

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 ▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2002 calendar year, or tax year beginning April 19, 2002, and ending December 31, 20 02

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Valley View Foundation

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
5388 South Milford Road

City or town, state or country, and ZIP + 4
Milford, OH 45150

D Employer identification number
02 : 0585977

E Telephone number
(513) 576-1023

F Enter 4-digit (GEN) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
 Other (specify) ▶

I Web site: ▶ www.valleyviewcampus.org

J Organization type (check only one)— 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

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

K Check ▶ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 36 of the instructions.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21										
Revenue	1	Contributions, gifts, grants, and similar amounts received															17090																					
	2	Program service revenue including government fees and contracts															0																					
	3	Membership dues and assessments															0																					
	4	Investment income															24																					
	5a	Gross amount from sale of assets other than inventory					0																															
	b	Less: cost or other basis and sales expenses					0																															
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)																0																				
	6	Special events and activities (attach schedule):																																				
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)																																				
	b	Less: direct expenses other than fundraising expenses																																				
c	Net income or (loss) from special events and activities (line 6a less line 6b)																																					
7a	Gross sales of inventory, less returns and allowances											847																										
b	Less: cost of goods sold												1350																									
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																																					
8	Other revenue (describe ▶ _____)																																					
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																																					
Expenses	10	Grants and similar amounts paid (attach schedule)															0																					
	11	Benefits paid to or for members															0																					
	12	Salaries, other compensation, and employee benefits															0																					
	13	Professional fees and other payments to independent contractors															0																					
	14	Occupancy, rent, utilities, and maintenance															0																					
	15	Printing, publications, postage, and shipping																1612																				
	16	Other expenses (describe ▶ Bank fees, State registration fees, Advertisement)																422																				
17	Total expenses (add lines 10 through 16)																																					
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)																																				
	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)																0																				
	20	Other changes in net assets or fund balances (attach explanation)																0																				
	21	Total net assets or fund balances at end of year (combine lines 18 through 20)																																				

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 39 of the instructions.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	0	14577
23	Land and buildings	0	0
24	Other assets (describe ▶ _____)	0	0
25	Total assets	0	14577
26	Total liabilities (describe ▶ _____)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	14577

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2002)

Part III Statement of Program Service Accomplishments (See page 39 of the instructions.)		Expenses
What is the organization's primary exempt purpose? Conservation, preservation and education		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	Plan and begin implementing acquisition of 151.5 acres of open space and river for \$2.5 million. Fundraising and pursuit of major private and public grants for purchase price were provided by volunteers as were acquisition negotiations and site planning, (Grants \$)	28a 0
29	(Grants \$)	29a
30	(Grants \$)	30a
31	Other program services (attach schedule) (Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)	32 0

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 40 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Attached				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b		
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		✓
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ 0		
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ 0		
41	List the states with which a copy of this return is filed. ▶ Ohio Attorney General's Office		
42	The books are in care of ▶ Kathryn Nelson Telephone no. ▶ (513) 871-9009 Located at ▶ 2967 Observatory Ave, Cincinnati, OH ZIP + 4 ▶ 45208		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43		

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

Please Sign Here
 Signature of officer: Robert E. Laudeman Date: 15/15/2003
 Type or print name and title: Robert E. Laudeman, President

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____
 Check if self-employed:
 Preparer's SSN or PTIN (See Gen. Inst. W): _____
 EIN: _____
 Phone no.: () _____



Valley View Foundation
Attachment to IRS Form 990-EZ Part IV

Name and Address	Title and average hours per week devoted to position	Compensation (if not paid enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Robert E. Laudeman 5388 South Milford Road Milford, OH 45150	President/ Director (<5 hrs/week)	0	0	0
John W. Hauck 201 Laurel Ave. Milford, OH 45150	Secretary/ Director (<5 hrs/week)	0	0	0
Kathryn Nelson 2967 Observatory Ave. Cincinnati, OH 45208	Treasurer/ Director (<5 hrs/week)	0	0	0
Andrew P. Dickerson 128 Mound Street Milford, OH 45150	Director (<5 hrs/week)	0	0	0
Rachelle R. Rapp Dickerson 128 Mound Street Milford, OH 45150	Director (<5 hrs/week)	0	0	0
William H. Hoppie, III 1304 Suncrest Drive Cincinnati, OH 45208	Director (<5 hrs/week)	0	0	0
Carl F. Samson 233 Laurel Ave. Milford, OH 45150	Director (<5 hrs/week)	0	0	0
Timothy J. Langner 126 Miami Lakes Drive Milford, OH 45150	Director (<5 hrs/week)	0	0	0
Catherine A. Gatch 780 Garfield Ave. Milford, OH 45150	Director (<5 hrs/week)	0	0	0