

Department of the Treasury  
Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-1150

# 2016

**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017**

**B** Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

**C** Name of organization  
KEEP IT IN THE VALLEY FOUNDATION

|  |            |
|--|------------|
| Number and street (or P O box, if mail is not delivered to street address) | Room/suite |
| 435 ORONDO AVENUE  |            |

City or town, state or province, country, and ZIP or foreign postal code  
WENATCHEE, WA 98801

D Employer identification number

46-0895569

|                           |
|---------------------------|
| <b>E</b> Telephone number |
|---------------------------|

(509) 667-8667

F Group Exemption  
Number ▶

**G Accounting Method**    ☒ Cash    ☐ Accrual    Other (specify) ▶

**H** Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I Website:** ► [HTTPS //CAKESFORCOLLEGE COM/](https://cakesforcollege.com/)

**J Tax-exempt status**(check only one) - ☒ 501(c)(3)  ☐ 501(c)( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 79,905

**Part I**    **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

| Revenue |  | Expenses |        | Net Assets |  |    |        |
|---------|--|----------|--------|------------|--|----|--------|
| 1       | Contributions, gifts, grants, and similar amounts received . . . . .   | 1        | 550    | 10         | Grants and similar amounts paid (list in Schedule O) . . . . .   | 10 | 50,000 |
| 2       | Program service revenue including government fees and contracts . . . . .  | 2        |        | 11         | Benefits paid to or for members . . . . .  | 11 |        |
| 3       | Membership dues and assessments . . . . .  | 3        |        | 12         | Salaries, other compensation, and employee benefits . . . . .  | 12 |        |
| 4       | Investment income . . . . .  | 4        |        | 13         | Professional fees and other payments to independent contractors . . . . .  | 13 | 50     |
| 5a      | Gross amount from sale of assets other than inventory . . . . .  | 5a       |        | 14         | Occupancy, rent, utilities, and maintenance . . . . .  | 14 |        |
| b       | Less cost or other basis and sales expenses . . . . .  | 5b       |        | 15         | Printing, publications, postage, and shipping . . . . .  | 15 | 93     |
| c       | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .  | 5c       |        | 16         | Other expenses (describe in Schedule O) . . . . .  | 16 | 4,677  |
| 6       | Gaming and fundraising events  |          |        | 17         | <b>Total expenses.</b> Add lines 10 through 16 . . . . .   | 17 | 54,820 |
| a       | Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .  | 6a       |        | 18         | Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .  | 18 | -2,783 |
| b       | Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . | 6b       | 79,355 | 19         | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . | 19 | 28,742 |
| c       | Less direct expenses from gaming and fundraising events . . . . .  | 6c       | 27,868 | 20         | Other changes in net assets or fund balances (explain in Schedule O) . . . . .   | 20 | 0      |
| d       | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .   | 6d       | 51,487 | 21         | Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .   | 21 | 25,955 |
| 7a      | Gross sales of inventory, less returns and allowances . . . . .  | 7a       |        |            |  |    |        |
| b       | Less cost of goods sold . . . . .  | 7b       |        |            |  |    |        |
| c       | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .   | 7c       |        |            |  |    |        |
| 8       | Other revenue (describe in Schedule O) . . . . .   | 8        |        |            |  |    |        |
| 9       | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .  | 9        | 52,037 |            |  |    |        |

**For Paperwork Reduction Act Notice, see the separate instructions.**

Cat No 10642I

Form **990-EZ** (2016)

Check if the organization used Schedule O to respond to any question in this Part II ☒

|                 |   |                 |
|-----------------|---|-----------------|
| <b>Part III</b> | <b>Statement of Program Service Accomplishments</b> (see the instructions for Part III) | <b>Expenses</b> |
|-----------------|---|-----------------|

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others )

THE ORGANIZATION OPERATES EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES. THE NET PROFITS RAISED FROM THIS ACTIVITY WILL BE DONATED TO THE NCW COMMUNITY FOUNDATION FOR SCHOLARSHIPS AS DIRECTED BY THE ORGANIZATION.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**28**  
See Additional Data Table

