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# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

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

A	For the	2013 cale	ndar year, or tax year beginning , 2013, and endi	ng		, 20					
В	Check if	applicable	C Name of organization Willamette Valley Track and Field, Inc.		D Employer identification number						
	Address	change	Doing Business As			93-1143690					
	Name ch	hange	Number and street (or P O box if mail is not delivered to street address) Room/si	urte	E Telepho	ne number					
	Initial ret	turn	4840 SW Western Avenue Su	uite 100		503-626-2731					
	Termina		City or town, state or province, country, and ZIP or foreign postal code								
	Amende	ed return	Beaverton OR 97005		<b>G</b> Gross re	eceipts \$					
		ion pending		H(a) Is this a c		subordinates <sup>7</sup> ☐ Yes					
	• • • • • • • • • • • • • • • • • • • •					s included? Yes No					
1	Tax-exe	mpt status	✓ 501(c)(3)			a list (see instructions)					
J	Website			H(c) Group	exemption	number ►					
ĸ	Form of	organization	✓ Corporation Trust Association Other ► L Year of forma	ation 1993	M State	of legal domicile OR					
P	art I	Summ	nary								
	1	Briefly de	escribe the organization's mission or most significant activities Suppo	ort the develo	pment of	amateur and youth					
9			primarily in the sports of track and field and cross country running.		·						
Governance	1										
er	2	Check th	is box ▶ ☐ if the organization discontinued its operations or disposed	of more than	1 25% of	its net assets.					
õ	3				3	3					
త	4		of independent voting members of the governing body (Part VI, line 1b)		4	2					
ies	5		mber of individuals employed in calendar year 2013 (Part V, line 2a)		5	12					
Activities	6		mber of volunteers (estimate if necessary)		6	3					
Act	7a		related business revenue from Part VIII, column (C), line 12		7a						
	Ь		lated business taxable income from Form 990-T, line 34		7b	0					
Revenue	1			Prior Y	ear	Current Year					
	8	Contribu	tions and grants (Part VIII, line 1h)		0	0					
	9		service revenue (Part VIII, line 2g)		0						
eve	10	-	Investment income (Part VIII, column (A), lines 3, 4, and 7d)								
Œ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		127346	97453					
	12	Total rev	137699	133793							
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)		22950	37000					
	14		paid to or for members (Part IX, column (A), line 4)	-							
ø	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)		•						
Expenses	16a	-	onal fundraising fees (Part IX, column (A), line 11e)								
ē	ь		draising expenses (Part IX, column (D), line 25)			p					
ũ	17		penses (Part IX, column (A), lines 11a-11d, 11-24e	-	2143	1874					
	18		penses. Add lines 13-17 (must equal Rant IX, column (A), line 25)	-	25093	38874					
	19		less expenses. Subtract line 18 from the 12MAY . 1.9.2014.		112606	94919					
20.00	3		d III	Beginning of Co		End of Year					
sets or	20	Total ass	sets (Part X, line 16) OGDEN, UT		647249	807736					
Net Ass Fund Ba	21		pilities (Part X, line 26)		0	0					
52	22	Net asse	ts or fund balances. Subtract line 21 from line 20		647249	807736					
P	art II	Signa	ture Block								
			ury, I declare that I have examined this return, including accompanying schedules and state			my knowledge and belief, it is					
tru	ie, correc	t, and comp	lete Declaration of preparer (other than officer) is based on all information of which prepare	er has any know	ledge						
	_		Leg Hildur								
Si	gn	Sigr	nature of offiger	Da	_ سر ate	15-14					
He	ere		Greg Hitchcock Societary		5	12-1/					
		Тур	e or pnnt name and title								
Pa	aid	Print/Ty	pe preparer's name Preparer's signature	ate	Check	PTIN					
	epare	.r			self-em						
	se On		name ►	Firm	n's ElN ▶	<del></del>					
U	SE VIII	עי —	address ▶		one no						
Ma	y the If		s this return with the preparer shown above? (see instructions)		· · · · · · · · · · · · · · · · · · ·	. ☐ Yes ☐ No					

37000

Total program service expenses

Part	0 (2013) .			Page 3
Part,	V Checklist of Required Schedules		1 7	г
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	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<del>                                     </del>	1
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		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		· ✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	10		•
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		1
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		1
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		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<b>√</b>
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		✓
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓_
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . . .

