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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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.

Open to Public Inspection

OM3 No 1545 0047

Α	For the	2013 calend	dar year, or tax y	ear begin	ning 7	/01	, 20	013, and ending	<u> 6</u> /	′30		, 2014	
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K	Form o	f organization.	X Corporation	Trust	Association	n Other ►		L Year of formation	n 195	2 M	State of	legal domicile.	CA
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∵Activities & Governance] P	LZHEIME	R'S DISEAS	E AND	HOSPIC	E CARE S	ERVICES	WITHIN T	HE CO	MMUNIT	<u> </u>		
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Unde	r penalties o	of perjury, I decla	re that Thave examined er (other than officer)	d this return, i	ncluding accom	panying schedule	s and statemen	ts, and to the best of	my knowled	ige and belief	, it is true	, correct, and	
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мау	the IRS	aiscuss this	return with the	preparer :	snown abo	ve? (see insl	ructions) .					X Yes	No

Form 990 (2013) VALLE MONTE LEAC	GUE	94-1702679 Page 2
Part III Statement of Program Se	•	
	response or note to any line in this Part III	<u> </u>
Briefly describe the organization's miss		
	DICATED TO RAISING FUNDS FOR LICENSE	
	LZHEIMER'S DISEASE AND HOSPICE CARE	SERVICES WITHIN THE
COMMUNITY		
2 Did the organization undertake any signific	cant program services during the year which were not listed on	the prior
Form 990 or 990-EZ?		Yes X No
If 'Yes,' describe these new services or		
·	or make significant changes in how it conducts, any prog	ram services? Yes X No
If 'Yes,' describe these changes on Sch	nedule O.	
4 Describe the organization's program se	rvice accomplishments for each of its three largest progra	m services, as measured by expenses.
others, the total expenses, and revenue	ions and section 4947(a)(1) trusts are required to report the an e, if any, for each program service reported.	nount or grants and allocations to
4a (Code) (Expenses \$	368, 524. including grants of \$ 368, 52	4.)(Revenue \$)
VALLE MONTE LEAGUE IS DE	DICATED TO RAISING FUNDS FOR LICENSE	D SERVICE AGENCIES THAT
	LZHEIMER'S DISEASE AND HOSPICE CARE	
	DISTRIBUTED TO THE ORGANIZATION'S S	
2013 FISCAL YEAR WHICH A	RE DEDICATED TO THE ORGANIZATIONS' P	<u>URPOSE</u>
		
		
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
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Ad Other program conuces (Describe in Si	chadula ()	
4 d Other program services. (Describe in So (Expenses \$	chedule O) Including grants of \$) (Reven	ue \$
4 e Total program service expenses ►	368, 524.	, , , , , , , , , , , , , , , , , ,

Form 990 (2013) VALLE MONTE LEAGUE
Part IV | Checklist of Required Schedules

			163	110
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4		х
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		х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a		Х
١	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	11 b		Х
•	bid 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	11 c		х
(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	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X .	11 e		<u>X</u>
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		X
	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	12Ь		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
t	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		х
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		Х
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	22		Х
24	Ia Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of	23	 -	
2-1	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		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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	25a		Х
	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		Х
26		235		
20	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			•
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		X
,	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		
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? If 'Yes,' complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	of 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35Ь		
36	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	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 (2	013)

Form 990 (2013) VALLE MONTE LEAGUE 94-1702679 Part V | 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 Nο 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1 a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2Ь 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?. 3 a X **b** If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. 3Ь 4 a 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)?..... 4 a X b If 'Yes,' enter the name of the foreign country: > See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Х 5 a 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?......... $\overline{\mathsf{X}}$ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?... 5 h c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 6 a 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? X 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?... X ĥЬ Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and X 7 a 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file X d If 'Yes,' indicate the number of Forms 8282 filed during the year X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.... . 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? R Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? . . . 9 a b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . 11 Section 501(c)(12) organizations. Enter. 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).... 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12Ь 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13 a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b

13 c

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q.