(Grants \$ ) If this amount includes foreign grants, check here . . . ☐

29

(Grants \$ ) If this amount includes foreign grants, check here ☐

---

**30**

(Grants \$ ) If this amount includes foreign grants, check here . . . ☐

### 31 Other non

**31** Other program services (describe in Schedule O) . . . . .

(Grants \$ )

**32 Total program service expenses** (add lines 28a through 31a)

[illegible]

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

|   | Yes        | No |
|---|------------|----|
| <b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .   | <b>33</b>  | No |
| <b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .  | <b>34</b>  | No |
| <b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .   | <b>35a</b> | No |
| <b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .   | <b>35b</b> |    |
| <b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .   | <b>35c</b> | No |
| <b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .   | <b>36</b>  | No |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0  | <b>37a</b> |    |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .  | <b>37b</b> |    |
| <b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .   | <b>38a</b> | No |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .   | <b>38b</b> |    |
| <b>39</b> Section 501(c)(7) organizations Enter . . . . .   |            |    |
| <b>a</b> Initiation fees and capital contributions included on line 9 . . . . .   | <b>39a</b> |    |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .  | <b>39b</b> |    |
| <b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 0   |            |    |
| <b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . . | <b>40b</b> | No |
| <b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0  |            |    |
| <b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0  |            |    |
| <b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .  | <b>40e</b> | No |
| <b>41</b> List the states with which a copy of this return is filed ▶ . . . . .   |            |    |
| <b>42a</b> The organization's books are in care of ▶ ROBERT PAINE Telephone no ▶ (509) 667-8667<br>Located at ▶ 435 ORONDO AVE WENATCHEE, WA ZIP + 4 ▶ 98801  |            |    |
| <b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .   | <b>42b</b> | No |
| If "Yes," enter the name of the foreign country ▶ . . . . .   |            |    |
| See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b> . . . . .  |            |    |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside the U S ? . . . . .  | <b>42c</b> | No |
| If "Yes," enter the name of the foreign country ▶ . . . . .   |            |    |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . ▶ <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>  |            |    |
| <b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .   | <b>44a</b> | No |
| <b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .  | <b>44b</b> | No |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .   | <b>44c</b> | No |
| <b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .   | <b>44d</b> |    |
| <b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .  | <b>45a</b> | No |
| <b>45b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .   | <b>45b</b> | No |

|           |  |            |           |
|-----------|--|------------|-----------|
|           |  | <b>Yes</b> | <b>No</b> |
| <b>46</b> | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . | <b>46</b>  | No        |

**Part VI Section 501(c)(3) organizations only**  
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  
Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

|           |   |            |           |
|-----------|---|------------|-----------|
|           |   | <b>Yes</b> | <b>No</b> |
| <b>47</b> | Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?<br>If "Yes," complete Schedule C, Part II . . . . . | <b>47</b>  | No        |
| <b>48</b> | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule F . . . . .  | <b>48</b>  | No        |

[Redacted area containing lines 49b through 51]

|      |  |  |  |  |
|------|--|--|--|--|
| NONE |  |  |  |  |
|      |  |  |  |  |
|      |  |  |  |  |
|      |  |  |  |  |
|      |  |  |  |  |

