.	611,972.
1	tal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>⊢</b>	<u>1,626,778.</u>	1,270,804.
	evenue less expenses. Subtract line 18 from line 12		<u>-791,717.</u>	-59,486.
ts or	tel consts (Port V. line 16)	<u>  B</u>	eginning of Current Year 11,104,805.	End of Year 11,609,601.
22.03	tal assets (Part X, line 16) tal liabilities (Part X, line 26)	<b>-</b>	267,454.	289,067.
	et assets or fund balances. Subtract line 21 from line 20	<b>-</b>	10,837,351.	11,320,534.
	Signature Block	I	20,007,0021	11/310/3311
	is of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is
	and complete. Declaration of preparer (other than officer) is based on all information of wh			,,,,,
	Man w Boyle		Aug	15 2014
Sign	Signature of officer		Date	
Here	MARC BAYLISS, CHAIRMAN OF THE BOARD			
	Type or print name and title		D	
	rint/Type preparer's name  RACY S. PAGLIA  Preparer Frequency  RACY S. PAGLIA		Date Check	PTIN
		1	8/13/14 self-employ	
	rm's name MOSS ADAMS LLP		Firm's EIN	91-0189318
Use Only   Fi	rm's address 3121 W MARCH LN, STE 100		^	00 OFF 6100
May the 100	STOCKTON, CA 95219-2303		Phone no. 2	09-955-6100
may the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No

Form	990 (2012) ROGUE VALLEY	MANOR FOUNDATION,	INC.	93-0712867	Page 2
Pai	t III Statement of Program Service Acc	-			
	Check if Schedule O contains a response to a	any question in this Part III			
1	Briefly describe the organization's mission	ALLEY MANOR BOIDER	N T T T T T T T T T T T T T T T T T T T	DAD TOU MILE	
	THE MISSION OF THE ROGUE V				
	QUALITY OF LIFE FOR MANOR ORGANIZATIONS, AND FOR OTH			BY AFFILIATE	<del></del>
	ORGANIZATIONS, AND FOR OTH	IN THE COMMON.	111.		
2	Did the organization undertake any significant progr	ram services during the year which	were not listed on		
_	the prior Form 990 or 990-EZ?	and control of the same year willow	,, or o more more on	Yes	X No
	If "Yes," describe these new services on Schedule (	О.	ı		
3	Did the organization cease conducting, or make sign	nificant changes in how it conducts	s, any program services	? Yes	X No
	If "Yes," describe these changes on Schedule O				
4	Describe the organization's program service accomp	plishments for each of its three larg	est program services, a	is measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are req	quired to report the amount of grant	ts and allocations to oth	ners, the total expenses, ar	nd
	revenue, if any, for each program service reported				
4a	(Code) (Expenses \$1,024,83				)
	GRANTS AND ALLOCATIONS / O	OUTLAYS ACCORDING	ro donors sp	ECIFIED	
	PURPOSES.				
					<del></del>
		<del></del> -			
			<del></del>		
					<del></del>
4b	(Code) (Expenses \$	including grants of \$	) (Re	venue \$	)
		<del></del>			
				<del></del>	
		<del></del>		<del></del>	<del></del>
				<del></del>	
4c	(Code) (Expenses \$	including grants of \$	) (Re	venue \$	)
			· · · · · · · · · · · · · · · · · · ·		
				<del></del>	
		<del></del>			
			<del></del>	<del></del>	
4d	Other program services (Describe in Schedule O)				
<b>→u</b>	(Expenses \$ including great	nts of \$	) (Revenue \$	١	
		,024,832.			
		· · · · · · · · · · · · · · · · · · ·		Form 9	90 (2012)
23200 12-10-					(=-·-/

			res	LNO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٠,
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	۱ ـ ۱		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		<u> </u>
Ŭ	Schedule D, Part III	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?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	_		<del></del> -
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	- 12		
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d	7.7	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X		х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	_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	1		7.5
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	$\rightarrow$	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	4.	v	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18	X	
	complete Schedule G, Part III	19	ŀ	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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37

X

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Note. All Form 990 filers are required to complete Schedule O

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

	990 (2012) ROGUE VALLEY MANOR FOUNDATION, INC. 93-0712	867	<u> </u>	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	- Check 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 2			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		L X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	зь		
	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		х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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		Х
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).			
а	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	Х	
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 2			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
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	<u> </u>	
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.			
а	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			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	لـــا	
		Form	990	(2012)

ROGUE VALLEY MANOR FOUNDATION, INC. 93-0712867 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 No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 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? X X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? 14 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 <u>15a</u> b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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 List the states with which a copy of this Form 990 is required to be filed ▶OR 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 X Upon request Other (explain in Schedule O) 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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

12-10-12

Form **990** (2012)

OR

97504

SHERI LOYA - 541-857-7644 965 ELLENDALE DRIVE, MEDFORD,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year,
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
   Enter -0- in columns (D), (E), and (F) if no compensation was paid
   List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Check this box if neither the organization (	(B)				<del></del>			(D)	(E)	(F)
Name and Title	Average	1		Pos	ition	1		Reportable	Reportable	Estimated
Name and The	hours per	(do	not c	heck i	more	than d	one nen	compensation	compensation	amount of
	week	offi	cer ar	nd a d	recto	r/trus	tee)	from	from related	other
	(list any	į						the	organizations	compensation
	hours for	dre			l	ъ		organization	(W-2/1099-MISC)	from the
	related	ee or	ıstee		l	nsate		(W-2/1099-MISC)	`	organization
	organizations	individual trustee or director	institutional trustee		Key employee	Highest compensated employee				and related
	below	lg na	t tie	5	Ē	est c loyee	.ec			organizations
	line)	lg l	Insti	ОЯІСВІ	Key	E g	Former			
(1) PHYLLIS SKINNER	1.00									
DIRECTOR (THRU 9/2013)		X						0.	0.	0.
(2) RON MCCUNE	1.00									
TREASURER		X		Х				0.	0.	0.
(3) JASON BROESDER	1.00					П				
DIRECTOR		X				1		0.	0.	0.
(4) FAYE HUTCHINGS	1.00							1		
SECRETARY (THRU 9/2013)		x		х				0.	0.	0.
(5) MARC BAYLISS	1.00					T				
CHAIR		X		х				0.	0.	0.
(6) ELLEN WALDMAN	1.00	<del> </del>	$\vdash$	_	-					
DIRECTOR/SECRETARY (AS OF 11/2013)	1	x		x	i			0.	0.	0.
(7) TIM BROPHY	1.00	<del>  ^</del>	$\vdash$		_	-	-	•		
DIRECTOR	1.00	x			l			l o.	0.	0.
	<del> </del>	^	┝		_	-	_	0.	0.	<u> </u>
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Form 990 (2012)

Form 990 (2012) ROGUE VALLEY MANOR FOUNDATION, INC. 93-0712867 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D)
Revenue excluded from tax under sections 512, 513, or 514 (C) Unrelated (B) Related or Total revenue exempt function business revenue revenue 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1a 1b **b** Membership dues 317,133 c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 152,887 similar amounts not included above 190,053. Noncash contributions included in lines 1a-1f \$ 470,020. h Total. Add lines 1a-1f Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 240,248. 240,248. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 779,500. assets other than inventory b Less cost or other basis 365,442 and sales expenses 414,058. c Gain or (loss) 414,058. 414,058. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 317,133. of contributions reported on line 1c) See a208,703Part IV, line 18 ь121,711. b Less direct expenses 86,992. 86,992. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See

> $\triangleright$  1,211,318. 0.

