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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Inspection

OMB No. 1545-1150

2012

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For the	2012 calenda	ar year, or tax year beginning , 2012, and ending		- 11/5-	, 20		
B Check if applicable:		oplicable:	C Name of organization	D Empl	oyer ider	ntification number		
	Address c	change James P. Huber Veterans Foundation			45-4795822			
	Name cha	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tel-				E Telephone number		
	Initial retur		c/o James P. Huber, 1186 Emerson Ave.		650-	743-7663		
H	Terminate		City or town, state or country, and ZIP + 4	F Grou	ıp Exem	ption		
H	Amended Application		Salt Lake City, UT 84105		nber ▶	,		
G		ting Method:		Check I	► V if	the organization is not		
	Websit	•	emeritus1.org			ch Schedule B		
			ck only one) — ✓ 501(c)(3)	•		EZ, or 990-PF).		
-	Check >		e organization is not a section 509(a)(3) supporting organization or a section 527 organization					
			o. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) m		•			
			ses to file a return, be sure to file a complete return.	ay bo roq	an oa (o	oo mod dodonoj, Dat m		
	_		b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	s (Part II,				
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		•	460.00		
	art i		e, Expenses, and Changes in Net Assets or Fund Balances (see the		tions 1			
	arti		the organization used Schedule O to respond to any question in this Part			· ·		
-	1		ons, gifts, grants, and similar amounts received		1	460.00		
	2		ervice revenue including government fees and contracts		2	-0-		
	3		ip dues and assessments		3	-0-		
	4	Investment		* *	4	-0-		
	7 -		unt from sale of assets other than inventory 5a	-0-	-	-0-		
	5a		or other basis and sales expenses	-0-				
	b	Gain or (los	5c	-0-				
	6 6	•	* *	30	-0-			
	a	•	d fundraising events ome from gaming (attach Schedule G if greater than					
<u>a</u>	a	A		-0-				
Revenue	b	•	me from fundraising events (not including \$ -0- of contribution					
ě	0		aising events reported on line 1) (attach Schedule G if the	15				
Œ			h gross income and contributions exceeds \$15,000) 6b	-0-				
	С		t expenses from gaming and fundraising events 6c	-0-				
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and su					
	ŭ	line 6c)	o or (1000) from garring and remained over the (1000) from the control of		6d	-0-		
	7a	,	s of inventory, less returns and allowances 7a	-0-	Ou			
	b		of goods sold	-0-				
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	110000	7c	~O~		
	8		nue (describe in Schedule O)		8	-0-		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	9	460.00		
	10		similar amounts paid (list in Schedule O)		10	-0-		
	11		id to or for members		11	-0-		
ç	12		her compensation, and employee benefits		12	-0-		
ાટલ	13		al fees and other payments to independent contractors		13	-0-		
Expenses	14		, rent, utilities, and maintenance		14	-0-		
	15		ublications, postage, and shipping		15	10.00		
	16	•	nses (describe in Schedule O)		16	530.00		
	17		nses. Add lines 10 through 16		17	540.00		
5	18	Excess or	deficit) for the year (Subtract line 17 from line 9)		18	(80.00)		
set	19		or fund balances at beginning of year (from line 27, column (A)) (must agre					
ASS		end-of-yea	r figure reported on prior year's return)		19	N/A		
Net Assets	20	Other char	ges in net assets or fund balances (explain in Schedule O)		20	-0-		
Z	21		or fund balances at end of year. Combine lines 18 through 20		21	(80.00)		