14 a

14b

X

Form 990 (2013) VALLE MONTE LEAGUE 94-1702679 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 34 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 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 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.. Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? . . . SEE SCHEDULE O. . X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?.. SEE SCHEDULE. O....... X 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a Х b Each committee with authority to act on behalf of the governing body? X 8Ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a Did the organization have local chapters, branches, or affiliates?. . X 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?. 10 b \overline{X} 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a 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 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE SCHEDULE . O X 12 c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy?. . . . X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a Х **b** Other officers of key employees of the organization 15 b X 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? X 16 a 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? . Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

TREASURER 10450 KENBAR ROAD LOS ALTOS HILLS CA 94024 408-499-0058

Form 990 (2013)	VALLE	MONTE	LEAGUE

94-1702679

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1 a 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				,				,		
		(C)								
(A) Name and Title	(B) Average hours per week (list	one bo	er an	iless p id a di	erso	k more on is bot or/truste	th an e)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) CATHY DE MARIA	11									
DIRECTOR	0	Х						0.	0.	0.
(2) LINDA BISHOP	11				- 1					
DIRECTOR	0	X						0.	0.	0.
(3) MICHELLE HAMMACK	11				ſ					
DIRECTOR	0	Х	_	_				0.	0.	0.
_(4)_LIZA_JENSEN								_ }	_	
DIRECTOR	0	Х		_	4			0.	0.	0.
_(5) LUCY CRAWFORD		· ,,	ĺ	İ		ĺ				
DIRECTOR	0	Х	\dashv		4			0.	0.	<u> </u>
(6) GINA COMES	11	. ,	ı						2	•
DIRECTOR DIMMEDIS	0	X	<u> </u>	\dashv	-			0.	0.	0.
(7) INGELA BUTTERS	$-\frac{1}{2}$		ľ				ł			•
DIRECTOR	0	Х	\dashv	-	\dashv			0.	0.	0.
(8) SALLY ALLEN	$-\frac{1}{2}$.,								•
DIRECTOR (9) LORETTA GAMBILL	0 1	X	\dashv	-	-		\dashv	0.	0.	0.
DIRECTOR		х				ĺ		0.	0.	0
(10) CHERYL LINDHOLM	1	-^ -		\dashv	\dashv				U.	0.
DIRECTOR		х			-		i	0.	0.	0.
(11) JANICE MIYATAKE	1	^	-	-+	-+			· · · · · ·		
DIRECTOR		х			-]			0.	0.	0.
(12) JILL MULLER	1		\dashv	\dashv	\dashv		\dashv	<u> </u>	0.1	
DIRECTOR		х					1	0.	0.1	0.
(13) SARAH ARMSTRONG	1		\dashv	\dashv	\dashv		寸			
DIRECTOR		x					- 1	0.	0.	0.
(14) CAROL GARNETT	1		十	\top	十	$\overline{}$	\dashv		<u>`</u>	
DIRECTOR		х				ł		0.	0.1	0.
								<u> </u>		

