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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2013
**Open to Public
Inspection**
Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning , and ending	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization WILLAMETTE VALLEY MEDICAL CENTER VOLUNTEERS Number and street (or P O box, if mail is not delivered to street address) Room/suite 2700 SE STRATUS City or town, state or province, country and ZIP or foreign postal code MCMINNVILLE OR 97128
D Employer identification number 93-0677074	
E Telephone number 503-472-6131	
F Group Exemption Number ▶	
G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶	H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: ▶ N/A	
J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other	
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 82,416	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	4,120
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	805
c	Less direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	805	
7a	Gross sales of inventory, less returns and allowances	7a	76,336	
b	Less cost of goods sold	7b	68,428	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	7,908	
8	Other revenue (describe in Schedule O)	8	1,155	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	13,988	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	12,872
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,200
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	3,031
	17	Total expenses. Add lines 10 through 16	17	17,103
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,115
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	43,294
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	40,179

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed OR		
42a The organization's books are in care of JERE BOUNDY Telephone no ▶ 503-472-6131 2700 SE STRATUS Located at MCMINNVILLE OR ZIP + 4 ▶ 97128		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ _____		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
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- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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- b If "Yes," was the related organization a section 527 organization?

49b		
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- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

- f Total number of other employees paid over \$100,000 ▶

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

- d Total number of other independent contractors each receiving over \$100,000 ▶

- 52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☒ Yes ☐ No

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

Sign Here Date
10-27-14
 Signature of officer *Jerre Bounoy*
 Type or print name and title *Jerre Bounoy, Treasurer WVMC Volunteers*

Paid Preparer Use Only
 Print/Type preparer's name *Douglas Selby* Preparer's signature *[Signature]* Date *10/20/14* Check ☐ if self-employed PTIN *P00639046*
 Firm's name ▶ *Schrock & Selby CPAs LLP* Firm's EIN ▶ *27-1432516*
 Firm's address ▶ *1815 S.W. Baker St. McMinnville, OR 97128* Phone no *503-435-1955*

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

**WILLAMETTE VALLEY MEDICAL CENTER
VOLUNTEERS**

Employer identification number

93-0677074

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state.
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► ☐		
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► ☐		
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► ☐		

Part III Support Schedule for Organizations Described in Section 509(a)(2)(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	651	2,275	2,412	1,302	4,120	10,760
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	73,268	71,435	70,408	75,244	77,141	367,496
3 Gross receipts from activities that are not an unrelated trade or business under section 513		254	665	1,543	720	3,182
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	73,919	73,964	73,485	78,089	81,981	381,438
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						381,438

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	73,919	73,964	73,485	78,089	81,981	381,438
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	159	99	40	1		299
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	159	99	40	1		299
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	74,078	74,063	73,525	78,090	81,981	381,737
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.92 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.81 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒
- b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions)

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

**WILLAMETTE VALLEY MEDICAL CENTER
VOLUNTEERS**

Employer identification number

93-0677074

Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
SEAT BELTS	\$ 720
BOOK SALES	\$ 330
REFUND	\$ 105
Total	\$ 1,155

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
TRAVEL	\$ 332
INSURANCE	\$ 599
CHAPLAINS	\$ 115
EDUCATION, SUBSCRIPTION,	\$ 545
HISTORIAN	\$ 27
MISC. AWARDS	\$ 900
STATE FEES	\$ 148
HOSPITALITY	\$ 54
Non-investment Depreciation	\$ 311
Total	\$ 3,031

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Inventories for Sale or Use	\$ 19,226	\$ 15,188
	\$ 7,603	\$ 7,997

Name of the organization

WILLAMETTE VALLEY MEDICAL CENTER

Employer identification number

93-0677074

Less Accumulated Depreciation	\$	5,881	\$	6,192
Total	\$	20,948	\$	16,993

Form 990-EZ, Part III - Primary Exempt Purpose

TO ASSIST WILLAMETTE VALLEY MEDICAL CENTER IN PROMOTING THE HEALTH AND WELFARE OF THE COMMUNITY AND BY PURCHASING AND DISTRIBUTING NON-BUDGET ITEMS TO THE NEEDY AND PROVIDING EDUCATIONAL ASSISTANCE.

Form 990-EZ, Part III, Line 28 - First Accomplishment

OPERATE GIFT SHOP, THE PROFITS OF WHICH ARE USED TO ASSIST WILLAMETTE VALLEY MED. CTR. WITH THE PURCHASE OF SUPPLIES AND EQUIPMENT; AND TO ASSIST INDIVIDUALS WITH EDUCATION COSTS IN THEIR PURSUIT OF A CAREER IN THE FIELD OF HEALTH CARE.

Form 990-EZ, Part III, Line 29 - Second Accomplishment

ENGAGE IN VARIOUS SMALL ACTIVITIES WHICH RESULT IN REVENUE USED TO ASSIST WILLAMETTE VALLEY MED. CTR. AND COMMUNITY WITH THE PURCHASE OF NON BUDGET SUPPLIES, EQUIPMENT, MEDICAL TRAINING AND MEDICAL TRAINING AWARDS.