Form 990-EZ (2012)	Page 2

Check if the organization used Schedule O to respond to any question in this Part II. 22 Cash, savings, and investments 23 Land and buildings. 24 Other assets (describe in Schedule O) 25 Total labilities (describe in Schedule O) 26 Total labilities (describe in Schedule O) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Cash (and the organization used Schedule O to respond to any question in this Part III. 29 Cash (and the organization suped Schedule O to respond to any question in this Part III. 29 Cash (and the organization suped Schedule O to respond to any question therapy pgms are vices from the program service accomplishments for each of fits three largest program services are assessed by expenses. In a clear and concluse mainer, describe the services provided, the number of services program services are complishments for each frogram title. 29 Cash (Grants \$) If this amount includes foreign grants, check here		Check if the organization used Schedu		ny question in this F	Part II		
Land and buildings. 24 Other assets (describe in Schedule O) 25 Total assets. 26 Total labilities (describe in Schedule O) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Not assets or fund balances (line 27 of column (B) must agree with line 21) 29 Check if the organization used Schedule O to respond to any question in this Part III 20 Check if the organization's program service accomplishments (see the instructions for Part III) 21 Check if 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 itile. 28 None. 29 If this amount includes foreign grants, check here 28a -0- 29 Grants \$) If this amount includes foreign grants, check here 29a 30 Grants \$) If this amount includes foreign grants, check here 30a 31 Other program service expenses (add lines 28a through 31a) -0- 29 Total program service expenses (add lines 28a through 31a) -0- 29 List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV -0- Check if the organization used Schedule O to respond to any question in this Part IV -0- Check if the organization used Schedule O to respond to any question in this Part IV -0- Check if the organization used Schedule O to respond to any question in this Part IV -0- Check if the organization used Schedule O to respond to any question in this Part IV -0- Check if the organization used Schedule O to respond to any question in this Part IV -0- Check if the organization used Schedule O to respond to any question in this Part IV -0- Check if the organization used Schedule O to respond to any question in this Part IV -0- Check if the organization and vice-Chair -0- Check if the organization and vice-Chair -0- Check if the organization and		Chock if the organization deed consta	are a resignation to				
23 Land and buildings. NA 23	22	Cash, savings, and investments		[N/A	22	460.00
Total assets	23	-		[N/A	23	-0-
Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with line 21) Net assets or fund balances (line 27 of column (B) must agree with line 21) Net assets or fund balances (line 27 of column (B) must agree with line 21) Check if the organization used Schedule O to respond to any question in this Part III Check if the organization used Schedule O to respond to any question in this Part III Check if the organization used Schedule O to respond to any question in this Part III Check if the organization's primary exempt purpose? Raising funds for US VA Dept. recreation therapy pgms Describe the organization's program services 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 little. (Grants \$) If this amount includes foreign grants, check here \$ 28a -0-29	24	Other assets (describe in Schedule O)	* * * * * * * * * * * * * * * * * * *			A CONTRACTOR OF THE PARTY OF TH	-0-
Net assets or fund balances (line 27 of column (B) must agree with line 21) N/A 27 (80.00)	25						
Statement of Program Service Accomplishments (see the instructions for Part III)						-	
Check if the organization used Schedule O to respond to any question in this Part III						27	(80.00)
What is the organization's primary exempt purpose? Raising funds for US VA Dept. recreation therapy pgms 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 None. (Grants \$) If this amount includes foreign grants, check here	Far					-	•
Grants \$) If this amount includes foreign grants, check here	Desc as m	t is the organization's primary exempt purpose? cribe the organization's program service accompleasured by expenses. In a clear and concise	Raising funds for U plishments for each of manner, describe the	S VA Dept. recreation of its three largest pr	therapy pgms rogram services,	501(c organ 4947	e)(3) and 501(c)(4) hizations and section (a)(1) trusts; optional
Grants \$	28					282	-nu
Grants \$ If this amount includes foreign grants, check here 30a	29	*				28a	-0-
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	30						
Grants \$ If this amount includes foreign grants, check here 31a	31					ooa	
Total program service expenses (add lines 28a through 31a)	٠.					31a	
Check if the organization used Schedule O to respond to any question in this Part IV	32	Total program service expenses (add lines 28	Ba through 31a)	42 44 4 N N N N N	v >		-140.
(a) Name and title (b) Average hours per week devoted to position (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) (d) Health benefits, contributions to employee benefit plans, and deferred compensation (e) Estimated amount of other compensation (b) Average hours per week devoted to position (Forms W-2/1099-MISC) (if not paid, enter -0-) (e) Estimated amount of other compensation (a) Name and title (b) Average hours per week devoted to position (b) Average hours per week devoted to position (b) Average hours per week devoted to position (c) Reportable compensation (d) Health benefits, contributions to employee benefit plans, and deferred compensation (e) Estimated amount of other compensation (e) Estimated amount of other compensation (forms W-2/1099-MISC) (if not paid, enter -0-) (Forms W-2/1099-MISC) (if not paid, enter -0-) (e) Estimated amount of other compensation (e) Estimated amount of other compensation (forms W-2/1099-MISC) (if not paid, enter -0-) (b) Forms W-2/1099-MISC) (c) Reportable compensation (e) Estimated amount of other compensation (forms W-2/1099-MISC) (if not paid, enter -0-) (e) Estimated amount of other compensation (forms W-2/1099-MISC) (if not paid, enter -0-) (if	Par						· ·
James P. Huber 15 Director and Chair -0- -0- -0- William Huber 4 -0- -0- -0- -0- Anthony J. Knapke 8 -0- -0- -0- -0- Director and Secretary/Treasurer -0- -0- -0- -0- -0- Kevin Beus 10 -0- -0- -0- -0- -0-			(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount of
Director and Chair	lame	ae D. Hubar	1.2	(ii not paid, enter -0-)	dererred compensation	*	
William Huber 4 Director and Vice-Chair -0- Anthony J. Knapke 8 Director and Secretary/Treasurer -0- Kevin Beus 10			15	-0-	14)-	-0-
Director and Vice-Chair	_		A				
Director and Secretary/Treasurer -000- Kevin Beus 10	******		T	-0-	9)-	-0-
Kevin Beus 10	Anth	ony J. Knapke	8				
	Direc	ctor and Secretary/Treasurer		-0-	-)-	-0-
Director -000-	Kevi	n Beus	10				
	Direc	ctor		-0-	-)-	-0-
						+	
	-					_	
			2248	1			
	-						

