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EXTENSION GRANTED THROUGH 03/15/15

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Form 990

▶ 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

4	A F	or the	2013 calendar year, or tax year beginning AUG	<u>1, 2013</u> and	ending J	UL 31, 2014	
Ī	3 CI	heck if oplicable	C Name of organization			D Employer identificat	tion number
		Addres change	UMPQUA VALLEY CHRISTIAN S	CHOOLS			
		Name change	Doing Business As			93-09!	51533
]Initial return	Number and street (or P.O. box if mail is not delivered t	o street address)	Room/suite	E Telephone number	
		Terminated	222 VODEKIO CKEEK KD		,	(541)	679-6248
		Amend return	City or town, state or province, country, and ZIP or		G Gross receipts \$	1,249,924.	
		Applica	_ RUSEBURG, UR 9/4/1		H(a) Is this a group retu	rn	
		pendin	F Name and address of principal officer. Sub &	FILLHAM		for subordinates?	Yes X No
_			SAME AS C ABOVE			H(b) Are all subordinates inclu	ded? Yes No
_				sert no.) 4947(a)(1)	or 527	If "No," attach a list	t (see instructions)
			e: ► WWW.UVCS.ORG			H(c) Group exemption n	
			organization: X Corporation Trust Association	on Other	L Year	of formation: 1988 M S	tate of legal domicile: OR
L	Pa		Summary				
	8		Briefly describe the organization's mission or most signification				S TO
	Activities & Governance		EDUCATE AND DISCIPLE STUDENT:				
	/er		Check this box I if the organization discontinued		sed of more	than 25% of its net asse	
	် ဗ		Number of voting members of the governing body (Part V	•		3	10
	∞		Number of independent voting members of the governing			4	10
	ties		otal number of individuals employed in calendar year 20	113 (Part V, line 2a)		5	55
	Ęį		otal number of volunteers (estimate if necessary)	.		6	100
	Ac		otal unrelated business revenue from Part VIII, column (7	7a	0.
-		<u> </u>	Net unrelated business taxable income from Form 990		+	7b	0.
				C)		Prior Year	Current Year
	ī.e		Contributions and grants (Part VIII, line 1h)	JAN 2 8 2015 💢	Հ\	2,377,466.	205,652.
	Revenue	9 1	Program service revenue (Part VIII, line 2g)	; ·	일	849,712.	907,145.
	æ		1	~ N / N / N / N / N / N / N / N / N / N	\ <u> </u>	2,723.	3,597.
	į		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d		.¹	20,142.	42,447.
-			Total revenue - add lines 8 through 11 (must equal Part V			3,250,043.	1,158,841.
	-		Grants and similar amounts paid (Part IX, column (A), line	•		12,200.	9,749.
	.		Benefits paid to or for members (Part IX, column (A), line Salaries, other compensation, employee benefits (Part IX	0. 615,985.	0. 629,818.		
	Expenses		Professional fundraising fees (Part IX, column (A), line 11	-	013,983.		
	Pe		Fotal fundraising expenses (Part IX, column (D), line 25)	" ▶ 17,8	60	<u></u>	<u> </u>
	<u>~</u>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-2-		05.	378,097.	488,154.
			Total expenses Add lines 13-17 (must equal Part IX, column	•		1,006,282.	1,127,721.
	-		Revenue less expenses. Subtract line 18 from line 12	iriir (-y, iirie 23)		2,243,761.	31,120.
-	88		toversad load experience, education for morn since 12		Re	ginning of Current Year	End of Year
+	sers or alances	20	fotal assets (Part X, line 16)		- DC	4,712,425.	4,682,797.
	ASS Bass		Fotal liabilities (Part X, line 26)			457,293.	396,545.
1	털티		Net assets or fund balances Subtract line 21 from line 20	n		4,255,132.	4,286,252.
<u>ශ</u> ුව [Pa	rt II	Signature Block	<u> </u>	•	170007200	1,200,232.
	Unde	r pena	ties of perjury, I declare that I have examined this return, includi	ng accompanying schedule	es and statem	ents, and to the best of my k	nowledge and belief, it is
			, and complete. Declaration of preparer (other than officer) is ba				,
(E)							
	Sign	,	Signature of officer			Date	
	Here		Sue GILHAM SUPERINTENDEN	T		1/10/15	
\bigcirc			Type or print name and title			17.41.0	
SCANNE			Print/Type preparer's name Prepa	rer's signature	[Date Check	PTIN
雲	Paid		Thomas J. Davidson	- XVX		12/22/14 self-employed	P00117178
	Prep	arer	Firm's name NEUNER, DAVIDSON &	COOLEY LLC		Firm's EIN .	93-0764156
	Use (Only	Firm's address P.O. BOX 1786				
W)			ROSEBURG, OR 97470			Phone no. 5 4 1 -	-672-4886
1	May	the IF	S discuss this return with the preparer shown above? (s	ee instructions)			X Yes No
;	33200	10-29	2-13 LHA For Paperwork Reduction Act Notice, see	the separate instructi	ions.	10-7-	Form 990 (2013)
						0111-	10 00
						1116	
						$\overline{}$	

Form	990 (2013) UMPQUA VALLEY CHRISTIAN SCHOOLS 93-0951533 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
-	TO PARTNER WITH PARENTS TO EDUCATE AND DISCIPLE STUDENTS FROM A
	BIBLICAL WORLDVIEW.
	DIBBIONE WORLD VIEW
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 674,079. including grants of \$ 9,749.) (Revenue \$ 910,742.)
	TO OPERATE THE CHRISTIAN SCHOOLS FOR THE ELEMENTARY AND SECONDARY
	EDUCATION OF CHILDREN.
	DOCITION OF CHIEDRAN.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$
<u>4e</u>	Total program service expenses ► 674,079.
	Form 990 (2013)
33200	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
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	ļ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<u>-</u> _
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			j
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
40	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	_	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			ĺ
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		v	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	X	-
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	4.41-	v	•
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b	Х	<u> </u>
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44.		v
٦	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	11c		X
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	444		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	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	17		Х
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_	X	
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2013)

Form 990 (2013) UMPQUA VALLEY CHRISTIAN SCHOOLS Part IV Checklist of Required Schedules (continued)

			res	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		X
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? If "Yes," complete			
	Schedule J	23		<u>X</u>
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			3,7
L	Schedule K. If "No", go to line 25a	24a		_X_
b	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	24b		
С	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	Schedule L, Part I	25b		X
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		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	0.7		v
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		X
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	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
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		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		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		X
.	Part V, line 1	34	ı	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38_	X	(2013)