Page 8

Part VII Section A. Officers, Directors, T	rustees,	Key	<u> Er</u>	npl	loye	ees,	an	d Highest Cor	npensated Em	ploye	es (coi	ntınued
	(B)	Ì		•	C)			j .				
(A) Name and title	Average hours per	box	, unle	ess p	erson dırect	e than is bot or/trus	th an stee)	Reportable compensation from	(E) Reportable compensation from	amo	(F) Estimated	ther
	week (list any hours for related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	or a	npensati from the ganization nd relate ganization	on on ed
(15) LYNNE KEAST	11_	-										
DIRECTOR	0	X						0.	0.			_ 0.
(16) DIANE LOVAGLIA	11											
DIRECTOR	0	X						0.	0.			0.
DIRECTOR	$-\frac{1}{0}$	х						0.	0.			0.
(18) RENEE MENDOZA DIRECTOR	$-\frac{1}{0}$	х						0.	0.			0.
(19) LYNN SWENSON	1							· · ·	<u> </u>	<u> </u>		
DIRECTOR		X						0.	0.	ĺ		0.
(20) DIANNA TUYOR	1											
DIRECTOR	7 0	Х						0.	0.			0.
(21) GINGER TURNBULL	11										_	
DIRECTOR	0	Х						0.	0.			0.
(22) PAMELA PETERSON												
DIRECTOR	0	Х						0.	0.			0.
(23) MARNI WILLIAMS	- 1 - - ·	,,							0			_
DIRECTOR	0	Х						0.	0.			0.
(24) NANCY WEEKS DIRECTOR	$-\frac{1}{0}$	$ \mathbf{x} $	ļ	ı				0.	0.			0.
(25) LAURIE WOODWARD	1	^		\dashv				0.	0.			_ 0.
DIRECTOR		х					Ì	0.	0.			0.
1 b Sub-total						!	-	0.	0.			0.
c Total from continuation sheets to Part VII, Section	on A						▶	0.	0.			0.
d Total (add lines 1b and 1c)							▶ [0.	0.			0.
2 Total number of individuals (including but not lim	nited to thos	e lis	ted :	abov	ve) v	who i	rece	eived more than \$1	00,000 of reportab	le com	pensati	
from the organization 0											Yes	No
3 Did the organization list any former officer, direct	tor, or trust	ee, k	cey (emp	loye	e, o	r hıg	phest compensated		3	163	
on line 1a? If 'Yes,' complete Schedule J for suc 4 For any individual listed on line 1a, is the sum of	f reportable	com	pen	satio	on a	nd o	ther	compensation fro	 m	3		X
the organization and related organizations greate such individual		٠.					• • •			4		X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e compens s,' complete	ation Sch	fror edu	n ar <i>le J</i>	ny ui for	nrela such	ted <i>per</i>	organization or inc rson	dividual ····	5		Х
Section B. Independent Contractors 1 Complete this table for your five highest compen	catad indar	onde	nt (non!	rack	orc #1	224 1	rosowed more than	2 \$100 000 of			
compensation from the organization. Report com	isateu inuer ipensation f	or th	e ca	alen	dar y	year	end	ling with or within	the organization's t	ax yea	·.	
(A) Name and business add	iress							(B) Description of	services	((Compe	C) nsatioi	n
							1					
<u> </u>							\dashv					
							-					
2 Total number of independent contractors (includi-	na hut not !	ımıte	d to	the	ا م	sted	ahr	ve) who received	more than		······	
\$100,000 of compensation from the organization			. (0	1110	JC 11	J.CU	auc	AND IECEIVED	more dian			
T. Coloco C. Componication north the organization	U											

_	Check if Schedule O contains a response or note to any	line in this Part VIII	ι	. <u> </u>	<u> </u>
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns. b Membership dues	125,800.			
PROGRAM SERVICE REVENUE	Business Code 2 a b c d e f All other program service revenue g Total. Add lines 2a-2f		-		
	3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds. 5 Royalties	412.	412.		
	7 a Gross amount from sales of assets other than inventory. b Less: cost or other basis and sales expenses	·		·	
OTHER REVENUE	8 a Gross income from fundraising events (not including \$ 109,847. of contributions reported on line 1c). See Part IV, line 18	140,427.			
	10 a Gross sales of inventory, less returns and allowances				
	11 a PROGRAM ADVERTISING 541800 b c d All other revenue	23,951.	23,951.		0
RΔΔ	12 Total revenue. See instructions	290,590.	24,363.	0.	Form 990 (2013)