**Business Code** 

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions.

Part IV, line 19 b Less direct expenses

and allowances b Less cost of goods sold

11 a

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c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns

c Net income or (loss) from sales of inventory Miscellaneous Revenue

741,298.

Form 990 (2012)

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 (B) (A) Do not include amounts reported on lines 6b. Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII expenses general expenses expenses Grants and other assistance to governments and 403,661 403,661. organizations in the United States. See Part IV, line 21 2 Grants and other assistance to individuals in 72,679. 72,679. the United States See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 154,121. 154,121. Pension plan accruals and contributions (include 11,967 11,967. section 401(k) and 403(b) employer contributions) 5,270. 5,270. Other employee benefits 11,134. 11,134. 10 Payroll taxes Fees for services (non-employees) 11 a Management 6,238. 6,238. b Legal 1,700. 1,700. C Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 36,819. 36,819. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 2,603. 2,603. 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 1,342. 1,342. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 25. 25. 19 Conferences, conventions, and meetings 20 Payments to affiliates 21 4,100. 4,100. 22 Depreciation, depletion, and amortization 7,570. 7,570.23 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.) 536,822. 536,822. PROGRAM FUND EXPENSES **b FACILITY SERVICE EXPENS** 14,753. 14,753 c d e All other expenses 1,270,804. 1,024,832. 245,972 25 Total functional expenses. Add lines 1 through 24e 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

232010 12-10-12

ıf following SOP 98-2 (ASC 958-720)

Check here

Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) Beginning of year (B) End of year 178,498. 452,419. Cash - non-interest-bearing 321,297. 234,809. Savings and temporary cash investments 2 2 55,228. 9,024. Pledges and grants receivable, net 3 3 3,631. 14,984. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 Inventories for sale or use 8 17,775. 4,435. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 30,962. basis. Complete Part VI of Schedule D 10a 21,601. 13,461. 9,361. b Less accumulated depreciation 10b 10c 10,240,994. 11,158,490. 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV. line 11 15 15 11,104,805. 11,609,601. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 216,655. 223,964. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities 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 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of 43,490. 72,412. Schedule D 25 267,454. 289,067. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. or Fund Balances 5,525,935. 6,326,223. 27 Unrestricted net assets 27 3,944,714. 28 3,630,011. 28 Temporarily restricted net assets 1,366,702. 1,364,300. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Assets 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 že 10,837,351. 11,320,534. 33 33 Total net assets or fund balances 11,104,805. 11,609,601. Total liabilities and net assets/fund balances 34

Form 990 (2012)

	990 (2012) ROGUE VALLEY MANOR FOUNDATION, INC.	93-	07128	67	Pag	<sub>le</sub> 12
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u> 211</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> </u>	270		
3	Revenue less expenses Subtract line 2 from line 1	3			, 48	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> </u>	837		
5	Net unrealized gains (losses) on investments	5		588	<u>, 8'</u>	<u>73.</u>
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		-46	5,20	<u>)4.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		_			
	column (B))	10	11,	320	),5:	<u>34.</u>
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	)	l			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	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?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,	]			
	consolidated basis, or both		1	ı		İ
	Separate basis Consolidated basis X Both consolidated and separate basis		1	ŀ		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,		ŀ	ļ	
	review, or compilation of its financial statements and selection of an independent accountant?		1	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	dule O.	1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	jle Aud	ıt			
	Act and OMB Circular A-133?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audr	t	Į	1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	1	
				Form	990 (	(2012)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **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

CCITE VALLEY MANOR FOUNDATION THE 93-0712867

ROGUE VALLEY MANOR FOUNDATION. 93-0712867 Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 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). 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? a 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? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col in col. (i) listed in your organization in col. (described on lines 1-9 organization (i) organized in the U.S.? support (i) of your support? above or IRC section governing document? (see instructions)) Yes Yes No Yes No No

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12 Schedule A (Form 990 or 990-EZ) 2012 ROGUE VALLEY MANOR FOUNDATION, INC. 93-0712867 Page 2

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	tion 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 ")	1361977.	1214017.	1015028.	668,538.	470,020.	4729580.
2	Tax revenues levied for the organ-						
	ization'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	4244					
4	Total. Add lines 1 through 3	1361977.	1214017.	1015028.	668,538.	470,020.	4729580.
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,						455 000
	column (f)						475,933.
	Public support, Subtract line 5 from line 4					I	4253647.
		(=) 2002	(h) 2000	(=) 2010	(-1) 0011	(=) 0010	(D Total
	ndar year (or fiscal year beginning in)	(a) 2008 1361977.	(b) 2009 1214017.	(c) 2010 1015028.	(d) 2011 668, 538.	(e) 2012 470,020.	(f) Total 4729580.
_	Gross income from interest,	1301377.	1214017.	1013020.	000,330.	470,020.	4725500.
8	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	68,059.	218,677.	236,376.	271,196.	240,248.	1034556.
۵	Net income from unrelated business	00,0331	210,0777	230,3701	272,2301	210,2100	
•	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						5764136.
	Gross receipts from related activities,	etc (see instruction	ns)			12 1	,070,143.
	First five years. If the Form 990 is for	•	=	d, fourth, or fifth ta	x year as a section		· · · · · · · · · · · · · · · · · · ·
	organization, check this box and stop	here					▶□_
Sec	ction C. Computation of Publi	c Support Per	centage				-
14	Public support percentage for 2012 (	ıne 6, column (f) dı	vided by line 11, c	olumn (f))		14	73.80 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	62.07 <u>%</u>
16a	33 1/3% support test - 2012. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright X$
t	33 1/3% support test - 2011. If the o	•		•	line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization qual						▶∟
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the "fac					rt IV how the organ	iization
	meets the "facts-and-circumstances"	-			•		▶□
t	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						·
40	organization meets the "facts-and-circ		-	•			
<u> 18</u>	Private foundation. If the organization	n did not check a	oox on line 13, 16	a, 100, 1/a, or 17b		<del>-</del>	
					Sche	dule A (Form 990	or 990-EZ) 2012