Enter the number reported in Box 3 of Form 1096 Enter 0-4 not applicable		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the rumber of Forms W.2G included in line 1a. Enter o', if not applicable on the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2e Enter the rumber of employees reported on Form W.3. Transmittal of Wage and Tax Statements. [2a 55] biff at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and all 2s greater than 250, you may be required to e-file (see instructions) 3a. Did the organization have unrelated businesse gross income of \$1,000 or more during the year? 4a. All any time during the calendar year, did the organization file and see a second, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts. 5b. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c. Was the organization aparty to a prohibited tax shelter transaction are young that the propagation of the programization in the organization that was or is a party to a prohibited tax shelter transaction? 6c. Was the organization aparty to a prohibited tax shelter transaction are young that the programization aparty to a prohibited tax shelter transaction are young to the same that are the same of the organization shelt with organization that was or is a party to a prohibited tax shelter transaction? 6c. X 9d. If Yes, 1 did the organization in the organization that it was or is a party to a prohibited tax shelter transaction? 6c. X 9d. If Yes, 2 did the organization in the organization that it was or is a party to a prohibited tax shelter transaction or great that the organization shelt in the organization s				Yes	No
c Det the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2. 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. 8. If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 8. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 8. Did the organization have unrelated business gross incrine of \$1,000 or more during the year? 8. If Yes, 1 has it filed a Form 950-T for this year? If No, 1 one 2b, provide an explanation in Schedule O 8. If Yes, 1 has it filed a Form 950-T for this year? If No, 1 one 2b, provide an explanation in Schedule O 8. If Yes, 1 one the manse of the foreign country? 8. See instructions for filing requirements for Form TD F 90.22.1 Report of Foreign Bank and Financial Accounts. 8. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 8. If Yes, 1 one 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 9. If Yes, 1 one 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 9. If Yes, 1 other 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 9. If Yes, 2 other 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 9. If Yes, 2 other 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 9. If Yes, 2 other 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 9. If Yes, 2 other 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 9. If Yes, 2 other 5b, did the organization shelt were not tax deductible? 9. If Yes, 3 other 5b,	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
gambingly winnings to prize winners? Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return It leads one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a greater than 250, you may be required to e-file (see instructions) By the organization have unrielated business gross income of \$1,000 or more during the year? By the Yes, 1 has a file all Form 990-71 for the year 11 "No, 1" for line 3b, your owned an explanation in Schedule O By the Committee of the organization of the word of 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)? By the Yes, 1 enter the name of the foreign country Possible 1 and 1	b	Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable 1b 0			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fled 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? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-/fe (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more dumpt the year? 5a If Yes, 1 has if filed a Form 990-T for this year? If 1%, 1 the 3b, provide an explanation in Schedule O 5b If Yes, 1 has if filed a Form 990-T for the year? If 1%, 1 the 3b, provide an explanation in Schedule O 5c If Yes, 1 the file of the year is the year? If 1%, 1 the 3b, provide an explanation in Schedule O 5c If Yes, 1 the file of the year is year. If Yes, 1 the year? If 1%, 1 the 3b, year year. 5c If Yes, 1 the file is the year year, did the organization have an interest in, or a signature or other authority over, a financial accountly a foreign country? 5c If Yes, 1 the file is the year year. If the organization that is the year year. 5c If Yes, 1 the ine 5a or 5b, did the organization file Form 888817 5c If Yes, 1 the ine 5a or 5b, did the organization file Form 888817 6d Does the organization shall personal prosess year. 6d Does the organization shall personal prosess year. 6d If Yes, 1 the the organization file form self year year. 6d If Yes, 2 the the organization shall nany receive deductible contributions under section 170(c). 6d If Yes, 2 the the organization shall nany receive deductible contribution and partly for goods and services provided to the payor? 7d If Yes, 2 the the organization is not the year year and year. 6d If Yes, 3 the discretable receive a payment in excess of \$15 made partly as a contribution and partly for goods and services provided to the payor. 7d If Yes, 3 the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If	c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
field for the calendar year ending with or within the year covered by this return 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 Life the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b Life was the did not supported for the year of III *No, 1 fair all *you provide an explanation in Schedule 0 3a Life 1 fair and 1 fair a file a form 950 for for the year II *No, 1 fair and 3 purvised an explanation in Schedule 0 3b Life 1 fair and 1 f		(gambling) winnings to prize winners?	1c	_X	
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of fines 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 A any time during the calendary year, did the organization have an inferent 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)? 5b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization in the Form 888617 6c If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If "Yes," to line 5a or 5b, did the organization notify the did by a schill that such contributions or gifts were not tax deductible? 6d If "Yes," to line 5a or 5b, did the organization notify the donor of the value of the goods or services provided? 6d If "Yes," include on financial that a line that the contributions of the value of the goods and services provided? 6d If "Yes," include the organization secure any funds, directly or indirectly, to pay premiums on a personal benefit contract? 6d If Yes, "Indirect the	2 a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return . 2a 55			
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b 1" Yes, "has it filed a Form 990-T for this year? If "No." to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an inferest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 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 10b Section 501(c)(12) organizations. Enter a 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves 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 O			8		1
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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 10b 11 Section 501(c)(12) organizations. Enter a 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	а	Did the organization make any taxable distributions under section 4966?	9a		
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 10b 11 Section 501(c)(12) organizations. Enter a 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13b 13c 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 O 14b	b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
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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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	а	· · · · · · · · · · · · · · · · · · ·		l	
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a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 If "No," provide an explanation in Schedule O 16 If "No," provide an explanation in Schedule O	Ь				
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c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15c III IIII III III III III III III III III III	þ				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 14b			-		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			-		-
					- <u>^</u>
		ii res, rias it nieu a contri rzo to report triese payments r ii rvo, provide an explanation in Schedule O		aan	(2012

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Form 990 (2013) UMPQUA VALLEY CHRISTIAN SCHOOLS 93-0951533 Page
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										
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 10										
	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											
2											
	officer, director, trustee, or key employee?										
3	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?										
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6	Did the organization have members or stockholders?	6		X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X_							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			 							
	and branches to ensure their operations are consistent with the organization's exempt purposes?										
11a											
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a											
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b									
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		72							
13	Did the organization have a written whistleblower policy?	13		X							
14	Did the organization have a written document retention and destruction policy?	14		X							
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?	45-	Ì								
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a_	<u> </u>	X							
Ø	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		^							
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
·va	taxable entity during the year?	16a		X							
_	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Ioa	 -								
D	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									
Sec	tion C. Disclosure	100									
17	List the states with which a copy of this Form 990 is required to be filed ▶OR	-									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılah	ele								
	for public inspection. Indicate how you made these available. Check all that apply										
	Own website Another's website X Upon request X Other (explain in Schedule O)										
19											
	statements available to the public during the tax year.										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ıtıon. ▶	•								
	JULIE BANCROFT - (541) 679-6248										
	359 ROBERTS CREEK RD, ROSEBURG, OR 97471										
	DR 10.29-13	Fore	. 000	(2013)							

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

- 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

Name and fille Average hours per week (list any hours for related organizations) The portable compensation from related organizations (W-2/1099-MISC) The portable compensation from related organizations (W-2/1099-MISC) The portable compensation from related organization (W-2/1099-MISC) The portable compensation from related organization (W-2/1099-MISC) and related organizations and related organizations and related organizations organizations and related organizations and related organizations organizations and related organizations organizations organizations and related organizations organization organization organization organization organizations organization organ	(A) Name and Title	(B)	I Deadles I					(E)	(F)			
Week (list any hours for related organizations) From the organizations (W.2/1099-MISC) Compens for related organizations below line) From the organizations (W.2/1099-MISC) From organiz	Name and Title	Average hours per		(do not check more than one					Reportable compensation	Reportable compensation	Estimated amount of	
CLAIRMAN		(list any hours for related		1	d a d				the organization	organizations	other compensation from the organization and related	
SETH BUECHLEY		1	Individual	Institution	Officer	Key empl	Highest co	Former			organizations	
2.00 X	(1) SETH BUECHLEY	2.00										
SECRETARY	CHAIRMAN		X		X		_		0.	0.	C	
STATESTANDENT STATESTANDEN	(2) TERRY BANCROFT	2.00	1		1							
X	SECRETARY		X	<u> </u>	X	ļ	ļ	L_	0.	0.	C	
(4) BOB FRANKS	(3) BILL CAGLE	2.00	-							_		
X	DIRECTOR			_	<u> </u>		-		0.	0.		
Superintendent Supe		2.00				į						
DIRECTOR		0.00		-	-		-	_	0.	0.	C	
(6) ANDREA GRAY 2.00 X 0. 0.		2.00				l					٫	
X 0 0 0 0 0 0 0 0 0		2 00		 	 -	 	 	 	0.	0.	(
(7) ROSALIE BAGWELL ADVISOR (8) DOUG THARP SUPERINTENDENT (9) GARY SCHROEDER FINANCE CHAIR (10) JAKE RUBLE DIRECTOR (11) SHIRLEY ADAMS 2.00 X 0. 0. 0. 45,725. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		2.00						į				
ADVISOR		2 00		 	ļ	 	 		0.	0.	C	
(8) DOUG THARP SUPERINTENDENT (9) GARY SCHROEDER FINANCE CHAIR (10) JAKE RUBLE DIRECTOR (11) SHIRLEY ADAMS 40.00 X X 45,725. 0. 45,725. 0. 0. 0. 0.		2.00			•				0	0	(
X X 45,725. 0.		40.00	+	\vdash	<u> </u>	\vdash	T	<u> </u>	0.	<u> </u>		
(9) GARY SCHROEDER 2.00 FINANCE CHAIR X X 0. 0. (10) JAKE RUBLE 1.00 X 0. 0. DIRECTOR X 0. 0. 0. (11) SHIRLEY ADAMS 1.00 0. 0. 0.		10.00			x				45.725.	0.		
FINANCE CHAIR		2.00									`	
(10) JAKE RUBLE					\mathbf{x}				0.	0.	(
DIRECTOR X 0. 0. (11) SHIRLEY ADAMS 1.00		1.00										
(11) SHIRLEY ADAMS 1.00									0.	0.	(
DIRECTOR X 0. 0.	(11) SHIRLEY ADAMS	1.00										
	DIRECTOR		X						0.	0.	(
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Form **990** (2013)