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

19

19

20a

20b

Part	Checklist of Required Schedules (continued)			-3-
•			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>√</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	,		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>√</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>√</b>
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	35b		<b>▼</b>
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	✓_	

Part.	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ļ		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	Į		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<b>√</b>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		<u> </u>	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	l
	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		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			l
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	ļ	1
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		Ī
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<b>                                     </b>
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		1
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	ļ	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	<u> </u>	
·	required to file Form 8282?	7c		/
đ	If "Yes," indicate the number of Forms 8282 filed during the year	10	-	<b>  •</b>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			1
_	organization, have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			-
a b	Did the organization make any taxable distributions under section 4966?	9a 9b		<del> </del> -
10	Section 501(c)(7) organizations. Enter:	30		<del> </del> -
a	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1	ŀ	
11	Section 501(c)(12) organizations. Enter:	1		
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.)	772		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	!	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del>                                     </del>	
_	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<u> </u>	-	
b	Enter the amount of reserves the organization is required to maintain by the states in which	1 '		
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	<u> </u>		<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	I	ĺ

Part.									
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S								
Sacti	Check if Schedule O contains a response or note to any line in this Part VI	<u>···</u>	·	<u> </u>					
Secu	on A. Governing Body and Management	$\neg$	Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or								
	if the governing body delegated broad authority to an executive committee or similar								
	committee, explain in Schedule O.								
ь	Enter the number of voting members included in line 1a, above, who are independent .   1b 2								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with								
	any other officer, director, trustee, or key employee?	2		✓					
3	Did the organization delegate control over management duties customarily performed by or under the direct								
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		<b>✓</b>					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>✓</b>					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<del>/</del>					
6 7a	Did the organization have members or stockholders?	6		<del>                                     </del>					
, a	one or more members of the governing body?	7a		/					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			<del>                                     </del>					
~	stockholders, or persons other than the governing body?	7b		✓					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during								
	the year by the following:								
а	The governing body?	8a	✓						
b	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			,					
Conti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O								
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		1					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			<b>,</b>					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before 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	<b>√</b>						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	1					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1						
13	Did the organization have a written whistleblower policy?	13	<u> </u>	1					
14	Did the organization have a written document retention and destruction policy?	14		<b>V</b>					
15	Did the process for determining compensation of the following persons include a review and approval by								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		_	<u>.                                    </u>					
а	The organization's CEO, Executive Director, or top management official	15a	ļ	1					
b	Other officers or key employees of the organization	15b	<b>✓</b>	<u> </u>					
40	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 taxable entity during the year?		-	,-					
h		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?	16b							
Secti	on C. Disclosure		<b></b>						
17	List the states with which a copy of this Form 990 is required to be filed ▶ Oregon			<del></del>					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501(	(c)(3)s	only)					
	available for public inspection Indicate how you made these available. Check all that apply.								
	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)		_						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	polic	y, and					
20	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							
20	organization: ► SSO, 4840 SW Western Avenue, #100, Beaverton OR 97005	OI LITE	-						
	S SOO, TOTO SW WESTELL AVEILUE, # 100, DEGAVERTON ON STOUS								

Form	990	(2013)	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization noi	r any relate	d orga	anız	atıo	n c	ompe	nsa	ited any curren	t officer, directo	r, or trustee.
	(C)									
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated		
	hours per week (list any	J 0001 a		officer and a director/trustee)				compensation from	compensation from related	amount of other
	hours for	or d	ins	Officer	<u>چ</u>	en F	Бo	the	organizations	compensation
	related	direc	tituti	icer	/ еп	hest	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	tor	ona		Key employee	8 8		(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	Institutional trustee		/ee	nper				organizations
		96	stee			Highest compensated employee				
					_	ä	⊢			
(1) David Anderton	1									
President		✓		1				0	О	(
(2) John Wrenn	1									
Treasurer		✓		✓	L			o	0	
(3) Greg Hitchcock	5	,								
Secretary		<b>✓</b>		✓				4800	0	
(4)										
(5)										
(6)										
_(7)	<b> </b>									
(9)			<u> </u>		-					
(8)	<b></b>									
(9)				_						
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(10)										
(11)										
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(12)										
(13)						ļ				
				L						
(14)	ļ									