TEEA0109L 07/08/13

Part IX Statement of Functional Expenses

Se	ction 501(c)(3) and 501(c)(4) organizations must	complete all columns. A	All other organizations n		4).
_	Check if Schedule O contains a r	_ -`			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	and organizations in the United States. See Part IV, line 21	368,524.	368,524.	:	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	a Management				
	b Legal				
	c Accounting	1,750.		1,750.	
	d Lobbying.	1,750.		1,750.	
	e Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	1 Other. (If line 11g amt exceeds 10% of line 25, column			_,	
-	(A) amount, list line 11g expenses on Schedule (1).				
12	Advertising and promotion				
13	Office expenses	6,088.		6,088.	
14	Information technology	1,468.	-	1,468.	
15	Royalties				
16	Occupancy	6,270.		6,270.	
17	Travel	·			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	6,558.		6,558.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	·				
t	, 				
c	:				
c	ı — — — — — — — — — — — — — — — — — — —				
-	All other expenses	•			
25	Total functional expenses. Add lines 1 through 24e	390,658.	368,524.	22,134.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	59,671.	1	
	2	Savings and temporary cash investments	183,283.	2	142,886.
	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 organizations (see instructions). Complete Part II of Schedule L		6	•
S	7	Notes and loans receivable, net		7	
A S E T	8	Inventories for sale or use	······	8	
T S	9	Prepaid expenses and deferred charges	· · · ·	9	
	10 a	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	ŀ	Less: accumulated depreciation 10b	;	10 c	
	11	Investments — publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	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)	242,954.	16	142,886.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities		20	
Ä	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ABILITIES	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
į	23	Secured mortgages and notes payable to unrelated third parties		23	
Š	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	0.
F		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.			
人のいましい	27	Unrestricted net assets	Ī	27	•
Ē	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
O R F		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.			·
נים סצם	30	Capital stock or trust principal, or current funds	242,954.	30	142,886.
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ă	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ņ	33	Total net assets or fund balances	242,954.	33	142,886.
BALANCES	34	Total liabilities and net assets/fund balances	242,954.	34	142,886.
BA	4				Form 990 (2013)

		94-	170267	9	P	age 12
Pa	rt 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)		1		290,	590.
2	Total expenses (must equal Part IX, column (A), line 25)		2		390,	658.
3	Revenue less expenses. Subtract line 2 from line 1		3			068.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4			954.
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6	-		
7	Investment expenses.		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9	0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
F	column (B))	٠	10	1	42,	<u>886.</u>
Pa	TXII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both:	ewed	on a			
	Separate basis Consolidated basis Both consolidated and separate basis					ļ
b	Were the organization's financial statements audited by an independent accountant?			2ь		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both:				.,,,	
	Separate basis Consolidated basis Both consolidated and separate basis					
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the	audit,	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain					
_	ın Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Audit Act and OMB Circular A-133?	he Si	ngle 	3a		x
ь	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the r	eguir	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3ь		1
BAA				Form	990 ((2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

VALLE MONTE LEAGUE 94-1702679 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.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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.) 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 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 11 describes the type of supporting organization and complete lines 11e through 11h. Type II c | Type III - Functionally integrated d | Type III — Non-functionally integrated 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No 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? 11 g (i) A family member of a person described in (i) above? 11 g (ii) 11 g (iii) Provide the following information about the supported organization(s). h (vi) is the organization in column (i) (vii) Amount of monetary (i) Name of supported organization di) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify (iv) Is the the organization in column () of your support? organization in column (i) listed in support organized in the U.S ? your governing document? Yes No Yes No No Yes (A) (B) (C) (D) (E) BAA 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.)