Form **990** (2013)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

		Check if Schedule O cont.	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	. 1a					
ira on n		Membership dues	1b					
S,E		Fundraising events	1c	8,232.				
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations	1d					
		Government grants (contributi	ions) 1e					
Pis	f	All other contributions, gifts, gran	ts, and					l
ta el		similar amounts not included above		197,420.				_
들임	g	Noncash contributions included in lines	· · · · · · · · · · · · · · · · · · ·					
<u>යි දි</u>	<u>h</u>	Total. Add lines 1a-1f	•	—	205,652.			
				Business Code				
8	2 a	TUITION/FEES IN		611710	80 <u>4,</u> 973.			
<u>`</u> 6 ∑	b			611710	37,527.	37,527.		
en S	C			611710	35,600.	35,600.		
ev a	d	TRANSPORTATION		611710	20,382.	20,382.		
Program Service Revenue	е	COURSE/LAB FEES	3	611710	590.	590.		
۵	f	All other program service reve	enue	611710	8,073.	8,073.		
\rightarrow	9	Total. Add lines 2a-2f			907,145.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			3,367.	3,367.		
	4	Income from investment of tax	x-exempt bond p	roceeds -			· ·	
	5	Royalties	<u></u>	P				
	_		(i) Real	(II) Personal				
	6 a							
	b	*						
}	C	, , ,						
		Net rental income or (loss)	70.	(2.00)				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		900.				
	D	Less cost or other basis		670.				}
		and sales expenses		230.				
		Gain or (loss)	L	430.	230.	230.		
		Net gain or (loss) Gross income from fundraising	a avente (not		430.	230.		
e l	Ва		232. of					
Other Reven		contributions reported on line		\				
æ		Part IV, line 18	•	132,860.				
þer		Less. direct expenses	a	90,413.				
ō		Net income or (loss) from fund	draising events	<u> </u>	42,447.			42,447.
		Gross income from gaming ac	-		40/34/			12/11/
	<i>5</i>	Part IV, line 19	a a]]		
	h	Less direct expenses	b					
		Net income or (loss) from gam	•	>		1		
		Gross sales of inventory, less	-					''
		and allowances	а		: 	ļ		
	b	Less cost of goods sold	b					
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	C							
	d	All other revenue .						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			1,158,841.	910,742.	0	. 42,447.
33200	9						_	Form 990 (2013)

	Check if Schedule O contains a responsion tinclude amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			J = 1111 = 111 = 111	
	organizations in the United States. See Part IV, line 21		•		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	9,749.	9,749.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	45,725.		45,725.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	505 645	166 006		
7	Other salanes and wages	525,647.	466,226.	48,421.	11,000
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	10 051	0.056	0.555	
9	Other employee benefits	12,051.	2,276.	9,775.	200
10	Payroll taxes	46,395.	37,857.	7,645.	893
11	Fees for services (non-employees)				
a	Management	60.			
b	Legal	5,300.		5,300.	
C	Accounting	5,300.		5,300.	
ď	Lobbying Professional fundrauging converse. See Part IV line 17				· · · · · · · · · · · · · · · · · · ·
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,		···		——————————————————————————————————————
g	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	7,950.		7,552.	398
13	Office expenses	29,209.		25,044.	4,165
14	Information technology	21,292.		21,292.	1,103
15	Royalties				· · · · · · · · · · · · · · · · · · ·
16	Occupancy	103,305.		103,305.	
17	Travel				······
18	Payments of travel or entertainment expenses		17.70		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		****		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	143,971.		143,971.	
23	Insurance .	17,683.		17,683.	
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 0.)				
а	INSTRUCTION/EDUCATION	51,405.	51,405.		
b	ATHLETICS	43,824.	43,824.		
c	TRANSPORTATION	20,342.	20,342.		
d					
	All other expenses	43,813.	42,400.		1,413
25	Total functional expenses Add lines 1 through 24e	1,127,721.	674,079.	435,773.	17,869
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	}	ľ		
	educational campaign and fundraising solicitation.				

Form 990 (2013)
Part X | Balance Sheet

Part X	Check if Schedule O contains a response or note to any line in this Part X			
	Oricon in Confedence O Contains a response of flote to any line in this Faft A	(A)	 _	(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	146,062.	1	216,628
2	Savings and temporary cash investments	13,014.	2	13,017
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	12,880.	4	12,712
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			
2	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8 3	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	<u>887.</u>	9	1,171
10a				
	basis Complete Part VI of Schedule D 10a 5,071,277.		:	
b	Less accumulated depreciation 10b 678,806.	4,497,594.	10c	4,392,471
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11	41,988.	12	46,798
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	0.	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,712,425.	16	4,682,797
17	Accounts payable and accrued expenses	7,579.	17	5,281
18	Grants payable .	F4 F00	18	00.050
19	Deferred revenue	54,592.	19	29,953
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	***	21	
g 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	369,591.	22	261 211
23	Secured mortgages and notes payable to unrelated third parties	303,331.	23	361,311
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	25,531.	25	0
26	Total liabilities, Add lines 17 through 25	457,293.		0 396,545
- 20	Organizations that follow SFAS 117 (ASC 958), check here	431,433.	20	330,343
y	complete lines 27 through 29, and lines 33 and 34.			
ğ ₂₇	Unrestricted net assets	4,146,346.	27	4,204,735
28	Temporarily restricted net assets	67,797.		63,845
29	Permanently restricted net assets	40,989.		17,672
S 23	Organizations that do not follow SFAS 117 (ASC 958), check here	+0,505.	25	11,012
는	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
8 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated income, or other funds	\ 	32	
2 33	Total net assets or fund balances	4,255,132.	33	4,286,252
34	Total liabilities and net assets/fund balances	4,712,425.	34	4,682,797
			!	Form 990 (20

Form **990** (2013)

	990 (2013) UMPQUA VALLEY CHRISTIAN SCHOOLS	93-09	51533	Pag	ge 12		
Pai	t 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	1,158	3,8	41.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,127	7,7	21.		
3	Revenue less expenses. Subtract line 2 from line 1	3	31	31,120			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,255	$\overline{5},\overline{1}$	32.		
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,						
	column (B))	10	4,286	5,2	52.		
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				\mathbf{x}		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both						
	Separate basis X Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990 ((2013)		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number