	-					-	
					I .		

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	Instructions for Fart V) Officek if the organization used schedule of to respond to any question in this	1 Cu t	Yes	No
33	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	33	100	V
34	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)	34		~
35a	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)?	35a		V
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	35b		
c	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	35c		V
36	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	36		V
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?	37b		~
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 outstanding at the end of the tax year covered by this return? .	38a		V
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
ь	Gross receipts, included on line 9, for public use of club facilities			
40a	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	Section 501(c)(3) and 501(c)(4) 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	40b		V
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		8	
е	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	40e		~
41	List the states with which a copy of this return is filed ▶ Utah, Ohio, Arizona, Kentucky			
42a	The organization's books are in care of ▶ Anthony J. Knapke Telephone no. ▶	614-74	5-799	6
	Located at ► ZIP + 4 ►			- 1000-1000-10
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)?	42b	Yes	No V
	If "Yes," enter the name of the foreign country: ▶			11
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		V
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92 93	8 /	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
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	44b		V
C	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
AE-		440 45a		~
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	#5a		
45b	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-F7 (see instructions)	45h		

						-	Yes	No
46	Did the organization engage, directly or in							
	to candidates for public office? If "Yes," (, Pari			46		-
Part \	VI Section 501(c)(3) organizations All section 501(c)(3) organization		etions 47, 40b and	52 and o	omplete th	o tablos	for lin	.00
	50 and 51	is must answer que	5110115 47 -43D and	JZ, aliu C	ompiete tri	e lables	IOI III I	162
	Check if the organization used Sc	hedule O to respond	to any question in	this Part V	1			П
	Official time organization asea oc	riodalo e to respond	to any quodion in	uno i air i			Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501(h) election	on in effect	during the	tax	1.00	
	year? If "Yes," complete Schedule C, Part II							
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
49a	Did the organization make any transfers t		·			. 49a		V
b	If "Yes," was the related organization a se		-			. 49b		
50	Complete this table for the organization's	s five highest comper	nsated employees (ot	her than of	ficers, direct			
	employees) who each received more than	n \$100,000 of compe	nsation from the orga	anization. If	there is non	e, enter "	None.	"
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contribution benefit plan	th benefits, as to employee s, and deferred ensation	(e) Estimat other co		
None.								
						,		
f	Total number of other employees paid ov							
51	Complete this table for the organization \$100,000 of compensation from the organization	's five nignest comp	ensated independen one enter "None"	t contracto	rs wno eaci	1 received	more	e tnan
(a)	Name and address of each independent contractor pa		(b) Type of ser	vice	lo) Compensa	tion	
Lucione de la	Name and address of each independent contractor pe	ad more than \$100,000	(2) 1/20 01 00			, compensa		
None.			4					
			-					
*******		***************************************	1					
							11110	
	· ************************************				1			
	Total number of other independent contra			. •				
52	Did the organization complete Schedule					▶ □ v -		No
	nonexempt charitable trusts must attach					► ✓ Ye		No