Sec	tion A. Public Support						
Cale beg	endar year (or fiscal year inning 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.						
Sec	tion B. Total Support				1		
Cale begi	ndar year (or fiscal year nning 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			1			
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 activi	ties, etc (see insti	ructions)			12	
13	First five years. If the Form 990 is organization, check this box and						▶ 🔲
	tion C. Computation of Pu						
	Public support percentage for 201		• •				<u> </u>
15	Public support percentage from 2	012 Schedule A, I	Part II, line 14			15	%
16 a	33-1/3% support test — 2013. If the and stop here. The organization of	ne organization di jualifies as a publ	d not check the bo icly supported org	ox on line 13, and anization .	the line 14 is 33-1		ck this box
ь	33-1/3% support test — 2012. If the and stop here. The organization of	e organization did qualifies as a publ	not check a box icly supported org	on line 13 or 16a, janization	and line 15 is 33-	1/3% or more, che	ck this box
17 a	10%-facts-and-circumstances tes or more, and if the organization mathe organization meets the 'facts-	neets the 'facts-ar	d-circumstances'	test, check this be	ox and stop here.	Explain in Part IV	how _
	10%-facts-and-circumstances tes or more, and if the organization morganization meets the 'facts-and-	neets the 'facts-ar circumstances' te	d-circumstances' st. The organizati	test, check this bo on qualifies as a p	ox and stop here. oublicly supported	Explain in Part IV organization	how the ►
18	Private foundation. If the organiza	ition did not checl	c a box on line 13	, 16a, 16b, 17a, oi	r 17b, check this b	oox and see instru	ctions . ►

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 yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
 Gifts, grants, contributions and membership fees]				!	
received. (Do not include any 'unusual grants.')	190,258.	229,443.	10/ 10/	203 040	125 000	1 022 654
2 Gross receipts from admis-	130,238.	227,443.	184,104.	293,049.	125,800.	1,022,654.
sions, merchandise sold or	[
services performed, or facilities furnished in any activity that is	;					
related to the organization's		J				
tax-exempt purpose	407,018.	454,376.	359,751.	403,477.	401,196.	2,025,818.
3 Gross receipts from activities that are not an unrelated trade						
or business under section 513.						0.
4 Tax revenues levied for the						
organization's benefit and either paid to or expended on		[İ		ļ	
ıts behalf				İ		0.
5 The value of services or facilities furnished by a						
governmental unit to the		}				
organization without charge .						0.
6 Total. Add lines 1 through 5.	597,276.	683,819.	543,855.	696,526.	526,996.	3,048,472.
7 a Amounts included on lines 1, 2, and 3 received from						
disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2	··					<u></u>
and 3 received from other than	1	Į				
disqualified persons that exceed the greater of \$5,000 or						
1% of the amount on line 13	_ [_	_	_	_	
for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						3,048,472.
•	<u></u>			ŧ	i	3,040,412.
Section B. Total Support	(2) 2000	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Calendar year (or fiscal yr beginning in) ► 9 Amounts from line 6	(a) 2009	(b) 2010				
10 a Gross income from interest,	597,276.	683,819.	543,855.	696,526.	526,996.	3,048,472.
dividends, payments received						
on securities loans, rents, royalties and income from						
similar sources	2,042.	1,074.	493.	561.	412.	4,582.
b Unrelated business taxable						
income (less section 511 taxes) from businesses						
acquired after June 30, 1975						0.
c Add lines 10a and 10b	2,042.	1,074.	493.	561.	412.	4,582.
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is					ĺ	
regularly carried on						0.
12 Other income. Do not include						
gain or loss from the sale of capital assets (Explain in					ļ	
Part IV.)						0.
13 Total Support. (Add Ins 9,10c, 11 and 12)	599,318.	684,893.	544,348.	697,087.	527,408.	3,053,054.
14 First five years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	ıfth tax year as a	section 501(c)(3)	
·				<u> </u>	·· · ··· <u>·</u> · ····	
Section C. Computation of Pu			12		1 10	00.05 %
15 Public support percentage for 201	•				15	99.85 %
16 Public support percentage from 2					16	99.67 %
Section D. Computation of Inv						
17 Investment income percentage for	-		•	n (f)). .	17	0.15 %
18 Investment income percentage from					. 18	0.33 %
19 a 33-1/3% support tests — 2013. If t	he organization did	d not <u>c</u> heck the bo	ox on line 14, and	line 15 is more th	nan 33-1/3%, and	line 17
is not more than 33-1/3%, check	•	_	•	• • • • • • • • • • • • • • • • • • • •	_	► X
b 33-1/3% support tests — 2012. If t line 18 is not more than 33-1/3%,	he organization did	i not check a box	on line 14 or line	19a, and line 16 i	s more than 33-1/	ation ► □
20 Private foundation. If the organiz						- H
ZO Private foundation. If the organiz	anon did not check	TEFANANSI (00 or 990-FZ) 2013
34141		I HE ALIZABEL (IDI/XII S	<u> </u>		990-57/1/11