<u> </u>			VALLEY CHRIS						9	<u>3-0951</u>	<u>.533</u>	<u> </u>
Part I	Reason 1	tor Public Char	ity Status (All organiz	ations mus	st complet	e this part) See inst	ructions.				
he o <u>rga</u> n	ization is not a	private foundation	because it is: (For lines 1	I through 1	1, check o	only one b	ox.)					
1 🖳	A church, cor	nvention of churches	s, or association of churc	ches descr	ribed in se	ction 170	(b)(1)(A)(i)					
2 X	A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲	A hospital or	a cooperative hospi	tal service organization o	described i	n section	170(b)(1)(A)(iii).					
4	A medical res	earch organization	operated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospita	l's nan	ne,
	city, and state	e:										
5			benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental unr	t descnb	ed in		
r 	section 170((b)(1)(A)(iv). (Comple	ete Part II)									
6	A federal, sta	te, or local governm	ent or governmental unit	t described	l in sectio	n 170(b)(1)(A)(v).					
7 📖	An organization	on that normally rec	eives a substantial part (of its supp	ort from a	governme	ntal unit o	r from the	general	public desc	nbed	ın
	-	b)(1)(A)(vi). (Comple	•									
8 🖳	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
9 📖	An organization	on that normally rec	eives. (1) more than 33 1	1/3% of its	support fr	om contri	outions, m	nembershi	p fees, a	nd gross re	ceipts	from
	activities relat	ted to its exempt fui	nctions - subject to certa	ıın exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	invest	tment
	income and u	inrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization	after June 3	30, 197	75.
 -	See section !	509(a)(2). (Complete	Part III.)									
10 🖳	An organizati	on organized and or	perated exclusively to te	st for publi	c safety S	See sectio	n 509(a)(4	ł).				
11	-		perated exclusively for the				-		•			or
	more publicly	supported organiza	ations described in section	on 509(a)(1	l) or section	n 509(a)(2). See sec	tion 509(a)(3). Ch	eck the box	that	
		· · · · · · · · · · · · · · · · · · ·	organization and comple		-							
	a Type I	b T ₃	ypell c∐lT <u>y</u>	ype III - Fur	nctionally i	ntegrated	d	I Typ	e III - No	n-functional	ly inte	grated
e 📖	_	-	it the organization is not		-	-	-		-	•		an
			han one or more publicly		_				9(a)(1) or	section 509	9(a)(2)	
f	If the organization	ation received a writ	ten determination from t	the IRS tha	it it is a Ty	pe I, Type	II, or Type	e III				
	supporting or	rganization, check th	nis box						•			
g	•		organization accepted ar			•		• •				
	(i) A persor	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons d	escribed i	n (II) and (ııi) below	,	Yes	No
	_		upported organization?						-	11g(i)	<u> </u>	<u> </u>
	• •	•	n described in (i) above?							11g(iı)	<u> </u>	
	• •	-	person described in (i) o							11g(iii)		<u></u>
h	Provide the fo	ollowing information	about the supported or	ganızatıon((s).							
			I	Kind to the o	raenizetion	(v) Did vo	. notification	(vi) Is	the			
	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	r .	rganization sted in your			organization	on in col.	(vii) Amoun		netary
orga	anization		above or IRC section		document?			l(i) organız U.S	ed in the	sur	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
				1.00					''			
	_											
				-				_	 			
_					_							
Total									1			
ı Ulai		<u></u>	<u> </u>	1	L	L	<u> </u>	1	1	L		

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

13

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013 UMPQUA VALLEY CHRISTIAN SCHOOLS 93-09515 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	ction A. Public Support	· · · · · · · · · · · · · · · · · · ·				·	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	-					
	membership fees received. (Do not						
	include any "unusual grants ")				:		
2	Tax revenues levied for the organ-		-				"
	ization's benefit and either paid to			•			
	or expended on its behalf			1			
3	The value of services or facilities		·				
	furnished by a governmental unit to				-		
	the organization without charge						
4	Total. Add lines 1 through 3				-		
	The portion of total contributions					<u> </u>	
Ŭ	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					 	
	ction B. Total Support			1			
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	(4)	(2) = 2 · 2	(9) = 5 ;	(0) 20 12	(0) = 0 : 0	(I) TOTAL
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources				1		
9	Net income from unrelated business					· · · · · · · · · · · · · · · · · · ·	
Ů	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						
	Gross receipts from related activities,	etc. (see instructi	ons)	1	<u> </u>	12	
	First five years. If the Form 990 is for			rd fourth or fifth t	ay year as a section		
	organization, check this box and stop	ŭ	oo., ooooa,	, , , , , , , , , , , , , , , , , ,	an your do a coom	3.1. 00 1(0)(0)	▶□
Se	ction C. Computation of Publi		rcentage				
	Public support percentage for 2013 (li			column (f))		14	%
15	Public support percentage from 2012	Schedule A. Parl	11, line 14	()	• • •	15	%
16	a 33 1/3% support test - 2013. If the o	rganization did ne	ot check the box o	on line 13, and line	14 is 33 1/3% or		
	stop here. The organization qualifies a	as a publicly supp	orted organization	n			ightharpoons
ı	33 1/3% support test - 2012. If the o	rganization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check to	his box
	and stop here. The organization quali	fies as a publicly	supported organiz	ation			ightharpoons
17:	a 10% -facts-and-circumstances test			•	e 13, 16a, or 16b.	and line 14 is 10%	or more.
	and if the organization meets the "faci						
	meets the "facts-and-circumstances"			•	•		▶□
ļ	o 10% -facts-and-circumstances test	_	•	• • • • • • • • • • • • • • • • • • • •	•	17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
_18	Private foundation. If the organization		-			•	ns 🕨
						edule A (Form 990	

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		1				
72	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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				-		
			+				
	Public support (Subtract line 7c from line 6) ction B. Total Support		.1	<u>!</u>	.L	<u> </u>	
_		(=) 2000	(5) 2010	(=) 0011	(4) 0010	(-) 0010	(O Total
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
_	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b		1				
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital						
13	assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12)					-	
	First five years. If the Form 990 is for	the organization	i's first second the	rd fourth or fifth	tay year as a sect	on 501(c)(3) organi	zation
.~	check this box and stop here	and Organization	i s mai, second, till	ia, iourui, or mur	tan year as a secti	on so regant	Lation,
50	ction C. Computation of Publ	ic Support P	ercentage				
						145	
	Public support percentage for 2013 (•	COIUMA (T))		15	9
16	Public support percentage from 2012					16	
	ction D. Computation of Inve				· ·	 	
	Investment income percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ne 13, column (f))	•	17	
	Investment income percentage from					18	· · · · · · · · · · · · · · · · · · ·
19	a 33 1/3% support tests - 2013. If the	organization did	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. Th	ne organization qua	lifies as a publicly	supported organi	zation	. ▶□
	b 33 1/3% support tests - 2012. If the	organization did	not check a box o	n line 14 or line 19	9a, and line 16 is n	nore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and	stop here. The org	anızatıon qualifies	s as a publicly sup	ported organization	ı ▶ □
20	Private foundation. If the organization	n did not check	a box on line 14, 19	a, or 19b, check	this box and see in	nstructions	▶□
	23 00-25-13					hadula A (Form 96	20 or 000-E7\ 20

chedule A	(Form 990 or 990-EZ) 2013 UMPQUA	VALLEY	CHRISTIAN	SCHOOLS	93-0951533 Page
Part IV	Supplemental Information. Pro	ovide the explar	nations required by I	Part II, line 10, Part II, line 1	7a or 17b; and Part III, line 12.
	Also complete this part for any addition	nal information	(See instructions).	, , ,	•
		<u></u>	(400 0.000000000000000000000000000000000		
					·····
		•			
	·	· · · · · · · · · · · · · · · · · · ·			
					· -
	.		·		
			·		
					
	•				
					

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

IMPOILA VALLEY CHRISTIAN SCHOOLS

Employer identification number 93-0951533

Par	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		or 71000 and on piete if the
	organization answered 100 to 1011 000,1 art 17, and	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4)	(2)
_	Aggregate contributions to (during year)		
2 3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in the	writing that the assets held in donor advise	ad funds
5	are the organization's property, subject to the organization's	·	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	
6	for charitable purposes and not for the benefit of the donor o	• •	
	impermissible private benefit?	donor advisor, or for any other purpose of	Yes No
Par		nanization answered "Yes" to Form 990. Pa	
1	Purpose(s) of conservation easements held by the organizati		11114, 1110 7.
'	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space	Freservation of a certif	ned filstoric structure
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	of a consensation easement on the last
2	day of the tax year.	led conservation contribution in the form c	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	•	2b
	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	
u	listed in the National Register	and 10/1/700, and not on a historic structu	2d
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the	
J	year >	isassa, skiingalshoa, si toiminatoa sy tho	organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
·	violations, and enforcement of the conservation easements	• • • • • •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	_	
8	Does each conservation easement reported on line 2(d) above		
•	and section 170(h)(4)(B)(ii)?	,,	Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement, and balance sheet, and
-	include, if applicable, the text of the footnote to the organiza		
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X	·	▶ \$ ▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