∪nder p true, cor	enalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other tha	return, including accompar n officer) is based on all info	nying schedules and statem ormation of which preparer	nents, and to the has any know	ne best of my ki ledge.	nowledge an	u pelief	, π ις
	1/1/n	1/23						7
Sign	Signature of officer					1	-	
Here	Anthony J. Knapke, Secretary/Tre	Signature of officer Date Anthony J. Knapke, Secretary/Treasurer						
	Type or print name and title							
Paid	Print/Type preparer's name	Preparer's signature		ate	Check _	if PTIN		
Prepa	arer				self-emplo	yed		
Use (10#4 #1: 020	10		Fi	rm's EIN ▶			
	Firm's address ▶			P	none no.			
May th	ne IRS discuss this return with the prepare	r shown above? See	instructions			Ye	s 🗌	No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047 2012 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

James P. Huber Veterans Foundation

Employer identification number 45-4795822

			arity Status (All orga						nstruction	ons.	
he			ation because it is: (Fo								
1	A church, con	vention of churc	ches, or association of	churches	s describ	ed in sec	tion 170	(b)(1)(A)(i).		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3			ospital service organiza								
4	A medical rese	earch organizati	ion operated in conjun	ction with	ı a hospit	al descrit	oed in se	ction 17	0(b)(1)(A)	(iii). Enter t	he
	hospital's nam	ne, city, and sta	te:			50.5 0.40 0.00					te se troca a unito
5		on operated for the benefit of a college or university owned or operated by a governmental unit described in (1)(A)(iv). (Complete Part II.)									
6 7	 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 								ral public		
8	☐ A community	trust described	in section 170(b)(1)(A)(vi). (Cor	nplete Pa	art II.)					
9	☐ An organizatio	n that normally	receives: (1) more that	an 33¹/₃%	of its su	upport fro	m contri	ibutions,	members	ship fees, a	ind gross
	receipts from	activities relate	ed to its exempt funct	ions-sul	bject to	certain ex	ceptions	s, and (2)	no more	e than 331/	/₃% of its
	support from	gross investm	ent income and unre	lated bus	siness ta	xable inc	ome (les	ss sectio	n 511 ta	x) from bu	usine <mark>sse</mark> s
	acquired by th	e organization	after June 30, 1975. Se	ee sectio	n 509(a)(2). (Com	olete Par	t III.)			
10	☐ An organizatio	n organized an	d operated exclusively	to test fo	or public s	safety. Se	e sectio	n 509(a)(4).		
11			nd operated exclusive							or to carn	out the
	purposes of c	ne or more pu	blicly supported organ	nizations	describe	d in secti	on 509(a	a)(1) or se	ection 50	9(a)(2). See	section
	509(a)(3). Che	ck the box that	describes the type of	supportin	ng organi:	zation and	d comple	ete lines 1	1e through	gh 11h.	
	a 🗌 Type I	b 🗌 Type	ell c 🗌 Typell	I–Functio	nally inte	grated	d 🗆	Type III-N	Non-funct	tionally inte	grated
6		his box. I certify	that the organization					y by one	or more	disqualified	persons
	other than fou	ndation manag	ers and other than on	e or more	e publicly	supporte	ed organ	izations o	described	I in section	509(a)(1)
	or section 509										
f	If the organiz	ation received	a written determination	on from t	the IRS	that it is	a Type	I, Type	II, or Typ	e III supp	orting
	· ·										· · · □
ç	Since August following pers		the organization acce	pted any	gift or co	ontributio	n from a	iny of the)		_
	• • • • • • • • • • • • • • • • • • • •		indirectly controls, eit	her alone	or toget	her with	persons	describe	d in (ii) a	nd [Yes No
	(iii) below.	the governing b	ody of the supported	organizat	ion?	200 0 10	DE DE DE		* * *	11g(i)	
			son described in (i) abo							11g(ii)	
			f a person described in							11g(iii)	
r	Drovide the fo	llowing information	tion about the support	ed organi	ization(s)					1.8(11)	
				1	rganization		ou notify	6.25	s the	(vii) Amount	of monotony
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9		sted in your		ization in		tion in col.	Supp	2011 PHT SCHOOL STATE
	3		above or IRC section	governing	document?	col. (i)	of your (i) organ		nized in the U.S.?		
			(see instructions))	Yes	No	Yes	No	Yes	No		
				100	110	100	110	100	110		
A)											
_											
B)											
C)											
_							_				
D)											
E)							11				