# 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)

Sec	tion A. Public Support		<u> </u>				
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						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-	,			ļ		
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that				<del></del>	<u> </u>	
Ů	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-				<del>                                     </del>		
_	zation's benefit and either paid to		İ				
	or expended on its behalf						
_	•						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge			<del></del>			
	Total. Add lines 1 through 5	<u> </u>					
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
0	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the		i				
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)				İ		
	ction B. Total Support				· · · · · · · · · · · · · · · · · · ·		<del></del>
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
-	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				ļ		
	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				<u> </u>		
12		1					
	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	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	1 501(c)(3) organiza	tion,
	check this box and stop here						▶□
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2012 (	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	%
	Public support percentage from 2011					16	%
Sec	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	)12 (line 10c, colur	nn (f) divided by lin	e 13, column (f))		17	%
18	Investment income percentage from :	<b>2011</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2012. If the	organization did n	ot check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 17	' is not
	more than 33 1/3%, check this box ar						ightharpoons
b	33 1/3% support tests - 2011. If the	•		• •	• • •		nd
	line 18 is not more than 33 1/3%, che	-			· ·	•	▶□
20	Private foundation. If the organization		-	•		=	▶□
	3 12-04-12					edule A (Form 99)	) or 990 E7) 2012

# **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.

2012
Open to Public Inspection

Name of the organization **Employer identification number** ROGUE VALLEY MANOR FOUNDATION, 93-0712867 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 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) □ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year -Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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 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)? 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. 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 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

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			R FOUNDATIO				<u>93-07</u>		Page 2
Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, o	Other	Simila	r Assets	(continu	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the f	ollowing that	are a sig	nıficant u	se of its c	ollection it	ems
	(check all that apply)								
а	Public exhibition	d	Loan or excl	hange progra	ams				
ь	Scholarly research	•		• . •					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	e organizatio	n's exem	odrug tai	se in Part	XIII	
5	During the year, did the organization solicit or	•	•	-					
•	to be sold to raise funds rather than to be ma			•				Yes	☐ No
Par	t IV Escrow and Custodial Arrang				'Yes" to F	orm 990	Part IV II		110
	reported an amount on Form 990, Par		oro ii aro organization			C/11/1 CCC	,	,	
	Is the organization an agent, trustee, custodia	an or other intermed	lary for contributions	or other ass	ets not in	ocluded		_	
	on Form 990, Part X?	an or other intermed	mary for correlations	or outer as:		loluded		Yes	☐ No
<b>.</b>	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table				_	] 163	
	ii res, explain the arrangement in Fart Alli t	and complete the lo	nowing table					Amount	
_	Pogunana balanga					1		Amount	
C	Beginning balance					1c			
ū	Additions during the year					1d		_	
e	Distributions during the year					1e			
f	Ending balance		0.10			_1f		7	<del></del>
	Did the organization include an amount on Fo							」 Yes	No ا
	If "Yes," explain the arrangement in Part XIII.								<u> </u>
Pal	t V Endowment Funds. Complete								
		(a) Current year	(b) Prior year	(c) Two year		(d) Three y		(e) Four y	
1a	Beginning of year balance	1,366,702.	1,366,512.	1,37	3,663.	1,3	82,813.		41,325.
b	Contributions	1,031.	50.				610.		85,710.
С	Net investment earnings, gains, and losses	-3,433.	140.		,648.		-9,760.		44,222.
d	Grants or scholarships				2,503.				
e	Other expenditures for facilities				1				
	and programs								
f	Administrative expenses								
g	End of year balance	1,364,300.	1,366,702.	1,360	5,512.	1,3	73,663.	1,3	82,813.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a)	) held as					
а	Board designated or quasi-endowment	.00	%						
b	Permanent endowment ▶ _100.00	%							
С	Temporarily restricted endowment ▶	.00 %							
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held an	d administer	ed for the	e organiza	ation		
	by					•			es No
	(i) unrelated organizations								X
	(ii) related organizations							3a(ii)	<u> </u>
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	•							
Pa	t VI Land, Buildings, and Equipm						-		
	Description of property	(a) Cost or o		or other	(c) Ac	cumulate	ed	(d) Book	/alue
		basis (investr		(other)		reciation		,_,	
12	Land	<del>-   `</del>			<u> </u>				
	Buildings						<del>-  </del>		
	Leasehold improvements						<del>                                     </del>		
	Equipment		3	0,962.		21,6	01.	9	,361.
	Other			- , - O L •					, , , , .
	I. Add lines 1a through 1e (Column (d) must e	gual Form 990 Post	Y column (P) time 10		-			9	,361.

Chedule D (Form 990) 2012 ROGUE VALLE Part VII Investments - Other Securities. S	EY MANOR FOU	JNDATION, INC.	93	3-0712867 Page
(a) Description of security or category (including name of security)	(b) Book value	<del></del>	lluation Cost or en	d-of-year market value
Financial derivatives	\(\(\alpha\)	(0)	_	
Closely-held equity interests	-			
Other				
(A)				
(B)				<del></del>
	<del></del>	<del></del>		
(C)	<del> </del>	<del></del>	<del> </del>	<del> </del>
(D)	<del> </del>	<del></del>		<del></del>
(E)	+	<del></del>		
<u>(F)</u>	<del> </del>			
(G)	<del> </del>			<del>- · -</del> - · · · · · · · · · · · · · · · ·
(H)	<del></del>	<del></del>		
0	<del>                                       </del>			
etal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			·	
Part VIII Investments - Program Related.			histon Cost or on	d of year market yelye
(a) Description of investment type	(b) Book value	(c) Method of Va	uuation Cost or en	d-of-year market value
(1)	<del></del>			
(2)	<del></del>			
(3)				
(4)	<u> </u>			
(5)	<del></del>			
(6)				
(7)				
(8)				
(9)				
(10)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•			
Part IX Other Assets. See Form 990, Part X, lin	e 15			
(a	) Description			(b) Book value
(1)				
(2)				
(3)				
(4)		· · · · · · · · · · · · · · · · · · ·		
(5)			-	·
(6)	<del>-</del>			
(7)				
(8)			-	
(9)				
(10)		<u> </u>		<del>                                     </del>
otal. (Column (b) must equal Form 990, Part X, col. (B) lir Part X Other Liabilities. See Form 990, Part X	<u>16 15.)</u>			` <b>L</b>
(a) Description of liability	., ime 25	(b) Book value	<del></del>	
<u> </u>		(b) DOOK VAILE		
(1) Federal income taxes		70 410		
(2) DUE TO AFFILIATES		72,412.		
(2) DUE TO AFFILIATES (3)		72,412.		
(2) DUE TO AFFILIATES		72,412.		
(2) DUE TO AFFILIATES (3)		72,412.		
(2) DUE TO AFFILIATES (3) (4)		72,412.		
(2) DUE TO AFFILIATES (3) (4) (5)		72,412.		
(2) DUE TO AFFILIATES (3) (4) (5) (6)		72,412.		
(2) DUE TO AFFILIATES (3) (4) (5) (6) (7)		72,412.		
(2) DUE TO AFFILIATES (3) (4) (5) (6) (7) (8) (9)		72,412.		
(2) DUE TO AFFILIATES (3) (4) (5) (6) (7) (8) (9) (10)		72,412.		
(2) DUE TO AFFILIATES (3) (4) (5) (6) (7) (8) (9) (10)	20.25			
(2) DUE TO AFFILIATES (3) (4) (5) (6) (7) (8) (9) (10)		72,412.	statements that rem	orts the organization's