		VALLEY CHR							<u>51533</u>	
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, o	r Othe	r Simila	<u> Asse</u>	ts(continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	are a siç	gnificant us	se of its	collection r	tems
	(check all that apply)									
а	Public exhibition	c	, 🗀 ı	_oan or exc	hange progra	ms				
ь	Scholarly research	€	, 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	in how th	ey further t	he organizatio	n's exen	npt purpos	e in Pari	t XIII	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or othe	r sımılar	assets			
	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arran					Yes" to F	orm 990, I	Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa			J					·	
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for o	contribution	s or other as	sets not	ncluded			
	on Form 990, Part X?		,						Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowina t	able.		•	•			
-	Too, explain the arrangement in rail van	and complete the re	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	40.0					Amount	-
_	Beginning balance						1c		Amount	
C	Additions during the year	•					1d			
	Distributions during the year									
e	• •						1e			
f	Ending balance	000 D- 4V I	040				1f		7,,	П.
2a	Did the organization include an amount on F							L	_ Yes	∐ No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete				1			61-		
		(a) Current year	(b) P	rior year	(c) Two year	s dack (d) Three ye	ars dack	(e) Four ye	Bars Dack
1a	Beginning of year balance									
b	Contributions		ļ						ļ	
C	Net investment earnings, gains, and losses				-				ļ	
d	Grants or scholarships		<u> </u>							
е	Other expenditures for facilities									
	and programs		ļ							
f	Administrative expenses									
g	End of year balance								<u></u>	
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1	g, column (a	a)) held as [.]					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
c	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c short	uld equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiz	zation tha	at are held a	and administe	red for th	ne organiza	ition		
	by:	-							Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations					•			3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	s listed as required	on Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the	•			•					
	rt VI Land, Buildings, and Equipm		<u> </u>	idijao						
L	Complete if the organization answere		0. Part IV	/. line 11a. S	See Form 990	Part X.	ine 10			
	Description of property	(a) Cost or		I	t or other		cumulated	1	(d) Book	value
	bossiption of property	basis (invest		, , ,	(other)	\ -,	reciation		(4) 5000	
4-	Land		,	-	11,393.				211	,393.
	•				17,411.	•	348,79	16	3,898	
þ	Buildings					`				
С	Leasehold improvements				52,061.		81,38			<u>,675.</u>
	Equipment				08,179.		98,13			,042.
	Other				52,233.		150,48	1.		<u>,746.</u>
<u>Tota</u>	I. Add lines 1a through 1e (Column (d) must o	equal Form 990, Par	t X, colui	nn (B), line	10(c))				<u>4,392</u>	<u>,471.</u>

Schedule D (Form 990) 2013

	Schedule D. (Form 990) 201
	organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII
2.	Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Politisso) 2013

(7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

SCHEDULE E

Department of the Treasury

(Form 990 or 990-EZ)

Schools

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

► Attach to Form 990 or Form 990-EZ.

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

2013

Open to Public Inspection

Name of the organization

UMPOUA VALLEY CHRISTIAN SCHOOLS

Employer identification number 93-0951533

Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? X Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? X Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. X If you need more space, use Part II 3 ORGANIZATION WEBSITE. Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? X X b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student X admissions, programs, and scholarships? 4c X d Copies of all material used by the organization or on its behalf to solicit contributions? **4**d If you answered "No" to any of the above, please explain. If you need more space, use Part II Does the organization discriminate by race in any way with respect to Students' rights or privileges? X X Admissions policies? 5b X c Employment of faculty or administrative staff? 5c X d Scholarships or other financial assistance? 5d X e Educational policies? 5e Х Use of facilities? X g Athletic programs? 5a Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 6a Does the organization receive any financial aid or assistance from a governmental agency? X 6a b Has the organization's right to such aid ever been revoked or suspended? 6b If you answered "Yes" to either line 6a or line 6b, explain on Part II

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

Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," explain on Part II

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4 05 of

Schedule E (Form 990 or 990-EZ) (2013)

Schedule E	(Form 990 or 990-EZ) (2013) UM Supplemental Informat	IPQUA VALLEY	CHRISTIAN	SCHOOLS	93-0951533 Page 2
Part II	Supplemental Informat Also complete this part to prov	ion. Provide the explar	nations required by Pa	art I, lines 3, 4d, 5h, 6b, and	7, as applicable.
	Also complete this part to prov	ride any other additional	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.

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

OMB No 1545-0047

Open To Public Inspection

lame of the organization	VALLEY CHRISTIAN S	CHO	2.10			Employer ide 93-0951	ntification number
	Complete if the organization answe				ne 17		
Indicate whether the organization rais	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pividuals or entities (fundraisers) pursu	ion of ion of fundra (includ	non-govern govern ising of ling of onal fi	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or con contribu	stody rol of	(iv) Gross receipts from activity	to (c	Amount paid ir retained by) fundraiser red in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
V							
	,						
7.11.	,						
	<u> </u>						
	<u></u>						
		1					
Total 3 List all states in which the organization or licensing.	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is	exempt from re	egistration
			.				
				<u></u>			
							

332081 09-12-13

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

Schedule G (Form 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013

b If "Yes," explain:

332082 09-12-13

Sche	edule G (Form 990 or 990-EZ) 2013 UMPQUA VALLEY CHRISTIAN SCHOOLS 93-	<u>0951533</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	∟ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility	13a	%
b	An outside facility	13b	<u> </u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
С	If "Yes," enter name and address of the third party		
	Name		
	Address ▶		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	└── Yes	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	lınes 9, 9b, 1	0b, 15b,
			
3320	Schedule G (For	m 990 or 99	0-EZ) 2013

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Part

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

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

► Attach to Form 990.

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

OMB No 1545-0047	2013	Open to Public	Inspection

2

93-0951533

Employer identification number X Yes 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 UMPOUA VALLEY CHRISTIAN SCHOOLS General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Commendation Ansistement to Commendation and Organizations in the United States Commendation answered "Ves" to Form 990 Part IV line 21 for any	ocedures for moni	toring the use of grant	funds in the United	d States.	/" horoware notation	As" to Form 000 Dart IV	/ line 21 for any
٦ .	\$5,000. Part II can	be duplicated if addit	ional space is need	ded.			, in 10, 11, 12, 11, 11, 11, 11, 11, 11, 11, 11
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations listed in the line 1 table 	nd government or s listed in the line	suoi	listed in the line 1 table				

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

Schedule I (Form 990) (2013)

93-0951533

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

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) ABILITY AND OTHER CRITERIA, STUDENTS MAY BE ELIGIBLE TO RECEIVE GRANTS AND Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. BASED ON ECONOMIC NEED, EDUCATIONAL ASSISTANCE TO HELP WITH PAYMENT OF TUITION AND OTHER EDUACATIONAL COSTS (d) Amount of non-cash assistance 9,749, ା (c) Amount of cash grant (b) Number of recipients EXPLANATION: MONITORING PROCEDURES: (a) Type of grant or assistance PART I, LINE 2: TUITION ASSISTANCE SPORTS ASSISTANCE

Schedule I (Form 990) (2013)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization UMPQUA VALLEY CHRISTIAN SCHOOLS

Employer identification number 93-0951533

FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: AREAS OF CONCERN ARE DELT WITH ON A DAILY BASIS, AND THE BOARD
PROACTIVELY GOVERNS THE FINANCIAL POSITION OF THE SCHOOL REGULARLY. THE
990 IS REVIEWED BY A BOARD MEMBER, EX-OFFICIO, OFFICER OR KEY EMPLOYEE AT
THE TIME OF SIGNING BEFORE IT IS SUBMITTED TO THE IRS. WHEN NECESSARY,
ADDIIONTAL FOLLOW-UP AND IN-DEPTH REVIEWS AND DISCUSSIONS WITH RESPOSIBLE
OFFICIALS OCCURS AT THE MONTHLY FINANCE COMMITTEE MEETING.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: THE ENTITY MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL
STATEMENTS AVAILABLE IN A PUBLIC FILE BY REQUEST.
FORM 990, PART XII, LINE 2C:
EXPLANATION: NO CHANGE. BOARD OF DIRECTORS HAS OVERSIGHT
RESPONSIBILITY.