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.)

Section A. Public Support

	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	(,,					
-	membership fees received. (Do not						
	include any "unusual grants.")	N/A	N/A	N/A	N/A	460.00	460.00
2	Tax revenues levied for the		22313				
 11	organization's benefit and either paid						
	to or expended on its behalf	N/A	N/A	N/A	N/A	-0-	-0-
3	The value of services or facilities			131000			
	furnished by a governmental unit to the						
	organization without charge	N/A	N/A	N/A	N/A	-0-	-0-
4	Total. Add lines 1 through 3	N/A	N/A	N/A	N/A	-0-	460.00
5	The portion of total contributions by						
3	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)						450.80
6	Public support. Subtract line 5 from line 4.						9.20
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	N/A	N/A	N/A	N/A	460.00	460.00
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources . ,	N/A	N/A	N/A	N/A	-0-	-0-
9	Net income from unrelated business						
	activities, whether or not the business			11			
	is regularly carried on	N/A	N/A	N/A	N/A	-0-	-0-
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	N/A	N/A	N/A	N/A	-0-	-0-
11	Total support. Add lines 7 through 10						460.00
12	Gross receipts from related activities, etc.					12	-0-
13	First five years. If the Form 990 is for the						
	organization, check this box and stop her						> v
	on C. Computation of Public Suppor					44	
14	Public support percentage for 2012 (line 6					14	%
15	Public support percentage from 2011 Sch	nedule A, Part I	II, line 14	* * * * * *		15	%
16a	331/3% support test—2012. If the organiz	zation did not o	check the box	on line 13, and	i line 14 is 331,	3% or more, cr	ieck this
	box and stop here. The organization qual						
b	331/3% support test—2011. If the organ check this box and stop here. The organi						
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization med						
	Part IV how the organization meets the "fa						ipported
19	organization						
b	10%-facts-and-circumstances test-20						
	15 is 10% or more, and if the organizat	ion meets the	"tacts-and-ci	rcumstances"	test, check th	is box and sto	p nere.
	Explain in Part IV how the organization m supported organization						
40	Private foundation. If the organization di						
18	instructions						

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

James P. Huber Veterans Foundation	45-4795822
Form 990-EZ, Part I, Line 16 "Other expenses"	
1) State of Utah Charitable Non-Profit incorporation fee: \$30.00	
2) IRS Form 1023 filing fee: \$400.00	
3) State of Utah Charitable Organization Permit application fee: \$100.00	
Form 990-EZ, Part II, Line 26 "Total liabilities"	
1) Pending reimbursement of \$440.00 owed to James P. Huber for the following expenses incurred of	during creation of the organization:
a) Printing expense: \$10.00	
b) State of Utah Charitable Non-Profit incorporation fee: \$30.00	
c) IRS Form 1023 filing fee: \$400.00	
2) Pending reimbursement of \$100.00 owed to Anthony J. Knapke for the following expense incurre	d during creation of the organization:
State of Utah Charitable Organization Permit application fee: \$100.00	