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees	s, ar	nd H	lighe	st C	ompensated E	mployees (	continu	ıed)		
						C)								
	(A)	(B) Position (do not check more than o						one	(D)	(E)	}		(F)	
	Name and title	Average hours per	box,	unles	s pe	rson	ıs both	n an	Reportable compensation	Reportable compensation from			mated	
		week (list any		-		_	or/trus	<del></del>	from	related	1 1101111		ount of ther	
		hours for	Individual trustee or director	nsti	Officer	Key employee	흵	Former	the	organizatio			ensation	١
		related organizations	i eg à	ţ	Įĕ	3	o se	<u>ब</u>	organization (W-2/1099-MISC)	(W-2/1099-M	iisc)		m the	
		below dotted	학합	onal		등	မြိမ္မ		1099-10100)			-	related	
		line)	l st	7		8	l npe				ļ	organ	ıızatıons	,
		ļ	66	Institutional trustee			Highest compensated employee	}		}				
			<b>!</b>	Ĺ		L_	8			<u></u>				
(15)		ļ					ĺ							
					<u> </u>	<u> </u>	<u> </u>	<u> </u>						
(16)		ļ												
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(17)		ļ	Į							Ì	Ī			
			L	<u> </u>			ļ	L_						
(18)			1				İ							
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(19)		<del> </del>	1		Ì			Ì		l				
			<u> </u>	_	<u> </u>	<u> </u>		_						
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(23)		<del></del>	ł			1	Ì	1		Ì				
(0.4)	<del></del>		<del>                                     </del>			1		⊢			$\rightarrow$			
(24)		<b></b>	┨											
(25)		<del>                                     </del>	-		<del> </del>	┢			<del></del>	ļ	<del></del>			
(23)		<del> </del>	1											
1b	Sub-total		Ь	i	l	<u> </u>	i	<u> </u>	4800	<del></del> -	0			
c	Total from continuation sheets to Part			•	•	•	•		0					
ď	Total (add lines 1b and 1c)	-		٠	•	•	•		4800		0			
<u>u</u>	Total number of individuals (including but							27 10	<del></del>	·				
_	reportable compensation from the organi		<i>1</i> 10 11	1036	, 1131	ieu i	above	<i>5)</i> W	no received in	Ole man pr	50,000	, 01		
•													Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	ust	ee.	kev e	emp	olovee, or high	est compe	nsatec			
	employee on line 1a? If "Yes," complete											3	[ <u>]</u>	· 🗸
4	For any individual listed on line 1a, is the	sum of re	porta	ble (	con	npei	nsatio	оп а	nd other com	ensation fr	om the		$\Box$	<u> </u>
	organization and related organizations													
	ındıvidual	_										4	-	1
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	fro	m any	un u	related organi	zation or inc	lividua			<del></del>
	for services rendered to the organization	? If "Yes," c	compl	ete	Sch	hedu	ıle J	for s	such person			5		<b>1</b>
Section	on B. Independent Contractors									·				
1	Complete this table for your five highest	compensat	ed in	dep	end	lent	contr	act	ors that receive	ed more tha	n \$100	0,000 of		
	compensation from the organization. Rep													X
	year.													
	(A)								(B)			(C)		
	Name and business add	fress			_				Description of s	ervices		Compens	ation	
NONE														
								L						
									·	]				
2	Total number of independent contractor							o th	ose listed ab	ove) who				
	received more than \$100,000 of compens	sation from	the o	rgar	nıza	tion								

Form **990** (2013)