UMPQUA VALLEY CHRISTIAN SCHOOL [9213]

Depreciation Expense - Tax Version

93-0951533 08/01/2013 - 07/31/2014 Sorted: General - Type

Federal 08/01/2013 - 07/31/2014

Asset S ID	Description	Date In Method Service Conv		Life (Cost / Other Basis	Sec. 179/ Bonus	Salvage/ Basis Adj	Beg Accum. Depreciation	Current Depreciation	Total Depreciation	Adj. Basis	
BUILDING												
92	1600 08 BUILDING T7 - MAIN ELEM	9/1/1995 MSL / MM		39 0000	128,722 00	000	000	69,381 04	2,809 04	72,190 08	56,531 92	•
2 5	1800 MBS MODULAR 1,2,3	7/25/2005 MSL / MM 10/4/2005 MSL / MM		0000 68	19,684 75	8 8	38	17,951 54	4,024 63 55 54	18,007 08	1,677 67	
78	1800 MBS MODULAR 4 ELEMENT	11/18/2010 MSL / MM		0000 68	63,890 00	000	000	5,575 82	1,606 82	7,182,64	56,707,36	
9 62	1800 MBS MODULAR 4 SETUP	1/5/2011 MSL / MM	_	39 0000	16,149 21	000	000	1,31196	406 96	1,71892	14,430 29	
37	1810 PLAYGROUND - COVERED PLAY	7/31/2008 MSL / MM	• •	39 0000	2,550 00	000	000	388 65	63 65	452 30	2,097 70	
38	1810 PLAYGROUND · COVERED PLAY	7/31/2009 MSL / MM	_	39 0000	143,849 78	000	000	18,342 20	3,590 20	21,932.40	121,917,38	
52	1810 PLAYGROUND · COVERED PLAY	8/19/2009 MSL / MM	_	39 0000	12,178 34	000	0000	1,236 05	312 27	1,548 32	10,630 02	
23	1810 PLAYGROUND · COVERED PLAY	5/14/2010 MSL / MM		39 0000	190 00	9 6	9 6	15 62	4 8 4	20 49 10 51	169 51	
53	1810 PLAYGROUND : COVERED PLAY	10/15/2012 MSL / MIV		39 0000	424 55	3 6		42 225 36	10 755 15	52 980 51	367 019 49	
54	1820 DEEK CKEEK BLDGS - SCHOOL 1840 DCP - GYM RUII DING	9/8/2009 MSL / MM 5/31/2013 MSL / MM		0000 68	3.222.321 54	88	8 8	17,213.26	82,623 63	99,836 89	3,122,484 65	
Subtotal	Subtotal BUILDING				4.247.411.38	000	80	241,731.97	107,063 87	348,795 84	3,898,615 54	
Less di	Less dispositions and exchanges				000	000	000	00 0	0000	0000	00 0	
Net for BUILDING	JILDING				4,247,411.38	000	000	241,731.97	107,063 87	348,795.84	3,898,615 54	
EQUIPMENT	Į,			1								
9	1600 ELECTRONICS - 42" TV. 10 1" TAI	4/2/2014 SL / N/A		2 0000	20,917 00	000	000	000	1,394 47	1,394 47	19,522 53	
2	1600 17 COPIER (ELEMENTARY)	12/2/2003 M / HY		5 0000	5,200 00	000	00 0	5,200 00	000	5,200 00	000	
9	1600 18 PLAYGROUND EQUIPMENT	1/7/2004 M / HY		2 0000	16,247 00	000	000	16,247 00	000	16,247 00	000	
	1600 19 COMPUTER	4/8/2004 M / HY		2 0000	803 85	000	000	803 85	000	803 85	000	
8 D	1600 20 DELL COMPUTER	6/14/2004 M / HY		2 0000	968 70	000	00 0	968 70	000	968 70	000	
6	1600 21 COMPVIEW PROJECTORS	9/24/2004 M / HY		2 0000	1,925 00	000	000	1,925 00	000	1,925 00	000	
10 D	1600 22 DELL COMPUTERS LEARNING	3/31/2005 M / HY		2 0000	1,996 00	000	000	1,996 00	000	1,996 00	000	
	1600 27 PHONE SYSTEM (ELEMENT)	8/2/2005 M / HY		5 0000	517 66	860	000	517 66	000	517 66	900	
15 D	1600 28 OFFICE EQUIPMENT	9/1/2005 M / HY		5 0000	529 03	000	9 6	529 03	88	50 620	8 6	
	1600 30 COMPUTER	9/6/2005 M / HY		5 0000	00 899	3 6	9 6	908 00	8 6	00 806	86	
17 D	1600 33 COMPUTER (HOMESTUDY)	9/18/2005 M / HY		2 0000	398 00	88	8 6	330 00	86	336 00 273 81	8 6	
<u></u>	1600 34 TV/DVD/VCR	9/2//2005 M / HY		2 0000	1 475 00	8 8	8 6	1 475 00		1475 00	800	
2 5	1600 33 PROJECTOR	10/4/2003 INI / HI			3,47,900	8 6	800	3 638 00	000	3,638,00	000	
- vc	1600 57 HS LOCKERS	8/22/2005 NI / N/A		5 0000	1,760 00	800	800	1,760 00	00 0	1,760 00	000	
3 %	1600 42 CABINET/ANSWERING MACHI	10/11/2006 SL / N/A		5 0000	279 98	000	00 0	279 98	00 0	279 98	000	
27	1600 43 FIRE RESISTANT FILE CABINE	10/11/2006 M / HY		5 0000	66 692	000	000	66 692	00 0	66 692	000	
78	1600 44 ADT ALARM SYSTEM	11/7/2006 M / HY		5 0000	1,238 00	000	00 0	1,238 00	000	1,238 00	000	
53	1600 45 FIREPROOF FILE CABINET	12/8/2006 M / HY		5 0000	1,419 00	000	000	1,419 00	000	1,419 00	000	
3 6	1600 47 CURRICULUM SHED	10/23/2007 MSL / HY		2 0000	3,000 00	000	000	3,000 00	000	3,000 00	000	
32	1600 48 FIREPROOF FILE CABINET	1/29/2008 SL / N/A		2 0000	1,520 00	000	000	1,520 00	000	1,520 00	000	
8	1600 50 NSA2400 SONIC WALL	7/31/2008 SL / N/A		2 0000	7,842 00	000	000	7,842 00	000	7,842 00	000	
39	1600 55 STORAGE SHED	9/30/2008 SL / N/A		2 0000	300 00	000	000	214 86	42.86	257 72	42 28	
40	1600 56 LAPTOP COMPUTER	5/8/2009 SL / N/A		2 0000	1,069 90	000	000	1,069 90	000	06 690'L	000	
41	1600 57 2 COPIERS	3/19/2009 SL / N/A		5 0000	11,300 00	000	000	11,300 00	0000	11,300 00	0000	
	1600 72 CHAIRS & RACKS	11/20/2009 SL / N/A	٠ ۲	7 0000	5,626 66	900	8 8	2,347.50	61 87	2,731	176.52	
57 D	1600 73 SHREDDER	4/6/2010 SL / N/A	₹	0000	105.00	8 6	3 6	94 72	97 99	123 62	72.22	
28	1600 /4 WELCOME SIGNS	Z/Z6/Z010 SL/	٠ ۲	2000	06 66	3	8	3	3	1		