Schedule /	A (Form 990 or 990-EZ) 2013	VALLE MONTE LEAGUE	94-1702679 Page 4
Part IV	Supplemental Informa or 17b; and Part III, lin (See instructions).	ation. Provide the explanations required by Pane 12. Also complete this part for any additional	rt II, line 10; Part II, line 17a I information.
			
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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. See separate instructions.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is

0MB No 1545 0047

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at www.irs.gov/form990. Name of the organization Employer identification number VALLE MONTE LEAGUE 94-1702679 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 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. (i) Name and address of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (or retained by) or entity (fundraiser) from activity (or retained by) have custody or control of contributions? fundraiser listed in organization column (i) Yes No 2 3 4 5 6 7 8 9 10 Total . List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2013 VALLE MONTE LEAGUE 94-1702679 Page 2 Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add column (a) through column (c)) MEMBERS' SOCIA XMAS TREE ELEG NONE REVENU (total number) (event type) (event type) 1 Gross receipts 475,035 12,057. 487,092. 2 Less, Charitable contributions . . . 109,847 109,847. Gross income (line 1 minus line 2) 365,188. 12,057. 37<u>7,24</u>5. Cash prizes Noncash prizes 13,329 13,329. DIRECT Rent/facility costs 12,465 12,465. Food and beverages. 8,860 89,293. 98,153. EXPERSES Entertainment 73,165 73,165. Other direct expenses 39,706. 39,706. Direct expense summary. Add lines 4 through 9 in column (d) 236,818. Net income summary. Subtract line 10 from line 3, column (d) 140,427. Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (c) Other gaming (d) Total gaming (a) Bingo REVEXUE bingo/progressive (add column (a) bingo through column (c) Gross revenue EXPENSE DIRECT 3 Noncash prizes Other direct expenses 왕 Yes 왕 Yes Yes 6 Volunteer labor. No No No Direct expense summary. Add lines 2 through 5 in column (d)...... Net gaming income summary. Subtract line 7 from line 1, column (d) .

9 Enter the state(s) in which the organization operates gaming activities:		
a is the organization licensed to operate gaming activities in each of these states?	 Yes	No
b If 'No,' explain.	 	
	 -	
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?. b If 'Yes,' explain:	· Yes	No
	 ·	

	edule G (Form 990 of 990-82) 2013 VALLE MONTE LEAGUE	94-170	2019	rage 3
41	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity find administer charitable gaming?	ormed to	Yes	No
13	Indicate the percentage of gaming activity operated in:			
	a The organization's facility	13 a		8
	b An outside facility	13 Ь		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books at	nd records	:	
	Name •			
	Address >			
	a Does the organization have a contact with a third party from whom the organization receives gaming reveni		Yes	No
ì	b If 'Yes,' enter the amount of gaming revenue received by the organization - \$ and	I the amou	nt	
	of gaming revenue retained by the third party > \$			
•	c If 'Yes,' enter name and address of the third party:			
	Name ►			
	Address >			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to re state gaming license?	tain the	Yes	No
ь	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	spent in t	he	
D.	organization's own exempt activities during the tax year \$	column	· (iii) and	<u> </u>
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide information (see instructions).	any add	itional	(v),
				· · · · · · · · · · · · · · · · · · ·
BAA	TEEA3703L 06/26/13 Schedu	e G (Form	990 or 990)-EZ) 2013