Par	t VIII	Check if Schedule C		a response or note	e to any line in thi	is Part VIII		
,	1	^			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaign	s	1a			-	312 317
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b				
ts, (	С	Fundraising events .		1c				
흁	d	Related organizations		1d			İ	
Contributions, and Other Sim	е	Government grants (cor		1e	_	1	•	
utio Ter	f	All other contributions, g and similar amounts not in		46				
g ‡	_ ا	Noncash contributions inclu						
No.	9   h	Total. Add lines 1a-1		-11 \$				
	<del>- ''</del>	Total. Add lines Ta-1	· · ·	Business Code			<del> </del>	
Program Service Revenue	2a				<del>-</del>	a velenar a	-	ar or Arts, was the
æ	Ь.			•	<del></del>		· · · · · · · · · · · · · · · · · · ·	
<u>8</u>	C					<del>                                     </del>	<del> </del>	
Š	d				-	<u> </u>		
Ē	е							
gra	f	All other program ser		ie.				
<u> </u>	g	Total. Add lines 2a-2	2f .			, *		<del></del>
	3	Investment income			,			
		and other similar amo	-		30340	<u> </u>		36340
	4	Income from investmen		•			<u> </u>	
	5	Royalties			•			
	C-	0	(ı) Real	(ii) Personal	20 - 20 - 1		1	
	6a	Gross rents				4.		
	b	Less rental expenses Rental income or (loss)	ļ			1.	, ; ·	3.
	d	Net rental income or			in to think a in a	* 4 * * * * * * * * * * * * * * * * * *		Sie e
	7a	Gross amount from sales of	(i) Secunt	<u> </u>	3		·	1
		assets other than inventory	- ''			1.31	* * * * * * * * * * * * * * * * * * *	15'
	ь	Less: cost or other basis			<b></b>			
		and sales expenses .			* ^	4.1		
	С	Gain or (loss)			~ 71.	****		3
	d	Net gain or (loss) .			•	~ summer force +		de ter <sup>k</sup> n ende
une	8a	Gross income from fu	undraising		i to	, , ,	2 to 2 miles	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
		events (not including \$	J					i i
Other Reve		of contributions reporte	ed on line 1	c).		6.	* * * * * * * * * * * * * * * * * * * *	
ē		See Part IV, line 18 .		· a	, ,	,	- '	
ŧ	b	Less: direct expenses		. b		10.3	1 ,	, , , , , , , , , , , , , , , , , , , ,
	C	Net income or (loss) f			·	e 01		
	9a	Gross income from ga	_	I	<u> </u>		, ,	3, 4
	١.	•		13008	<del>-</del> 1 .	"."		* ,
	b	Less: direct expenses Net income or (loss) f		b 140944	<b>—</b> * ' ' '	3	\$	and the same of
	102	Gross sales of in	-	·	97453			97453
	102	returns and allowance		· a		,		
	ь	Less: cost of goods s			┥ .		)	
	c	Net income or (loss) f						
	<u></u>	Miscellaneous F		Business Code				i
	11a				* *************************************			
	b				-	1	<del> </del>	<del> </del>
	С						<u> </u>	
	d	All other revenue .			<b> </b>		<del> </del>	
	e	Total. Add lines 11a-		<del></del>		-		. ,
	12	Total revenue. See II	nstructions.	<b>.</b>	133793			133793

Par	90 (2013)  Statement of Functional Expenses				Page 10
Section	on 501(c)(3) and 501(c)(4) organizations must con				
<u>Do no</u>	Check if Schedule O contains a respont include amounts reported on lines 6b, 7b,	se or note to any lir			
	o, and 10b of Part VIII.	Total expenses	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	27000	expenses	general expenses	expenses
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	37000	37000		1
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> <b>5</b>	Benefits paid to or for members 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)				
7 8	Other salaries and wages				
9	Other employee benefits				
10 11	Payroll taxes				
a b	Management				
c	Accounting	1250		1250	
d e	Lobbying				
f	Investment management fees		,		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13 14	Office expenses		· · · · · · · · · · · · · · · · · · ·		
15	Royalties				·
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest		-		
21 22	Payments to affiliates		<u> </u>		
23	Depreciation, depletion, and amortization . Insurance				
24	Other expenses. Itemize expenses not covered				1
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.)				
a	Bank Fees	434		434	
b b	State License Fees	190	-	190	
ď					<del></del>
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	38874	37000	1874	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

P	art X				
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
	·		(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	46031	1	6309
	2	Savings and temporary cash investments	52094	2	1026
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			}
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ţ		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			,
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	522456	11	72104
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11	26668	13	1333
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	647249	16	80773
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	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		•	ξ, ,
abi		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties .		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	·		-
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			•
aŭ	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	-
٦	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .	647249	+ +	807730
Vet.	33	Total net assets or fund balances	647249		807736
_	34	Total liabilities and net assets/fund balances	647249		807730