Form 990-EZ, Part III, Line 31 - All Other Accomplishment

ENGAGE IN VARIOUS SMALL ACTIVITIES WHICH RESULT IN REVENUE USED TO ASSIST WILLAMETTE VALLEY MED. CTR. AND COMMUNITY WITH THE PURCHASE OF NON BUDGET SUPPLIES, EQUIPMENT, MEDICAL TRAINING AND MEDICAL TRAINING AWARDS.

Form **4562**Department of the Treasury
Internal Revenue Service

(99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2013Attachment
Sequence No **179**

Name(s) shown on return

**WILLAMETTE VALLEY MEDICAL CENTER
VOLUNTEERS**

Identifying number

93-0677074

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	311

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	311
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2013)

DAA

There are no amounts for Page 2

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:										
1	PRE 1996 ASSETS	6/30/95	2,220				2,220	7 MO S/L	2,220	0
2	PRICING MACHINE	3/15/96	151				151	7 MO S/L	151	0
3	CABINET	8/15/96	113				113	7 MO S/L	113	0
4	DOORBELL	4/20/97	420				420	7 MO S/L	420	0
5	COMPUTER DESK	7/15/98	130				130	7 MO S/L	130	0
6	CASH REGISTER	4/15/98	620				620	7 MO S/L	620	0
7	SHOWCASE	6/15/98	226				226	7 MO S/L	226	0
8	DOORLOCK	9/15/98	218				218	7 MO S/L	218	0
9	DOOR SIGN	11/15/98	384				384	7 MO S/L	384	0
10	CARD RACK	2/15/00	350				350	7 MO S/L	350	0
11	NOVA MACHINE	7/15/02	790				790	7 MO S/L	790	0
12	FLORAL CASE	2/15/12	1,981				1,981	7 MO S/L	259	283
13	CASH REGISTER	6/30/13	238				238	7 MO S/L	0	17
14	TAPE MACHINE	6/30/13	156				156	7 MO S/L	0	11
Total Other Depreciation			<u>7,997</u>				<u>7,997</u>		<u>5,881</u>	<u>311</u>
Total ACRS and Other Depreciation			<u>7,997</u>				<u>7,997</u>		<u>5,881</u>	<u>311</u>
Grand Totals			7,997				7,997		5,881	311
Less: Dispositions and Transfers			0				0		0	0
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			<u>7,997</u>				<u>7,997</u>		<u>5,881</u>	<u>311</u>

OR Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	OR Prior	OR Current	Federal Current	Difference Fed - OR
Other Depreciation:								
1	PRE 1996 ASSETS	6/30/95	2,220	2,220	2,220	0	0	0
2	PRICING MACHINE	3/15/96	151	151	151	0	0	0
3	CABINET	8/15/96	113	113	113	0	0	0
4	DOORBELL	4/20/97	420	420	420	0	0	0
5	COMPUTER DESK	7/15/98	130	130	130	0	0	0
6	CASH REGISTER	4/15/98	620	620	620	0	0	0
7	SHOWCASE	6/15/98	226	226	226	0	0	0
8	DOORLOCK	9/15/98	218	218	218	0	0	0
9	DOOR SIGN	11/15/98	384	384	384	0	0	0
10	CARD RACK	2/15/00	350	350	350	0	0	0
11	NOVA MACHINE	7/15/02	790	790	790	0	0	0
12	FLORAL CASE	2/15/12	1,981	1,981	259	283	283	0
13	CASH REGISTER	6/30/13	238	238	0	17	17	0
14	TAPE MACHINE	6/30/13	156	156	0	11	11	0
Total Other Depreciation			<u>7,997</u>	<u>7,997</u>	<u>5,881</u>	<u>311</u>	<u>311</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>7,997</u>	<u>7,997</u>	<u>5,881</u>	<u>311</u>	<u>311</u>	<u>0</u>
Grand Totals			7,997	7,997	5,881	311	311	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>7,997</u>	<u>7,997</u>	<u>5,881</u>	<u>311</u>	<u>311</u>	<u>0</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	PRE 1996 ASSETS	6/30/95	2,220			2,220	7 MO S/L	2,220	0
2	PRICING MACHINE	3/15/96	0			0	0 HY	0	0
3	CABINET	8/15/96	0			0	0 HY	0	0
4	DOORBELL	4/20/97	0			0	0 HY	0	0
5	COMPUTER DESK	7/15/98	0			0	0 HY	0	0
6	CASH REGISTER	4/15/98	0			0	0 HY	0	0
7	SHOWCASE	6/15/98	0			0	0 HY	0	0
8	DOORLOCK	9/15/98	0			0	0 HY	0	0
9	DOOR SIGN	11/15/98	0			0	0 HY	0	0
10	CARD RACK	2/15/00	0			0	0 HY	0	0
11	NOVA MACHINE	7/15/02	0			0	0 HY	0	0
12	FLORAL CASE	2/15/12	0			0	0 HY	0	0
13	CASH REGISTER	6/30/13	0			0	0 HY	0	0
14	TAPE MACHINE	6/30/13	0			0	0 HY	0	0
Total Other Depreciation			<u>2,220</u>			<u>2,220</u>		<u>2,220</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>2,220</u>			<u>2,220</u>		<u>2,220</u>	<u>0</u>
Grand Totals			2,220			2,220		2,220	0
Less: Dispositions and Transfers			0			0		0	0
Net Grand Totals			<u>2,220</u>			<u>2,220</u>		<u>2,220</u>	<u>0</u>