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

2013

OMB No 1545 0047

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<u>2</u>

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number ... X Yes 94-1702679 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part | General Information on Grants and Assistance VALLE MONTE LEAGUE Name of the organization

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	e to Governmen for any recipien	ts and Organizat t that received r	ions in the United S nore than \$5,000. F	tates. Complete if	the organization a	answered 'Yes' to	ed.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALZHEIMER'S RESPITE & RESEARC 2380 ENBORG LANE SAN JOSE, CA 95128		501(C)(3)	50,521.	o			FINANCIAL
(2) FAMILY & CHILDREN SERVICES 950 WEST JULIAN STREET SAN JOSE, CA 95126		501(C)(3)	197,527.	0			FINANCIAL
(3) JOHN XXIII SERVICE CENTER		501(C)(3)	14,435.	O			FINANCIAL
(4) SERVICES FOR BRAIN INJURY — 60 DAGGETT DRIVE — SAN JOSE, CA 95134		501(C)(3)	50,520.	o			FINANCIAL
(5) THE CENTER FOR LIVING WITH DY 554 MANSION PARK DRIVE SANTA CLARA, CA 95054		501 (C) (3)	50,521.	0			FINANCIAL
(9)							
ω							
(8)							
2 Enter total number of section 501(c)(3) and government organizations3 Enter total number of other organizations listed in the line 1 table	and government or ns listed in the line	ganizations listed in 1 table	listed in the line 1 table				0
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructions	s for Form 990.		TEEA3901L 07/12/13	07/12/13	Schedu	Schedule I (Form 990) (2013)

Påge 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

					•
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non cash assistance
1					
2					
3					
4					
5					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the informatio	n required in Part	I, line 2, Part III, co	olumn (b), and any oth	er additional information.
	: ! ! ! ! !		 		
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	 	 	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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Schedule I (Form 990) (2013)

SCHEDULE O (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-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

VALLE MONTE LEAGUE	94-1702679
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF M	EMBERS OR SHAREHOLDER
DUES PAYING MEMBERS. MEMBERSHIP IS BY INVITATIO	N
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLI	DERS ELECT GOVERNING BODY
BOARD ACTIONS SUBJECT TO APPROVAL BY MEMBERSHIP.	BOARD MEMBERS AND OFFICERS ELECTED
BY MEMBERSHIP.	
FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BOD	DY APPROVAL BY MEMBERS OR SHAREHOLDERS
BOARD ACTIONS SUBJECT TO APPROVAL BY MEMBERSHIP.	
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCES	s
FORM 990 AND ALL SUPPORTING DOCUMENTS AVAILABLE	TO MEMBERS UPON REQUEST.
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING	AND ENFORCEMENT OF CONFLICTS
POSSIBLE CONFLICTS OF INTEREST ARE REVIEWED AT BO	DARD OF DIRECTORS MEETINGS.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUME	ENTS PUBLICLY AVAILABLE
FORM 990 AND ALL SUPPORTING DOCUMENTS, PLUS MINUS	res of all board meetings, available
TO MEMBERS UPON REQUEST.	
·	

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return File a separate application for each return.