	(-0.4)	Page	12
Part	XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1337	<del>7</del> 93
2	Total expenses (must equal Part IX, column (A), line 25)	380	B74
3	Revenue less expenses. Subtract line 2 from line 1	949	919
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	6472	249
5	Net unrealized gains (losses) on investments	655	568
6	Donated services and use of facilities		
7	Investment expenses		
8	Prior period adjustments		
9	Other changes in net assets or fund balances (explain in Schedule O)		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	8077	736
Part	XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	
	<u> </u>	Yes N	lo_
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 i	4 de la de la calación de la calació	, ,
_	Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>′</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	or Application	- 1
	reviewed on a separate basis, consolidated basis, or both:		- 1
	Separate basis Consolidated basis Both consolidated and separate basis	. استنابات	أـي
Đ	Were the organization's financial statements audited by an independent accountant?	. 2b ✓	, —,
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on separate basis, consolidated basis, or both:	a   ''  , ''  ,	·
			-
_	Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		٦,٦
C	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
	If the organization changed either its oversight process or selection process during the tax year, explain it	1 -0 1	<del></del>
	Schedule Q.		ļ
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		ال .
Ja	the Single Audit Act and OMB Circular A-133?		,
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	.   3a   ✓	
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	
	- 194 and the decire, explain with in concedure of and describe any steps taken to undergo such addits.		_
		Form <b>990</b> (20	)13)

#### SCHEDULE A (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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization Employer identification number											
	Willamette Valley Track and Field, Inc.								143690		
Par			rity Status (All orga						nstructi	ons.	
The 6 1 2 3 4	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).										
5	An organization	ation operated for the benefit of a college or university owned or operated by a governmental unit described in 0(b)(1)(A)(iv). (Complete Part II.)									
6 7	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)										
8 9	8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
10 11	An organization	on organized ar one or more pub	I operated exclusively nd operated exclusive plicly supported organ describes the type of	ely for th	ne benefit described	t of, to to	perform ion 509(a	the funct a)(1) or se	tions of, ection 50	9(a)(2). Se	ry out the e <b>section</b>
e f	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).										
g	=	17, 2006, has t	he organization accep								· · 🗖
L	(i) A person (iii) below, (iii) A family m (iii) A 35% cor	who directly or i the governing be sember of a perse ntrolled entity of	ndirectly controls, eithody of the supported on described in (i) about a person described in	organizat ove? n (i) or (ii) :	above?.					11g(i)	Yes No
<u>h</u> (i)	Name of supported organization	(ii) EIN	on about the supported organizatio  (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))  (iv) Is the organization in col (i) listed in governing docum		organization sted in your	(v) Did you notify the organization in		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of monetary support	
			(SGS WISH GENERAL)	Yes	No	Yes	No	Yes	No	1	
(A)											
(B)											
(C)											
(D)										·-	
(E)											<del></del>

	ale A (Form 990 or 990-EZ) 2013						Page 2
Par	<del></del> - · ·						•
	(Complete only if you checked the Part III. If the organization fails to						ality under
Sect	ion A. Public Support	quality und	er the tests in	sted below, p	nease comple	ele Fait III.	
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2000	(0) 2010	(0) 2011	(4) 2012	(0) 2010	(i) Total
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	- · · · · · · · · · · · · · · · · · · ·		<del> </del>			
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)	i i					
6	Public support. Subtract line 5 from line 4.			<del> </del>			
	ion B. Total Support	L	ł	1	<u> </u>	I	L
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4			, ,	'/	.,	(7)
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					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re		nd, third, fourth	-		
14	ion C. Computation of Public Suppor Public support percentage for 2013 (line 6			11 column (f)		14	%
15	Public support percentage from 2012 Sch	•	•			15	<del></del>
16a	331/3% support test—2013. If the organi						
	box and stop here. The organization qua	lifies as a pub	licly supported	dorganization			🕨 📋
b	331/3% support test—2012. If the organ check this box and stop here. The organ					e 15 is 33 <sup>1</sup> /3%	or more, ▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts-	and-circumsta	ances" test, ch	eck this box ai	nd stop here.	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m	tion meets the neets the "fact	e "facts-and-c s-and-circums	ircumstances" stances" test. 1	' test, check ti The organizatio	nis box and st	op here.
	supported organization						🕨 📙