93-0677074

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Future Depreciation Report FYE: 12/31/14

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	PRE 1996 ASSETS	6/30/95	2,220	0	0
2	PRICING MACHINE	3/15/96	151	0	0
3	CABINET	8/15/96	113	0	0
4	DOORBELL	4/20/97	420	0	0
5	COMPUTER DESK	7/15/98	130	0	0
6	CASH REGISTER	4/15/98	620	0	0
7	SHOWCASE	6/15/98	226	0	0
8	DOORLOCK	9/15/98	218	0	0
9	DOOR SIGN	11/15/98	384	0	0
10	CARD RACK	2/15/00	350	0	0
11	NOVA MACHINE	7/15/02	790	0	0
12	FLORAL CASE	2/15/12	1,981	283	0
13	CASH REGISTER	6/30/13	238	34	0
14	TAPE MACHINE	6/30/13	156	22	0
Total Other Depreciation			<u>7,997</u>	<u>339</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>7,997</u>	<u>339</u>	<u>0</u>
Grand Totals			<u>7,997</u>	<u>339</u>	<u>0</u>

OR Future Depreciation Report**FYE: 12/31/14****Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>OR</u>
<u>Other Depreciation:</u>				
1	PRE 1996 ASSETS	6/30/95	2 220	0
2	PRICING MACHINE	3/15/96	151	0
3	CABINET	8/15/96	113	0
4	DOORBELL	4/20/97	420	0
5	COMPUTER DESK	7/15/98	130	0
6	CASH REGISTER	4/15/98	620	0
7	SHOWCASE	6/15/98	226	0
8	DOORLOCK	9/15/98	218	0
9	DOOR SIGN	11/15/98	384	0
10	CARD RACK	2/15/00	350	0
11	NOVA MACHINE	7/15/02	790	0
12	FLORAL CASE	2/15/12	1,981	283
13	CASH REGISTER	6/30/13	238	34
14	TAPE MACHINE	6/30/13	156	22
Total Other Depreciation			<u>7,997</u>	<u>339</u>
Total ACRS and Other Depreciation			<u>7,997</u>	<u>339</u>
Grand Totals			<u>7,997</u>	<u>339</u>

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
	\$ 4,120
Total	<u>\$ 4,120</u>

Schedule A, Part III, Line 2(e)

Description	Amount
SCRUB SALE	\$ 20,361
BAKE SALES	805
GIFT SHOP MERCHANDISE	55,975
Total	<u>\$ 77,141</u>

Schedule A, Part III, Line 3(e)

Description	Amount
SEAT BELTS	\$ 720
Total	<u>\$ 720</u>

Schedule A, Part III, Line 11

Description	Amount
BOOK SALES	\$ 330
REFUND	105
Less: Deductions	-1,000
Total	<u>\$ -565</u>

8868

January 2014)

Department of the Treasury
Internal Revenue ServiceApplication for Extension of Time To File an
Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870 Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions WILLAMETTE VALLEY MEDICAL CENTER VOLUNTEERS	Employer identification number (EIN) or 93-0677074
	Number, street, and room or suite no. If a P O box, see instructions 2700 SE STRATUS	Social security number (SSN)
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions MCMINNVILLE OR 97128	

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

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JERE BOUNDY
2700 SE STRATUS

COPY

OR 97128

- The books are in the care of ► **MCMINNVILLE**

Telephone No ► **503-472-6131**

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach

a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/14**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☒ calendar year **2013** or

► ☐ tax year beginning _____, and ending _____

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0 ✓

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868 see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

DAA

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

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

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	WILLAMETTE VALLEY MEDICAL CENTER VOLUNTEERS	93-0677074
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	2700 SE STRATUS	
	City, town or post office, state and ZIP code. For a foreign address, see instructions	
	MCMINNVILLE, OR 97128	

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

0 1

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

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

- The books are in the care of ► JERE BOUNDY, 2700 SE STRATUS, MCMINNVILLE, OR 97128
Telephone No. ► (503) 472-6131 Fax No. ►
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until NOVEMBER 15, 20 14.
- For calendar year 2013, or other tax year beginning 20, and ending 20.
- If the tax year entered in line 5 is for less than 12 months, check reason. ☐ Initial return ☐ Final return
☐ Change in accounting period
- State in detail why you need the extension AN ATTEMPT TO OBTAIN INFORMATION NECESSARY FOR FILING A RETURN WAS REQUESTED IN A TIMELY FASHION, BUT THE INFORMATION WAS NOT FURNISHED IN SUFFICIENT TIME TO PERMIT THE TIMELY FILING OF THE RETURN

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0

Signature and Verification must be completed for Part II only.

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

Signature ►

Title ► DOUGLAS SELBY, CPA

Date ► 8/14/14

Form 8868 (Rev. 1-2014)

COPY

✓