93-0951533 08/01/2013 - 07/31/2014

Sorted: General - Type

UMPQUA VALLEY CHRISTIAN SCHOOL [9213]

Depreciation Expense

Federal 08/01/2013 - 07/31/2014

		21.0400	Mothod /	291	Cod / Othor	Sec 170/	Calvado/	Roa Acciim	Current	Total	Adı Bacie	
			Conv.		Basis		Basis Adj	Depreciation	Depreciation	Depreciation	ciero de	
EQUIPMENT	ENT										i	
29 D	1600 75 HEPA VACUUM	8/31/2009 SL / N/A	A/N / -	7 0000	403 90	000	00 0	226 01	57 70	283 71	120 19	,
		9/1/2009 SL /	- / N/A	2 0000	875 05	000	00 0	491 01	125 01	616 02	259 03	
61 D	•	9/3/2009 SI	SL/N/A	5 0000	478 00	00 0	00 0	374 43	95 60	470 03	7 97	
62	1600 78 ANSWERING MACHINE/FAX	9/15/2009 SL	- / N/A	5 0000	106 25	00 0	00 0	83 21	21 25	104 46	1 79	
63	1600 79 PHONE SYSTEM	9/17/2009 SI	SL/N/A	5 0000	3,218 27	00 0	00 0	2,467 65	643 65	3,111 30	106 97	
2	1600 80 CONVECTION HEATERS	10/5/2009 SI	SL / N/A	5 0000	139 96	00 0	00 0	107 29	27 99	135 28	4 68	
69	1600 85 CATCHER'S GEAR	1/19/2010 SI	SL / N/A	5 0000	69 699	00 0	00 0	468 79	133 94	602 73	96 99	
2	1600 86 BATTING CAGE	2/11/2010 SI	SL/N/A	5 0000	377 71	00 0	00 0	264 39	75 54	339 93	37 78	
7	1600 87 HITTING CAGE	2/25/2010 SI	SL / N/A	5 0000	315 32	00 0	00 0	215 46	90 89	278 52	36 80	
72	1600 88 BASEBALL BATTING NET	3/19/2010 SI		2 0000	368 74	00 0	000	245 83	73 75	319 58	49 16	
74 D	•		_	5 0000	200 00	00 0	00 0	325 00	100 00	425 00	75 00	
83	1640 01 LIBRARY BOOKSHELVES		SL/N/A	2 0000	4,294 14	00 0	00 0	1,287 83	858 83	2,146 66	2,147 48	
82	1640 02 LATERAL FILE CABINET	8/31/2011 SI	SL/N/A	2 0000	249 99	000	000	75 00	20 00	125 00	124 99	
8	1650 01 DESKTOP COMP · TEACHERS	6/2/2012 SI	SL/N/A	2 0000	5,000 10	00 0	00 0	1,442 02	1,000 02	2,442 04	2,558 06	
\$	1650 02 FINANCE DIRECTOR LAPTOP	8/15/2011 SI	SL/N/A	2 0000	579 99	00 0	000	174 00	116 00	290 00	289 99	
88	1650 03 DESKTOP COMPUTER-FINANC	6/1/2012 SI	SL / N/A	5 0000	833 35	000	000	249 67	166 67	416 34	417 01	
88	1650 04 DESKTOP COMP · SECRETAR	6/1/2012 SI	SL/N/A	5 0000	833 35	00 0	00 0	249 67	166 67	416 34	417 01	
6	1650 05 ELEMENTARY PRINCIPALS LA	8/15/2011 SI	SL / N/A	5 0000	579 98	00 0	00 0	174 00	116 00	290 00	289 98	
98	1650 06 CANON MX882 PRINTER - FIN	2/14/2012 SI	SL / N/A	5 0000	343 43	00 0	00 0	102 69	69 89	171 38	172 05	
87	1650 07 CANON MX882 PRINTER - SEC	2/14/2012 SI	SL/N/A	5 0000	343 42	00 0	00 0	102 68	68 68	171 36	172 06	
	D 1670 01 DEVELOPMENT DIRECTOR LA	8/15/2011 S	SL/N/A	5 0000	579 99	000	00 0	174 00	116 00	290 00	289 99	
		6/22/2009 SL / N/A	L / N/A	7 0000	4,027 22	000	00 0	2,875 32	575 32	3,450 64	576 58	
44	1817 SOCCER FIELD GOALS & NETS	5/14/2009 SL / N/A	L/N/A	7 0000	1,789 05	000	00 0	1,279 58	255 58	1,535 16	253 89	
4	1855 DCP - GYM EQUIPMENT	5/31/2013 SL / N/A	L/N/A	2 0000	95,582 87	00 0	00 0	1,844 06	13,654 70	15,498 76	80,084 11	
66	1855 DCP - GYM GEAR ROOM CABINE	7/2/2014 SL / N/A	L/N/A	2 0000	467 88	00 0	00 0	00 0	5 5 7	5 5 7	462 31	
Subtota	Subtotal. EQUIPMENT			J	215,269.24	00 0	00 0	83,591 02	20,967 22	104,558 24	110,711.00	
Less	Less dispositions and exchanges				7,090 58	000	000	5,989 74	000	6,420 91	29 699	
Net for	Net for EQUIPMENT			•	208,178 66	000	000	77,601.28	20,967.22	98,137.33	110,041.33	
IMPROV	IMPROVEMENTS			1								
2	1600 12 T7 IMPROVEMENTS	9/1/1995 SL / N/A	L / N/A	31 5000	34,985 00	00 0	000	14,442 63	1,110 63	15,553 26	19,431 74	
5.	1720 ELE LOT IMPROVEMENT	6/28/2010 SL / N/A	L/N/A	15 0000	770 00	000	00 0	158 27	51 33	209 60	560 40	
20	1720 ELEM LOT IMPROVEMENT	9/18/2009 SL / N/A	L/N/A	15 0000	5,008 00	00 0	00 0	1,279 83	333 87	1,613 70	3,394 30	
80	1720 ELEM LOT IMPROVEMENTS	7/13/2011 SL / N/A	L/N/A	15 0000	324 00	00 0	000	54 60	21 60	76 20	247 80	
23	1720 ELEMENTARY CAMPUS FEN	11/4/2005 S	SL/N/A	27 5000	12,000 00	000	000	3,488 36	436 36	3,924 72	8,075 28	
23	1720 ELEMENTARY LOT IMPROVEMEN	11/28/2005 S	SL / N/A	27 5000	11,542 18	000	000	3,359 72	419 72	3,779 44	7,762 74	
47	1720 ELEMENTARY LOT IMPROVEMEN	8/12/2009 S		15 0000	3,600 00	88	86	960 00	240 00	1,200,00	2,400 00	
8 (1720 ELEMENIARY LOI IMPROVEMEN	8/12/2009 5	SL/N/A	13 0000	02 447	88	8 6	20 602	32 26	74 060 00	322.00	
د و	1720 ELEMENIARY LOI IMPROVEMEN	2,720,720,7		27 5000	30,415 05	8 6	88	9,954 00	1,106,00	1,060,00	3 007	
9 6	1720 ELEMENTART LOT IMPOVE			15 0000	7,000 41	8 6	8 8	00 500 c	18 8 8 V	20 000,1	07 098 6	
ક ફ	1720 DANDSCAPE PROJECT	5/23/2006 SL / N/A	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	15 0000	00 /53, /	8 6	8 6	6 935 19	1 387 19	832238	12 485 42	
7 0	1720 PLATOROGNO PAVEMENT	8/19/2009 SL / N/A	V M/N	15 0000	24,060,00	8 6	800	6,282,33	1 604 00	7,886,33	16 173 67	
64.	1720 RETAINING WALL	6/17/2009 Si	A/N / IS:	15 0000	8 400 00	00 0	000	2.800 00	260 00	3,360 00	5,040 00	
5 %	1720 SIDEWALK PROJECT	4/30/2008 SI / N/A	A/N /	15 0000	20 548 73	000	000	8,219,92	1.369 92	9.589 84	10,958 89	
3)	}	!)	3		