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

	if the organization rans to quality	under the tes	sis listed beid	w, please co	inpiete rait i	·/	· <del>-</del> · ·	
	on A. Public Support							
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and membership fees			1				
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise							
2	sold or services performed, or facilities			1				
	furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513	1353061	1641649	1560674	1640962	1506899	7703245	
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			i				
	organization without charge							
6	Total. Add lines 1 through 5	1353061	1641649	1560674	1640962	1506899	7703245	
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							
	Add lines 7a and 7b							
8	Public support (Subtract line 7c from		İ					
	line 6)				'	l	7703245	
	on B. Total Support	· · · · · · · · · · · · · · · · · · ·			· <del>······</del> ·····························		<del></del>	
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
9	Amounts from line 6	1353061	1641649	1560674	1640962	1506899	7703245	
10a	Gross income from interest, dividends,	ļ						
	payments received on securities loans, rents,					1		
	royalties and income from similar sources .	315	2957	6844	10353	36340	56809	
b	Unrelated business taxable income (less					ı		
	section 511 taxes) from businesses acquired after June 30, 1975				1			
C	Add lines 10a and 10b	315	2957	6844	10353	36340	56809	
11	Net income from unrelated business activities not included in line 10b, whether				i	1		
	or not the business is regularly carried on				1			
12	Other income. Do not include gain or					<del>-</del>	<del></del>	
12	loss from the sale of capital assets				+	1		
	(Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)	1353376	1644606	1567518	1651315	1543239	7760054	
14	First five years. If the Form 990 is for the							
	organization, check this box and stop he	_						
Secti	on C. Computation of Public Suppor				· · · · · · · · · · · · · · · · · · ·			
15	Public support percentage for 2013 (line 8	3, column (f) dı	vided by line 1	3, column (f))		15	99 %	
16	Public support percentage from 2012 Sch	nedule A, Part	III, line 15 .			16	99 %	
Secti	on D. Computation of Investment In	come Percei	ntage					
17	Investment income percentage for 2013 (	line 10c, colum	n (f) divided by	/ line 13, colun	nn (f))	17	1 %	
18	Investment income percentage from 2012					18	1 %	
19a	331/3% support tests-2013. If the organ						•	
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	publicly suppo	rted organization	on . ► 🔽	
b	331/3% support tests - 2012. If the organiz							
	line 18 is not more than 331/3%, check this !							
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

cneaule A (F	olum aan ot aan-ES) 5013	Page 4
Part IV	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12. Also complete this part for any additional information. (See instructions).	and
		**
<b></b>		
	······································	
		<b></b>
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### SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

### **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.

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

OMB No 1545-0047

Open to Public nspection

Name of the organization Employer identification number										
Willan	nette Valley Track and Field, Inc.						93-1143690			
Par	Fundraising Activities. Form 990-EZ filers are n	•	_		vered "Yes" to Fo	orm 990, Part IV,	line 17.			
1	Indicate whether the organizatio	n raised funds t	hrough any	of the follo	owing activities. Ch	eck all that apply.				
а			e [	Solicitati	on of non-governn	nent grants				
b	☐ Internet and email solicitation	าร	f [	] Solicitati	on of government	grants				
С	☐ Phone solicitations		g [		fundraising events	-				
ď	☐ In-person solicitations		_	•	•					
2a	Did the organization have a writ	ten or oral agre	ement with	any individ	dual (including offic	ers, directors, trus	tees			
	or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?									
b	<b>b</b> If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.									
		o. g								
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization			
			Yes	No	<del> </del>	<del></del>	<del></del>			
1										
_2										
3										
<u>4</u>										
5										
6				<u> </u>						
7	, <u>,</u>			ļ <u> </u>						
8										
9					<del>                                     </del>					
10				<u> </u>						
Total				>		· · ·				
3	List all states in which the orga registration or licensing.	nization is regis	tered or lic	ensed to s	solicit contributions	or has been notifi	ed it is exempt from			
				•••••			***************************************			
						***************************************				