Sche	dule D (Form 990) 2012 ROGUE VALLEY MANOR FOUNDATION				0712867	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts Wi	th Revenue per Re	turn	- " -	
1	Total revenue, gains, and other support per audited financial statements			1	1,717,	168.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			i l		
а	Net unrealized gains on investments	2a	588,873.		-	
b	Donated services and use of facilities	<u>2b</u>				
c	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	<u>2d</u>				
е	Add lines 2a through 2d			2e	588,	<u>873.</u>
3	Subtract line 2e from line 1			3	1,128,	<u> 295.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	36,819.			
b	Other (Describe in Part XIII )	4b	46,204.			
C	Add lines 4a and 4b			4c	83,	023.
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,211,	<u>318.</u>
Par	t XII   Reconciliation of Expenses per Audited Financial Statemer	its W	ith Expenses per F	letur		
1	Total expenses and losses per audited financial statements			1	<u>1,233,</u>	<u>985.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		•		İ	
а	Donated services and use of facilities	2a				
b	Prior year adjustments	_2b				
C	Other losses	2c				
d	Other (Describe in Part XIII )	2d	<u>-</u>			
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,233,	<u>985.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		•			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	36,819.			
b	Other (Describe in Part XIII.)	4b				
C	Add lines 4a and 4b			4c		819.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)	_		5	1,270,	804.
Par	t XIII Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,				b, Part V, line 4,	Part
	e 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to p					
PAF	T V, LINE 4: THE FOUNDATION'S ENDOWMENT CON	ISIS	TS OF VARIOU	<u>s</u>		
INL	IVIDUAL FUNDS ESTABLISHED FOR VARIOUS PURPO	SES	•			
PAR	T X, LINE 2: THE FOUNDATION RECOGNIZES THE	TAX	BENEFIT FRO	<u>M</u>		
ÜNC	ERTAIN TAX POSITIONS ONLY IF IT IS MORE LIK	ELY	THAN NOT TH	AT :	THE TAX	
	THIONG BB GUGHLEVER OU BULLEVE OU					
FO2	ITIONS WILL BE SUSTAINED ON EXAMINATION BY	THE	TAX AUTHORI	TIE	s, BASED	
740	MUD MEGUNICAL MEDING OF MUSE ROCETATOR		DENIE			
ON	THE TECHNICAL MERITS OF THE POSITION. THE T	'AX	BENEFIT IS M	EAS	JKED BAS	ED
OP.	MUE INDOEGM DENIERTM MINM INC & CREAMER MINN	, ,,	<b>4</b> 1 TWD1 TWAAN	^ <del>-</del>	DETYC	
OIA	THE LARGEST BENEFIT THAT HAS A GREATER THAN	ı DÜ	<b>₽ PIVEPIHOOD</b>	OĽ.	DETNG	

Schedule D (Form 990) 2012 ROGUE VALLEY MANOR FOUNDATION, INC. 93-0712867 Page 5  Part XIII Supplemental Information (continued)
Supplemental Information (continued)
REALIZED UPON ULTIMATE SETTLEMENT. THE FOUNDATION RECOGNIZES INTEREST AND
PENALTIES RELATED TO INCOME TAX MATTERS IN OPERATING EXPENSES. AT
SEPTEMBER 30, 2013 AND 2012, THERE WERE NO SUCH UNCERTAIN TAX POSITIONS.
PART_XI, LINE 4B - OTHER ADJUSTMENTS:
ACTUARIAL CHANGE ON GIFT ANNUITIES RECEIVABLE 46,204.

### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

2012

Open To Public Inspection

Name of the organization ROGUE V	ALLEY MANOR FOUNDAY	TION	<b>J</b> . :	INC.		Employer ide	ntification number 867
	Complete if the organization answe				ne 17		
Indicate whether the organization rais	sed funds through any of the followin  e Solicitat  f Solicitat  g Special  or oral agreement with any individual art VII) or entity in connection with prividuals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover using ling of onal fi	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cr or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			-				
			-			-	
Total  3 List all states in which the organizatio or licensing	n is registered or licensed to solicit c	ontribi	utions	or has been notified	ıt ıs e	exempt from reg	gistration
						-	
				·-			