## Additional Data

**Software ID:**

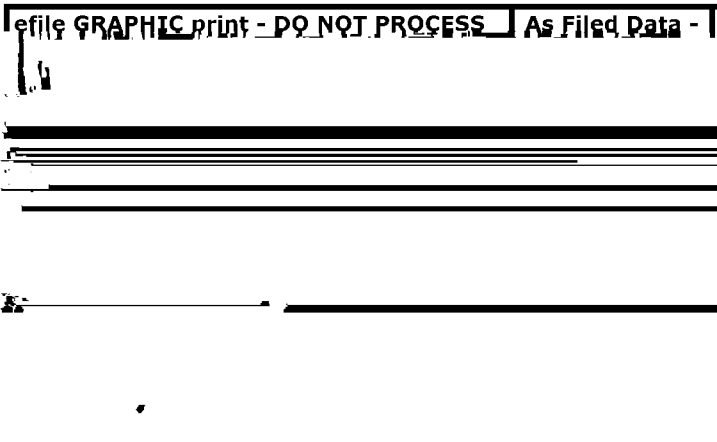
**Software Version:**

**EIN:** 46-0895569

**Name:** KEEP IT IN THE VALLEY FOUNDATION

### Form 990EZ, Part III - Statement of Program Service Accomplishments

| Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.  | Expenses<br>(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) |        |
|--|--|--------|
| <b>28</b><br>PROVIDE SCHOLARSHIPS FOR LOCAL GRADUATING HIGH SCHOOL SENIORS TO ATTEND WENATCHEE VALLEY COLLEGE THE ORGANIZATION AWARDED FUNDS TO THE COMMUNITY FOUNDATION OF NCW THROUGH THE COMMUNITY FOUNDATION OF NCW, THE ORGANIZATION AWARDED SCHOLARSHIPS TO 15 STUDENTS DURING THE YEAR ENDED JUNE 30, 2017<br><br>(Grants \$ 50,000)<br><br>If this amount includes foreign grants, check here . . . <input type="checkbox"/> | <b>28a</b>   | 54,577 |



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DLN: 93492332006067

**SCHEDULE A**  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

**Name of the organization**  
KEEP IT IN THE VALLEY FOUNDATION

**Employer identification number**  
46-0895569

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.  
The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's

| Section B. Total Support   |         |         |         |         |         |          |
|--|---------|---------|---------|---------|---------|----------|
| Calendar year<br>(or fiscal year beginning in) ▶   | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
| 7 Amounts from line 4  |         |         |         |         |         |          |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |         |         |         |         |         |          |
| 9 Net income from unrelated business   |         |         |         |         |         |          |

**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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

|          | Calendar year<br>(or fiscal year beginning in) ►   | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|----------|--|---------|---------|---------|---------|---------|----------|
|          |  |         |         |         |         |         |          |
| <b>1</b> | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.") |         |         |         |         |         |          |
| <b>2</b> | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |         |         |         |         |         |          |



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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support****Calendar year****(or fiscal year beginning in) ►**

|   | <b>(a)2012</b> | <b>(b)2013</b> | <b>(c)2014</b> | <b>(d)2015</b> | <b>(e)2016</b> | <b>(f)Total</b> |
|---|----------------|----------------|----------------|----------------|----------------|-----------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  | 1,478          | 477            | 0              | 2,500          | 550            | 5,005           |
| <b>2</b> 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 | 75,211         | 85,533         | 95,811         | 80,741         | 79,355         | 416,651         |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |                |                |                |                |                |                 |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid   |                |                |                |                |                |                 |

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**


- 1** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

|          | Yes | No |
|----------|-----|----|
| <b>1</b> |     |    |
| <b>2</b> |     |    |

- 7** ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)



**Part V**   **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization is described in the Internal Revenue Code as a private foundation. All other

supported organization ▶ ☐  
**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see ▶ ☐  
instructions

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in Part VI) See instructions   |              |
| 7 Total annual distributions. Add lines 1 through 6  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |              |
| 9 Distributable amount for 2016 from Section C, line 6   |              |
| 10 Line 8 amount divided by Line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2016 | (iii)<br>Distributable<br>Amount for 2016 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2016 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2016   |                             |  |   |
| a   |                             |  |   |
| b   |                             |  |   |
| c From 2013. . . . .  |                             |  |   |
| d From 2014. . . . .  |                             |  |   |
| e From 2015. . . . .  |                             |  |   |
| f Total of lines 3a through e   |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2016 distributable amount  |                             |  |   |
| i Carryover from 2011 not applied (see instructions)  |                             |  |   |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f   |                             |  |   |
| 4 Distributions for 2016 from Section D, line 7 \$  |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2016 distributable amount  |                             |  |   |
| c Remainder Subtract lines 4a and 4b from 4   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                             |  |   |
| 6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                             |  |   |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c   |                             |  |   |
| 8 Breakdown of line 7   |                             |  |   |
| a   |                             |  |   |
| b Excess from 2013. . . . .   |                             |  |   |
| c Excess from 2014. . . . .   |                             |  |   |
| d Excess from 2015. . . . .   |                             |  |   |
| e Excess from 2016. . . . .   |                             |  |   |