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

OVA	Nα	1545.	1700

If you ar	e filing for an Automatic 3-Month Extension, co	mplete only	Part I and check this box			• X		
	e filing for an Additional (Not Automatic) 3-Mon					_		
Do not com	plete Part II unless you have already been grante	ed an autom	natic 3-month extention on a previously f	iled F	orm 8868.			
corporation request an ex Associated \	iling (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (no klension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which ming of this form, visit www.irs.gov/efile and click	t automatic) I or Part II v oust be sent) 3-month extension of time. You can ele with the exception of Form 8870, Information to the IRS in paper format (see instruct	ectroni Retur	ically file Form n for Transfers	n 8868 to		
Part I	Automatic 3-Month Extension of Time	. Only sul	omit original (no copies needed).					
	n required to file Form 990-T and requesting an				ete Part I only	/ ► □		
	porations (including 1120-C filers), partnerships,	REMICs, ar	nd trusts must use Form 7004 to request	an ex	ctension of tim	ne to file		
income tax i	returns.		Enter filer's identif	hina	number cap is	nstructions		
	Name of exempt organization or other filer, see instructions.		Enter mer sidenti		yer identification n			
Type or					,	, , ,		
print	MALLE MONTHE LEACHE				1702670			
	Number, street, and room or suite number. If a P.O. box, see if	nstructions.			1702679 secunty number (SSN)		
File by the due date for						•		
filing your return. See	P.O. BOX 5874 City, town or post office, state, and ZIP code. For a foreign add	ress, see instru	ctions.	L				
SAN JOSE, CA 95151-5874								
	SAN JUSE, CA 93151-3874							
Enter the Re	turn code for the return that this application is fo	or (file a sep	parate 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	(section 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T ((trust other than above)	06	Form 8870			12		
Telephone If the org If this is for check this the exten I reques until The ext	s are in the care of LINDA CONOVER, The No. > 408-892-7108 anization does not have an office or place of bustor a Group Return, enter the organization's four s box > If it is for part of the group, cosion is for. It an automatic 3-month (6 months for a corporation 2/15, 20 15, to file the exempt organization is for the organization's return for: calendar year 20 or tax year beginning 7/01, 20 13 ax year entered in line 1 is for less than 12 monthinge in accounting period	Fax No. siness in the digit Group heck this bo required to finization ret	E United States, check this box	this is	for the whole	group,		
3 a If this a nonrefu	pplication is for Forms 990-BL, 990-PF, 990-T, 4 ndable credits. See instructions	720, or 6069	9, enter the tentative tax, less any	3 a	\$	0.		
b If this a tax pay	pplication is for Forms 990-PF, 990-T, 4720, or 6 ments made. Include any prior year overpaymen	069, enter a	any refundable credits and estimated s a credit	3 Б	\$	0.		
EFTPS	e due. Subtract line 3b from line 3a. Include your (Electronic Federal Tax Payment System). See	instructions.		3 c		0.		
Caution. If yo payment instr	ou are going to make an electronic funds withdra ructions.	wal (direct o	debit) with this Form 8868, see Form 845	53-EO	and Form 88	79-EO for		

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

Internal Revenue Service

Name of the Organization

Employler Identification number

VALLE MONTE LEAGUE 94-1702679

VALLE MONTE LEAGUE									94-1702679	
Part VII Continuation: Officers, Highest Compensated E	Directors Imployee	s, Trı es	ıste	es,	, Ke	ey Er	mpl	oyees, and		
(A)	(B)			((-	(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organiza tions below	ndividual trustee or director				Highest compensated employee		Reportable	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
	dotted line)	9	[8]			sale				
LINDA CONOVER RECORDING SEC.	3 0			х				0.	0.	0.
CAROLYN ANDERSON	3									
2ND VICE PRES.	0	İ		Х				0.	0.	0.
LUANA CROTTEAU	3									
1ST VICE PRES.	7-0-	Ť	İ	Х				0.	0.	0.
ADRIANNA CITTI-GLASCOTT PARLIAMENTARIAN	3 0			Х				0.	0.	0.
BARBARA WEINGARTEN	3									
PRESIDENT	0			Х				0.	0.	0.
MARILYN TAKETA	3									
TREASURER	0			X				0.	0.	0.
PAT TOWNSEND ASST. TREASURER	3 -			Х				0.	0.	0.
RUBY FOOTE	3				T					
CORRESP. SEC.	0			Χ				0.	0.	0.
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