232081 01-07-13

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

Schedule G (Form 990 or 990-EZ) 2012

Sch	edul	e G (Form 990 or 990-EZ) 2012 ROGUE V	ALLEY MANOR	FOUNDATION, I		0712867 Page 2
Pa	rt I		•		•	
		of fundraising event contributions and gro	,		<del></del>	s greater than \$5,000
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF	BIG SALE		(add col. (a) through
			TOURNAMENT	AUCTION	1	col (c))
			(event type)	(event type)	(total number)	
Revenue						
eve	1	Gross receipts	145,730.	311,799.	68,307.	525,836.
æ		•	-			
	2	Less Contributions	127,080.	155,899.	34,154.	317,133.
	_					
	3	Gross income (line 1 minus line 2)	18,650.	155,900.	34,153.	208,703.
	3	Gross income (international inter)	10,0301	23373001	31,133.	200,703.
		Oach awar				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses						
ĕ	6	Rent/facility costs				
Ř				~		
ಕ್ಷ	7	Food and beverages				
Ę		-				
_	8	Entertainment		-		
	9	Other direct expenses	44,435.	74,969.	2,307.	121,711.
		Direct expense summary Add lines 4 through				( 121,711.)
		Net income summary. Combine line 3, colum	` '			86,992.
Pa	irt i	Gaming. Complete if the organization		990 Part IV line 19 or re	eported more than	00/3321
		G. Donnproton uno organization				
		\$15,000 on Form 990-FZ, line 6a			,	
		\$15,000 on Form 990-EZ, line 6a	ı	(b) Pull tahe/instant		(d) Total gaming (add
e e		\$15,000 on Form 990-EZ, line 6a	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enne/		\$15,000 on Form 990-EZ, line 6a	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo		(d) Total gaming (add col (a) through col (c))
Revenue			(a) Bingo	1 ' '		
Revenue	1	\$15,000 on Form 990-EZ, line 6a  Gross revenue	(a) Bingo	1 ' '		
Revenue	1		(a) Bingo	1 ' '		, , ,
	1		(a) Bingo	1 ' '		, , ,
	1	Gross revenue	(a) Bingo	1 ' '		
	1	Gross revenue	(a) Bingo	1 ' '		, , ,
	2	Gross revenue  Cash prizes	(a) Bingo	1 ' '		, , ,
	2	Gross revenue  Cash prizes	(a) Bingo	1 ' '		, , ,
Direct Expenses Revenue	2	Gross revenue  Cash prizes  Noncash prizes	(a) Bingo	1 ' '		
	2 3 4	Gross revenue  Cash prizes  Noncash prizes	(a) Bingo	1 ' '		
	2 3 4	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs		bingo/progressive bingo	(c) Other gaming	
-	2 3 4 5	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses		bingo/progressive bingo	(c) Other gaming	, , ,
-	2 3 4	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs		bingo/progressive bingo	(c) Other gaming	, , ,
-	3 4 5	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor		bingo/progressive bingo	(c) Other gaming	, , ,
-	2 3 4 5	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses		bingo/progressive bingo	(c) Other gaming	
-	2 3 4 5	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes% No	bingo/progressive bingo	(c) Other gaming	, , ,
-	3 4 5	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes% No	bingo/progressive bingo	(c) Other gaming	
Direct Expenses	2 3 4 5 6 7 8	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes% No 15 in column (d) 1, column d, and line 7	bingo/progressive bingo	(c) Other gaming	
Direct Expenses	2 3 4 5 6 7 8	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes% No 15 in column (d) 1, column d, and line 7	bingo/progressive bingo	(c) Other gaming	
<b>o</b> Direct Expenses	2 3 4 5 6 7 8	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes%  No  15 in column (d)  1, column d, and line 7  tes gaming activities	Yes% No	(c) Other gaming	
b 6 Direct Expenses	2 3 4 5 6 7 8 En Ist	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Combine line 1  ter the state(s) in which the organization operation.	Yes% No  15 in column (d) 1, column d, and line 7 tes gaming activities ctivities in each of these s	Yes% No	(c) Other gaming	col (a) through col (c))
b 6 Direct Expenses	2 3 4 5 6 7 8 En Ist	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Combine line 1  ter the state(s) in which the organization operation of the organization licensed to operate gaming actine.	Yes% No  15 in column (d) 1, column d, and line 7 tes gaming activities ctivities in each of these s	Yes% No	(c) Other gaming	col (a) through col (c))
b 6 Direct Expenses	2 3 4 5 6 7 8 En Ist	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Combine line 1  ter the state(s) in which the organization operation of the organization licensed to operate gaming actine.	Yes% No  15 in column (d) 1, column d, and line 7 tes gaming activities ctivities in each of these s	Yes% No	(c) Other gaming	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 En ls ls lf "	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Combine line 1  ter the state(s) in which the organization operate organization licensed to operate gaming active.	Yes % No  15 in column (d)  1, column d, and line 7  tes gaming activities trivities in each of these s	yes % No	(c) Other gaming  Yes%  No	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 En ls lf "	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Combine line 1  ter the state(s) in which the organization operation of the organization licensed to operate gaming actine.	Yes % No  15 in column (d)  1, column d, and line 7  tes gaming activities trivities in each of these services are each of these services.	yes % No	(c) Other gaming  Yes%  No	col (a) through col (c))

232082 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

Schedule G (Form 990 or 990-EZ) 2012 ROGUE VALLEY MANOR FOUNDATION, INC. 93-	<u>·0712867                                    </u>	Page 3
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>b</b> If "Yes," enter the amount of gaming revenue received by the organization <b>\rightarrow</b> \$ 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 > \$		
<del></del>		
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 (ii	i) and (v), and Par	t III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	n (see instruction	s)
	<u></u>	
		_
	<del></del>	
	<del></del>	
· · · · · · · · · · · · · · · · · · ·		
200000 04 07 40		
232083 01-07-13 Schedule G (For	rm 990 or 990-EZ	1120112

<u>\$</u> Schedule I (Form 990) (2012) **Employer identification number** 93-0712867 RESIDENT PROGRAM SUPPORT Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes 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 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 (g) Description of non-cash assistance ROPERTY AND RQUIPMENT (f) Method of valuation (book, FMV, appraisal, other) PURCHASE PRICE Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, 71,599. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (d) Amount of cash grant 332,062. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ROGUE VALLEY MANOR FOUNDATION, INC. (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 93-0453216 501(C)(3) Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government ROGUE VALLEY MANOR, INC. 965 ELLENDALE DRIVE Name of the organization MEDFORD, OR 97501 Department of the Treasury Internal Revenue Service **SCHEDULE 1** (Form 990) Part Part II

93-0712867 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. ROGUE VALLEY MANOR FOUNDATION, INC. Schedule I (Form 990) (2012)

Part III Grants and Other

Page 2

(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
SCHOLARSHIPS	84	72,679.	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.	de the information	required in Part I, Ii	ne 2, Part III, columr	(b), and any other additional info	rmation.
SCHEDULE I, PART I, LINE 2: THE USE	OF	GRANT FUNDS IS	IS MONITORED BY	BY THE	
BOARD OF DIRECTORS AND IS REVIEWED QUARTERLY	QUARTERL	FOR	PROPRIETY.		
			:		

Schedule I (Form 990) (2012)

# SCHEDULE M (Form 990)

# **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

ROGUE VALLEY MANOR FOUNDATION, INC.