**Part VI**   **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|                                     |

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" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
KEEP IT IN THE VALLEY FOUNDATION

Employer identification number  
46-0895569

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☒ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
|   |               | Yes  | No |                                   |  |   |
| 1   |               |  |    |                                   |  |   |
| 2   |               |  |    |                                   |  |   |
| 3   |               |  |    |                                   |  |   |
| 4   |               |  |    |                                   |  |   |
| 5   |               |  |    |                                   |  |   |
| 6   |               |  |    |                                   |  |   |
| 7   |               |  |    |                                   |  |   |
| 8   |               |  |    |                                   |  |   |
| 9   |               |  |    |                                   |  |   |
| 10  |               |  |    |                                   |  |   |
| Total ▶   |               |  |    |                                   |  |   |

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue         |   | (a) Event #1                        | (b) Event #2 | (c) Other events | (d)  |
|-----------------|---|-------------------------------------|--------------|------------------|--|
|                 |   | <b>FUNNEL CAKES</b><br>(event type) | (event type) | (total number)   | Total events<br>(add col (a) through<br>col (c)) |
| Revenue         | <b>1</b> Gross receipts . . . . .   | 79,355                              |              |                  | 79,355   |
|                 | <b>2</b> Less Contributions . . . . .   |                                     |              |                  |  |
|                 | <b>3</b> Gross income (line 1 minus<br>line 2) . . . . .                          | 79,355                              |              |                  | 79,355   |
|                 |   |                                     |              |                  |  |
| Direct Expenses | <b>4</b> Cash prizes . . . . .  |                                     |              |                  |  |
|                 | <b>5</b> Noncash prizes . . . . .   |                                     |              |                  |  |
|                 | <b>6</b> Rent/facility costs . . . . .  | 14,723                              |              |                  | 14,723   |
|                 | <b>7</b> Food and beverages . . . . .   |                                     |              |                  |  |
|                 | <b>8</b> Entertainment . . . . .  |                                     |              |                  |  |
|                 | <b>9</b> Other direct expenses . . . . .  | 13,145                              |              |                  | 13,145   |
|                 | <b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |                                     |              |                  | 27,868   |
|                 | <b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |                                     |              |                  | 51,487   |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue         |  | (a) Bingo   | (b) Pull tabs/Instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col (a) through col (c)) |
|-----------------|--|---|---|---|---|
|                 |  |   |   |   |   |
| Revenue         | <b>1</b> Gross revenue . . . . .   |   |   |   |   |
|                 | <b>2</b> Cash prizes . . . . .   |   |   |   |   |
|                 | <b>3</b> Noncash prizes . . . . .  |   |   |   |   |
|                 | <b>4</b> Rent/facility costs . . . . .   |   |   |   |   |
|                 | <b>5</b> Other direct expenses . . . . .   |   |   |   |   |
| Direct Expenses | <b>6</b> Volunteer labor . . . . .   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
|                 | <b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶        |   |   |   |   |
|                 | <b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶ |   |   |   |   |

**9** Enter the state(s) in which the organization conducts gaming activities



- 11** Does the organization conduct 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 conducted in
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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 ► \$ \_\_\_\_\_

- c** 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

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference

Explanation

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization

KEEP IT IN THE VALLEY FOUNDATION

Employer identification number

46-0895569

**990 Schedule O, Supplemental Information**

| Return Reference   | Explanation   |
|--|---|
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION SCHOLARSHIPS GRANTEE NAME COMMUNITY FOUNDATION OF NCW GRANTEE ADDRESS 9 SOUTH WENATCHEE AVE WENATCHEE, WA 98801 BOOK VALUE OF PROPERTY 50,000 AMOUNT GIVEN 50,000 |

990 Schedule O, Supplemental Information

| Return<br>Reference | Explanation |
|---------------------|-------------|
|                     |             |

990 Schedule O, Supplemental Information

| Return<br>Reference                                       | Explanation   |
|---|---|
| FORM 990-<br>EZ, PART II,<br>LINE 24 -<br>OTHER<br>ASSETS | DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 12,182 END OF YEAR AMOUNT 8,702 |