Pa	art II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
		9.000 100 sipte 9.0000 tha	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	( , , , , , , , , , , , , , , , , , , ,	(2000)		
Re	2	Less: Contributions . Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses .				
Da	10 11	Direct expense summary. Ac Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, c	olumn (d)		enorted more
	17.3	than \$15,000 on Form 9		ed les tolonils	, raitiv, into 15, or i	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue	1506899			1506899
ses	2	Cash prizes	1161994			1161994
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs	63130			63130
_	5	Other direct expenses .	184322			86869
	6	Volunteer labor	☐ Yes % ☑ No	☐ Yes % ☐ No	☐ Yes %	
	7	Direct expense summary Ac	dd lines 2 through 5 ın c	olumn (d)		1409446
	8	Net gaming income summar	y Subtract line 7 from li	ne 1, column (d)		97453
ç	a Is	nter the state(s) in which the or the organization licensed to o "No," explain"	•	in each of these states		. 🗸 Yes 🗌 No
10		Vere any of the organization's g	gaming licenses revoked	I, suspended or termina	ated during the tax year?	? . ☐ Yes ☑ No

Schedu	ile G (Form 990 or 990-EZ) 2013			P	age 3							
11 , 12	Does the organization operate gaming activities with nonmembers?	ity	✓ Ye									
13 a	Indicate the percentage of gaming activity operated in:  The organization's facility				0 %							
b 14	An outside facility											
	Name ► Sports Services of Oregon											
	Address 4840 SW Western Avenue, Suite 100, Beaverton OR 97005				·							
15a	Does the organization have a contract with a third party from whom the organization receives gami revenue?		∐ Ye	s [√]	No							
b c	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$											
	Name ►											
	Address ▶											
16	Gaming manager information.											
	Name ▶ Debra Ireland											
	Gaming manager compensation ► \$ 34,914											
	Description of services provided ► Manages all aspects of bingo games subject to oversight by the Board of	Dire	ctors	<b></b>								
	□ Director/officer □ Employee □ Independent contractor											
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds retain the state gaming license?		∐ Ye	s ✓	No							
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations spent in the organization's own exempt activities during the tax year ▶ \$	or										
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to proadditional information (see instructions).			and								
	II, Line 16. Greg Hitchcock, a director, oversees the Bingo Manager and manages the responsibilities with the land											
	aining the bingo license with the State of Oregon. These duties are not considered part of his duties as a member of ores, but are performed as an employee. He reports to the board of directors with respect to these duties. His comp				13							
for the	ese duties was \$4,800.				<del>-</del> -							
		<b>-</b>			·							

## SCHEDULE Q (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization Employer identification number Willamette Valley Track and Field, Inc. 93-1143690 Part III, Page 2, Line 4d \$25,500 in grants to support our mission: \$1,000 to Oregon Sports Hall of Fame and Museum to support the annual induction ceremony. \$2,500 to Linus Pauling Middle School to support youth track meet in Corvallis. \$5,000 to Oregon Sports Authority to support the development of youth and amateur sports in Oregon. \$7,000 to Roosevelt High School Booster Club to help fund the costs of a new track at Roosevelt High School. \$5,000 to Oregon Sports Authority Foundation to help fund a youth track series in Oregon. \$5,000 to help fund the costs of a documentary on how the community came together to build the Roosevelt High School track. Part VI, Page 6, line 11a: Each of the board members receives a copy of the Form 990 before filing. It is also reviewed at a meeting. Part VI, Page 6, Line 12c: The organization's conflict of interest policy is contained in the Oregon Nonprofit Corporation Act The board meets regularly and notes any potential or actual conflicts at such meetings and follows the legally required policy. Part VI, Page 6, Line 15b: The independent board members set the compensation for the board member who is hired as an employee to oversee the bingo game. Part VI, Page 6, Line 19: The organization makes its public documents available upon request. In addition, such documents are publicly available on Guidestar.org and from the Oregon Department of Justice. Part VII, Page 7: Compensation is paid to a director for services as an employee, not for performing board functions.