Employer identification number 93-0712867

Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts report Form 990, Part VII	ted on	Method of noncash contr			s
1	Art - Works of art		torrio corrario de Ca	OIIII SSS. F GIL VII	II. III.O 19				
2	Art - Historical treasures		<del></del>			<del></del>			
3	Art - Fractional interests			· · · · · · · · · · · · · · · · · · ·					
4	Books and publications								
5	Clothing and household goods	Х		190,0	053.	APPRAISED	VALU	E	
6	Cars and other vehicles								
7	Boats and planes			<u> </u>					
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock	_							
11	Securities - Partnership, LLC, or						*		
	trust interests								
12	Securities - Miscellaneous		[						
13	Qualified conservation contribution -			1					
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens		<u> </u>						
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
<u>28</u>	Other (		<u> </u>						
29	Number of Forms 8283 received by the organiz		•						
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowledg	gement (	29			4	
00.	Down a the constant of the con			and also David Liver	- 1 00 45 -			Yes	No
30a	During the year, did the organization receive by								
	at least three years from the date of the initial of	contribution,	and which is not i	equirea to be usea	i for exem	pt purposes for	00-		Х
	the entire holding period?						30a		<u> </u>
	If "Yes," describe the arrangement in Part II	alion that re	an urae tha remove	of any non standar	d oontribii	tions?		l ູ ∣	İ
31	Does the organization have a gift acceptance p	-	-	-		uons/	31	<u> </u>	$\vdash$
<i></i> 3∠a	Does the organization hire or use third parties of contributions?	or related of	ganizations to soll	uit, process, or sell	noncash		20-	x	ĺ
<b>L</b>	If "Yes," describe in Part II						32a	<u> </u>	$\vdash$
	·	column (a) f	or a type of proper	ty for which column	n (a) is cha	ackad			
33	If the organization did not report an amount in describe in Part II	column (c) T	or a type or proper	ty for writeri colum!	ii (a) is che	zuneu,			ĺ
	GOSONDE III I GIL II								

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Schedule M (Form 990) (2012)

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232142 12-20-12

Schedule M (Form 990) (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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ROGUE VALLEY MANOR FOUNDATION, INC.

**Employer identification number** 93-0712867

FORM 990, PART VI, SECTION A, LINE 3: ROGUE VALLEY MANOR FOUNDATION, INC. DELEGATES MANAGEMENT TO ROGUE VALLEY MANOR. FORM 990, PART VI, SECTION A, LINE 4: THE BYLAWS AND ARTICLES OF THE ORGANIZATION WERE CHANGED DURING THE YEAR TO TRANSFER THE SOLE CORPORATE MEMBERSHIP AND CONTROL FROM PACIFIC RETIREMENT SERVICES, INC. (PRS) TO ROGUE VALLEY MANOR (RVM). FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS ONE MEMBER, ROGUE VALLEY MANOR. FORM 990, PART VI, SECTION A, LINE 7A: ROGUE VALLEY MANOR HAS THE RIGHT TO ELECT FOUNDATION DIRECTORS FROM NOMINEES SELECTED BY THE FOUNDATION BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7B: SOME DECISIONS OF THE BOARD ARE SUBJECT TO APROVAL BY ROGUE VALLEY MANOR AS DESCRIBED IN ARTICLE I, SECTION 4 OF THE ORGANIZATION'S BYLAWS. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS CURRENTLY BEING REVIEWED BY THE CFO, ASSISTANT CONTROLLER AND THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY AND QUESTIONNAIRE ARE SENT TO ALL BOARD MEMBERS AND KEY EMPLOYEES ANNUALLY. THERE ARE TWO POLICIES RELATED TO CONFLICTS OF INTEREST: 1) BOARD OF 2) KEY EMPLOYEES, WHICH IDENTIFY THE PURPOSE, DEFINITIONS, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012) 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization ROGUE VALLEY MANOR FOUNDATION, INC.	Employer identification number 93-0712867
PROCEDURES. IF A CONFLICT IS SELF-IDENTIFIED BY A BOARD ME	MBER OR KEY
EMPLOYEE IN THE QUESTIONNAIRE AND/OR MEETING, PROCEDURES A	RE FOLLOWED AND
DOCUMENTED ACCORDING TO THE POLICY.	
FORM 990, PART VI, SECTION C, LINE 19: ALL REQUESTS GO THR	OUGH THE
CORPORATE COUNSEL.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ACTUARIAL CHANGE ON GIFT ANNUTIES RECEIVABLE	-46,204.

SCHEDULE R

Department of the Treasury Internal Revenue Service (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990.

INC.

ROGUE VALLEY MANOR FOUNDATION,

2012 Open to Public Inspection

OMB No 1545-0047

Employer identification number 93-0712867

Direct controlling

End-of-year assets <u>e</u> Total income € Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) Primary activity <u>a</u> Name, address, and EIN (if applicable) of disregarded entity Part

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part II

(a)	(q)	(0)	(p)	(e)	<b>(</b> 2)	(g)	25.75
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	(cı)(a)
of related organization		foreign country)	section	status (if section	entity	entity?	0
				501(c)(3))		Yes	No.
ROGUE VALLEY MANOR - 93-0453216					PACIFIC		
965 ELLENDALE DRIVE					RETIREMENT		
MEDFORD, OR 97504	SENIOR HOUSING	DREGON	501(C)(3)	LINE 9	SERVICES, INC.		×
RVM HOUSING CORPORATION - 93-0864466							
965 ELLENDALE DRIVE					ROGUE VALLEY		
MEDFORD, OR 97504	SENIOR HOUSING	DREGON	501(C)(3)	LINE 9	MANOR		X
RVM ASHLAND HOUSING CORPORATION - 93-0942933							
965 ELLENDALE DRIVE					ROGUE VALLEY	_	
MEDFORD, OR 97504	SENIOR HOUSING	OREGON	501(C)(3)	LINE 9	MANOR		×
RVM GRANTS PASS HOUSING CORPORATION -							
94-3136037, 965 ELLENDALE DRIVE, MEDFORD, OR					ROGUE VALLEY		
97504	SENIOR HOUSING	DREGON	501(C)(3)	LINE 9	MANOR		X
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	is for Form 990.				Schedule R (Form 990) 2012	orm 990)	2012

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Schedule R (Form 990) ROGUE VA