93-0951533 08/01/2013 - 07/31/2014

Sorted: General - Type

UMPQUA VALLEY CHRISTIAN SCHOOL [9213]

Depreciation Expense

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				08/01/2013 - 07/31/2014	41/31/2014						
Asset S Description ID	Date in Me Service C	Method / Conv	Lıfe	Cost / Other S Basis	Sec 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum Depreciation	Current Depreciation	Total Depreciation	Adj Basis	
IMPROVEMENTS											
·	10/15/2012 SL / N/A	N/A 1	2 0000	3,734 95	00 0	000	207 50	249 00	456 50	3,278 45	
	9/10/2010 SL / N/A	· ·	5 0000	2,000 00	000	8 8	333 33	133 33	466 66	1,533 34	
	11/15/2012 SL / N/A		0000	6,050 82	8 8	3 6	302 34	403 39 370 28	1 604 55	3,344 69 12 836 49	
75 1830 DCP : ELECTRICAL IMPROVENER 81 1830 DCP : ELECTRICAL I IBGRADES	3/31/2010 SL/ 7/31/2011 SL/		39 0000	4 332 00	8 6	800	227 08	111 08	338 16	3.993 84	
	9/1/2011 SL /		5 0000	8,852 45	000	000	885 16	590 16	1,475 32	7,377 13	
	8/31/2011 SL / N/A		15 0000	26,250 00	000	000	2,625 00	1,750 00	4,375 00	21,875 00	
93 1830 DCP - MINI-MART BLDG COVER -	9/8/2011 SL / N/A	N/A	7 0000 7	389 18	000	80	83 60	55 60	139 20	249 98	
Subtotal: IMPROVEMENTS				252,060.87	0.0	0 000	68,346.56 0 00	13,039 85 00 0	81,386.41 0 00	170,674 46 0 00	
Net for: IMPROVEMENTS			1 1	252,060 87	0.00	0.00	68,346.56	13,039.85	81,386 41	170,674.46	
LAND			l								
	9/1/1995 No Calc / N		00000	31,393 00	000	000	000	000	000	31,393 00	
55 1/30 DEEK CHEEK PROPERTY-LAND	9/8/2009 NO		 	211 303 00	8 8			8	86	211 393 00	
Less dispositions and exchanges:				00.000	800	8 8	8 0	800	000	00 0	
Net for: LAND			l	211,393.00	000	0.00	00 0	0.00	00:0	211,393 00	
OTHER - SOFTWARE			ĮĮ.								
65 1600 81 COMPUTER VIRUS PROTECTI-	-		3 0000	1,360 00	000	000	1,360 00	00 0	1,360 00	000	
	3/15/2010 SL / N/A		3 0000	200 00	000	000	200 00	000	200 00	000	
	6/22/2010 SL / N/A		3 0000	1,980 00	000	8 6	1,980 00		1,980 00	52 83	
68 1600 84 SOFTWARE HENEWAL	10///2009 SL / N/A		3 0000	506 70	8 6	8 8			506 70	000	
btotal. O	70 00 07/1/4		I	4.261 66	800	000	4	0.00	4,208.83	52.83	
Less dispositions and exchanges:				000	000	000		000	00 0	00 0	
Net for. OTHER - SOFTWARE			1 1	4,261.66	000	000	4,208 83	00 0	4,208 83	52 83	
OTHER - VEHICLES			i								
3 D 1600 14 BUS - FORD COLLINS	11/21/2000 M / HY		5 0000	8,971 00	000	00 0	8,971 00	00 0	8,971 00	00 0	
	5/25/2005 M / HY		5 0000	81,005 00	000	000		9 6	81,005 00	9 6	
24 1600 40 2006 FORD BUS #3 (SC01250)	1/26/2006 M / HY 2/17/2010 St / N/A		5 0000	52,455 00 14,500 00		8 8	9,489 00	2.900 00	12,807 00	1.693 00	
btotal: O			 	156,942 00	000	0.0	15		155,249 00	1,693.00	
Less dispositions and exchanges:				8,971 00	000	000	8,971 00	000	8,971 00	00 0	
Net for OTHER - VEHICLES			1 1	147,971 00	0.00	0.00	143,378.00	2,900 00	146,278.00	1,693 00	
Subtotal:				5,087,338 15	000	000	550,227 38	143,970.94	694,198.32	4,393,139.83	:
Less dispositions and exchanges:				16,061 58	000	000			15,391 91	669 67	
Grand Totals			I	5,071,276.57	0.00	0.00	535,266.64	143,970.94	678,806 41	4,392,470.16	

Form **8868**

(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.

OMB No 1545-1709

-	are filing for an Automatic 3-Month Extension,		•				. ▶ 🗸
•	are filing for an Additional (Not Automatic) 3-Mo			, , ,		•	. 0000
	complete Part II unless you have already been of			•	-		
a corpo 8868 to Return	nic filing (e-file). You can electronically file Form ration required to file Form 990-T), or an addition request an extension of time to file any of the for Transfers Associated With Certain Personations). For more details on the electronic filing of the	al (not auto forms listed I Benefit C	omatic) 3-month exte d in Part I or Part II Contracts, which mu	ension of time. You ca with the exception of ust be sent to the IR	n elec Form IS in	tronical 8870, paper f	lly file Form Information format (see
Part I							
	oration required to file Form 990-T and reque			extension—check this		and co	omplete ▶ □
	r corporations (including 1120-C filers), partnersh come tax returns.	ips, REMIC	Cs, and trusts must ι	ise Form 7004 to requ	iest ar	n extens	sion of time
				Enter filer's identifying			
Туре о	Name of exempt organization or other filer, see ii	nstructions		Employer identification	numbe	r (EIN) o	r
print	UMPQUA VALLEY CHRISTIAN SCHOOLS				95153	3	
File by the	Number, street, and room or suite no If a P O b	ox, see instri	uctions	Social security number	(SSN)		
due date filing your				., .			
return Se instruction	e Oity, town or post office, state, and 211 code to	r a foreign a	ddress, see instruction	S			
Enter th	e Return code for the return that this application	ıs for (file a	separate application	for each return) .			0 1
Applic Is For	ation	Return Code	Application Is For			·	Return Code
Form 9	990 or Form 990-EZ	01	Form 990-T (corpo	ration)			07
Form 9	Form 990-BL 02 Form 1041-A 08						
Form 4	Form 4720 (Individual) 03 Form 4720 (other than individual) 09						09
Form 9	990-PF	04	Form 5227				10
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 9	990-T (trust other than above)	06	Form 8870				12
Telep If the If this for the a list wi	hone No. ► 541-679-6248 organization does not have an office or place of bus for a Group Return, enter the organization's for whole group, check this box ►	ousiness in ur digit Gro it is for par ion is for. orporation i mpt organia , 20	the United States, cl up Exemption Numb t of the group, check required to file Form zation return for the	per (GEN) k this box 990-T) extension of till organization named at July 31	me pove	and at	ension is
	Change in accounting period	00 T 4700					
	If this application is for Forms 990-BL, 990-PF, 99 nonrefundable credits. See instructions.	ou-1, 4/20,	or 6069, enter the to	entative tax, less any	20	\$	
	If this application is for Forms 990-PF, 990-T,	4720 or 4	6069 enter any refu	indable credite and	3a	\$	
	estimated tax payments made. Include any prior	year overpa	ayment allowed as a	credit.	3b	\$	
	Balance due. Subtract line 3b from line 3a. Includ EFTPS (Electronic Federal Tax Payment System).	See instruc	ctions.		3c	\$	
Caution	. If you are going to make an electronic funds withdraw	al (direct det	oit) with this Form 8868	, see Form 8453-EO and	Form	8879-EC) for payment