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(c)	(p)	(e)	(c)	(g) Section 512(b)(13)	2(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	controlled organization?	lled tron?
				501(c)(3))		Yes	N <sub>o</sub>
RVM ROSEBURG HOUSING CORPORATION -							
94-3179782, 965 ELLENDALE DRIVE, MEDFORD, OR					ROGUE VALLEY		
97504	SENIOR HOUSING	OREGON	501(C)(3)	LINE 9	MANOR		×
RVM MYRTLE CREEK HOUSING CORPORATION -							
94-3162074, 965 ELLENDALE DRIVE, MEDPORD, OR				-	ROGUE VALLEY		
97504	SENIOR HOUSING	OREGON	501(C)(3)	LINE 9	MANOR		×
RVM BEND HOUSING CORPORATION - 94-3163349							
965 ELLENDALE DRIVE					ROGUE VALLEY		
MEDFORD, OR 97504	SENIOR HOUSING	OREGON	501(C)(3)	LINE 9	MANOR		×
RVM FORT WORTH I HOUSING CORPORATION -	=						
31-1520436, 965 ELLENDALE DRIVE, MEDFORD, OR					ROGUE VALLEY		
97504	SENIOR HOUSING	TEXAS	501(C)(3)	LINE 9	MANOR		×
RVM FORT WORTH II HOUSING CORPORATION -							
31-1587415, 965 ELLENDALE DRIVE, MEDFORD, OR					ROGUE VALLEY		
97504	SENIOR HOUSING	TEXAS	501(C)(3)	LINE 9	MANOR		×
RVM MEDFORD III HOUSING CORPORATION -							
31-1587418, 965 ELLENDALE DRIVE, MEDFORD, OR					ROGUE VALLEY		
97504	SENIOR HOUSING	OREGON	501(C)(3)	LINE 9	MANOR		×
RVM ROSEBURG II HOUSING CORPORATION -							
31-1587420, 965 ELLENDALE DRIVE, MEDFORD, OR					ROGUE VALLEY		
97504	SENIOR HOUSING	OREGON	501(C)(3)	LINE 9	MANOR		×
RVM GRANTS PASS II HOUSING CORPORATION -							
31-1662259, 965 ELLENDALE DRIVE, MEDFORD, OR				•	ROGUE VALLEY		
97504	SENIOR HOUSING	OREGON	501(C)(3)	LINE 9	MANOR	_	×
RVM DAVIS HOUSING CORPORATION - 31-1662208							
965 ELLENDALE DRIVE					ROGUE VALLEY		
MEDFORD, OR 97504	SENIOR HOUSING	CALIFORNIA	501(C)(3)	LINE 9	MANOR		×
RVM MYRTLE CREEK II HOUSING CORPORATION -							
31-1715321, 965 ELLENDALE DRIVE, MEDFORD, OR					ROGUE VALLEY		
97504	SENIOR HOUSING	OREGON	501(C)(3)	LINE 9	MANOR		×
RVM PORTLAND HOUSING CORPORATION -							
31-1780332, 965 ELLENDALE DRIVE, MEDFORD, OR					ROGUE VALLEY		
97504	SENIOR HOUSING	OREGON	501(C)(3)	LINE 9	MANOR		×
RVM PORTLAND II HOUSING CORPORATION -							
30-0037898, 965 RLLENDALE DRIVE, MEDFORD, OR					ROGUE VALLEY		
97504	SENIOR HOUSING	OREGON	501(C)(3)	LINE 9	MANOR		×

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ROGUE VALLEY MANOR FOUNDATION, INC.

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(a)	(2)	<del>(</del> D)	<b>(e)</b>	£	( <u>6</u>	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13) controlled	(ST)(0);
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	organiza	Lion?
RVM CENTRAL POINT HOUSING CORPORATION - 30-0315618 965 ELLENDALE DRIVE MEDFORD OR					ROGITE VALLEY		
	SENIOR HOUSING	DREGON	501(C)(3)	LINE 9	MANOR		×
		:					
				-		_	
23222 05-01-12		ī,					

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Page 2

Schedule R (Form 990) 2012 ROGUE VALLEY MANOR FOUNDATION, INC.

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Part III

General or Percentage managing ownership ≆ Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)  $\equiv$ te allocations? Disproportion-Yes No Ξ Share of end-of-year assets Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign Primary activity æ Name, address, and EIN of related organization

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Part IV

=		512(b)(13) controlled		Yes No								
				Yes								
3	<u>:</u>	Percentage ownership										
(8)	í.	Share of end-of-year	assets									
ę		Share of total income										
(4)	2	Type of entity (C corp, S corp,	or trust)								_	
6	2	Legal domicile Direct controlling (state or entity										
3	2	Legal domicile (state or	Toreign	country)								
<b>a</b>	2	Primary activity										
(a)	(2)	Name, address, and EIN of related organization										

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Note Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule				Ves
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	ated organizations listed i	n Parts II-1V?	-
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a X
b Gift, grant, or capital contribution to related organization(s)				tb X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
Formal of the second se				×
T DIVIDENDS HOTH FEIGURE OF BATHLEAU OF STATE OF				†
g Sale of assets to related organization(s)				1g A
<ul> <li>h Purchase of assets from related organization(s)</li> </ul>				¥
i Exchange of assets with related organization(s)				1i X
j Lease of facilities, equipment, or other assets to related organization(s)				1j.
k Lease of facilities, equipment, or other assets from related organization(s)				¥ X
1 Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			1 X
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			X X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n X
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10 X
p Reimbursement paid to related organization(s) for expenses				$\dashv$
q Reimbursement paid by related organization(s) for expenses				X pt
r Other transfer of cash or property to related organization(s)				1r X
s Other transfer of cash or property from related organization(s)				ts X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete the	s line, including covered r	elationships and transaction thresholds	
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved
(E)		:		
6				
(6)				
(4)				
(5)				
(9)				
232 183 12-10-12			Schedule	Schedule R (Form 990) 2012

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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(j) (k) General or Percentage managing ownership Yes No					30) 2012
0 Pe			 		E
(j) General or managing partner? Yes NO		_		!	R F
Code V-UBI Gamount in box 20 of Schedule K-1					Schedule R (Form 990) 2012
Disproportionale allocations?					
Olsp C		 		 	
(9) Share of end-of-year assets					
(f) Share of total income					
(e) Are all partners sec. 501(c)(3) orgs ?			-		
(d) Predominant income prelated, unrelated, excluded from tax under section 512-514) y					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entrty					

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Schedule R	(Form 990) 2012	ROGUE	VALLEY	MANOR	FOUNDATION,	INC.	93-0712867	Page 5
Part VII	(Form 990) 2012 Supplemental In	formation	·					
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RESTATED ARTICLES OF INCORPORATION

**FILED** 

OF

FEB 1 4 1992

ROGUE VALLEY MANOR MEMORIAL FOUNDATION, SEGRETARY OF STATE

The Articles of Incorporation of Rogue Valley Manor Foundation, Inc., an Oregon nonprofit corporation, are hereby restated pursuant to ORS 65.451 as follows:

# ARTICLE I.

The name of this corporation shall be Rogue Valley Manor Foundation, Inc., (the "Foundation") and its duration shall be perpetual.

### ARTICLE II.

This corporation is a public benefit corporation.

# ARTICLE III.

This corporation will have one member which will be the sole voting member, namely, Pacific Retirement Services, Inc., a corporation organized for charitable purposes within the meaning of Section 501 (c) (3) of the <u>Internal Revenue Code</u> of the United States of America. The purposes for which the <u>corporation</u> is organized are.

- (a) To educate the public in all aspects of congregate care and to promote the public welfare.
- (b) Promote and support by donation, loan or otherwise, the interest of the Rogue Valley Manor and other organizations described in §§ 501 (c) (3) and 509 (a) of the Internal Revenue Code of 1986, as amended (the "Internal Revenue Code").
- (c) Raise funds for any or all of the organizations described in subsection (b) of this section from the public and from all other sources available; and receive, maintain and administer such funds and expend principal and income therefrom in furtherance of these purposes.

#### ARTICLE IV.

The Foundation is organized, and shall at all times be operated, exclusively for charitable, educational, and scientific purposes within the meaning of section 501 (c) (3) of the <u>Internal Revenue Code</u>, by making distributions which exclusively benefit or carry out the charitable, educational, and scientific purposes of Rogue Valley Manor, an Oregon nonprofit corporation (the "Corporation"), Pacific Retirement Services, Inc. and its affiliates as described in paragraph (b) of Article III, so long as the Corporation is organized, and at all times operated, as an organization described in section 509 (a) (1) or (2) of the Internal Revenue Code.

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its directors, officers, or other persons or organizations whose net earnings, or any part thereof inures to the benefit of any private shareholder except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article III hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office except as authorized under the Internal Revenue Code of 1986. Notwithstanding any other provision of these articles of incorporation, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501 (c) (3) of the Internal Revenue Code of 1986 as amended (or corresponding provision of any future United States Internal Revenue Law) or (b) by a corporation, contributions to which are deductible under Section 170 (c) (2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

It is intended that the Foundation shall have and continue to have the status of an organization which is exempt from federal income taxation under section 501 (c) (3) of the <u>Internal Revenue Code</u>, which is other than a private foundation as defined in section 509 (a) thereof and to which contributions, bequests, and gifts are deductible for federal income, estate, and gift tax purposes under sections 170 (c) (2), 2055 (a) (2) and 2522 (a) (2) thereof, respectively. These Articles of Incorporation shall be construed, and all powers and activities of the Foundation shall be limited, accordingly. Notwithstanding any provision of these Articles of Incorporation, the Foundation shall not carry on any activities not permitted to be carried on by a corporation having such status.

#### ARTICLE V.

The number of directors and their terms of office shall be provided in the by-laws of the Foundation.

Restated Articles of Incorporation - 2

# ARTICLE VI.

In the event of dissolution of the corporation, the board of directors shall, after paying or making provision for the payment of all of the liabilities and obligations of the corporation, distribute all of the assets of the corporation to Rogue Valley Manor or to its designee, provided, Rogue Valley Manor or such organization, or organizations are organized and operated exclusively for charitable, educational, religious, or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501 (c) (3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue Law), and exempt from taxes under Oregon excise tax laws. as the board of directors shall determine. Any such assets not so disposed of shall be disposed of by the Circuit Court of the State of Oregon for Jackson County or other court of competent jurisdiction exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

#### ARTICLE VII.

No director or uncompensated officer shall be liable to the corporation for monetary damages for conduct as such director or uncompensated officer for any act or omission occurring on or after the date of filing of these articles, however, such limitation of liability shall not be applicable to:

- A. Any breach of the director's or officer's duty of loyalty to the corporation, or fraudulent or dishonest conduct, or gross abuse of authority or discretion, or
- B. Acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, or
- C. Any unlawful distribution, or
- D. Any transaction from which the director or officer derived an improper personal benefit, or
- E. Any act or omission in violation of ORS 65.361 to ORS 65.367.

Scoretary Helver

Restated Articles of Incorporation - 5

STATE OF OREGON )  ss.	
County of Jackson )	
named Frank Doyel, President, and Dorsworn, severally declared that they	lic for Oregon, hereby certified that on 1991, personally appeared the above hald E. Lewis, Secretary, who first being are the persons who signed the foregoing and that the statements therein contained
Ī	Notary Public for Oregon
	My Commission Expires.

# CERTIFICATION

That Fran	k Doyel	is President and Donald E.
Lewis	is Secreta	ary of Rogue Valley Manor Foundation, Inc
and authorize	d to execute this	s certification on the corporation's
behalf.		
That as of ti	me of adoption o	f these articles, the corporation had no
members, ther	efore, these art.	icles did not require member approval, or
approval by a	ny other person	other than the board of directors.
That the boar	d of directors a	dopted the above restated articles at
its regular c	alled meeting he	ld on, 1991, at which
a quorum was	present. The add	option received the unanimous vote of
those in atte	ndance.	
DATLD th	is 3rd day of	December , 1991.

Form	8868 (Rev. 1 2013)					Page 1	
• If y	ou are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II and check thi	s box		▶ X	
	Only complete Part II if you have already been granted an			iled Form	8868.		
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Par	t II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	opies	needed)	
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Type print	or Name of exempt organization or other filer, see instru	ictions		Employer identification number (EIN) or			
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Form	4720 (individual)	03	Form 4720			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	
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Te	lephone No > 541-857-7644		FAX No ▶				
	he organization does not have an office or place of busines	s in the U	nited States, check this box			<b>→</b> [_]	
• If 1	his 's for a Group Return, enter the organization's four digit	Group Ex	emption Number (GEN)	If this is fo	r the w	hole group, check this	
box	If it is for part of the group, check this box	and atta	ach a list with the names and EINs o	f all memb	ers the	extension is for.	
4			T 15, 2014 .				
5	For calendar year, or other tax year beginning	OCT 1	, 2012 and ending	g SEP	30	, 2013	
6	If the tax year entered in line 5 is for less than 12 months, c			Final r	etum		
7	State in detail why you need the extension EXAMINATION OF THE ACCOUNTS A	אם מז	CORDS IS NOT SHEET	CTENT	T.V (	OMDI ETE	
	TO FILE AN ACCURATE AND COMPLETE			<del></del>	<u> </u>	COMPBETE	
8a	If this application is for Form 990 BL, 990 PF, 990 T 4720	or 6069, e	inter the tentative tax, less any	1			
	nonrefundable credits. See instructions.		•	8a	s	. 0 •	
ь	If this application is for Form 990-PF 990 T, 4720, or 6069.	enter any	refundable credits and estimated				
	tax payments made. Include any prior year overpayment al	lowed as	a credit and any amount paid				
	previously with Form 8868		·	8b	Ş	0.	
c	Balance due. Subtract line 8b from line 8a. Include your pa	ayment wi	th this form, if required, by using				
	EFTPS (Electronic Federal Tax Payment System) See instru			8c	S	0.	
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	penalties of perjury, I declare that I have examined this form, including, correct, and complete, and that I am authorized to prepare this fo		panying schedules and statements, and to	a the best o	•	<b>3</b>	
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