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50m 990-PF Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052 2011

F	or ca	llendar year 2011 or tax year beginning			, 2011	, and ending	g		, 20
	Name	e of foundation				_	1	A Employer identif	ication number
	THE	ROGER I. & RUTH B. MACFARLA	NE FO	UNDATION				26-615761	.0
	Numl	ber and street (or P O box number if mail is not de	ivered to st	treet address)		Room/suite		B Telephone numb	er (see instructions)
				·				-	10) 418-7414
	190	9 VIA VISALIA						, 0 .	.,
_		or town, state, and ZIP code				l			
	٠, ٠	.,,					1	C If exemption applic	ation is
	זמק	OS VERDES ESTATES, CA 90274					- `	pending, check here	
_		eck all that apply Initial return		Initial roturn	of a formar r	viblio oboriti	\exists		▶□
J	CHE	Final return	-	Initial return		oublic charity	y c	1 Foreign organiza	
			-	Amended re				2 Foreign organiza 85% test, check	
_		Address change		Name chang			-	computation .	▶ □
H	\neg	eck type of organization X Section 50					E	If private foundation	n status was terminated
1		Section 4947(a)(1) nonexempt charitable trust		Other taxable pr			_	under section 507(I	b)(1)(A), check here . 🕨 🔛
ı		1 —	_		ash 💹 Acc	crual	F	If the foundation is	s in a 60-month termination
	_		Other (s				-	under section 507(t	o)(1)(B), check here
_				n (d) must be or	cash basis)	-			.,
Ĺ	art	Analysis of Revenue and Expenses (The state of amounts in actions (b) (c) and (d)	ie (a)	Revenue and	(b) Net inve	estment	101	Adjusted net	(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in		xpenses per	incom	1	(0)	income	for charitable purposes
_		column (a) (see instructions))		books	23				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)		1,000,000.	ATCH 1				
	2	Check ► If the foundation is not required to attach Sch B							
	3	Interest on savings and temporary cash investments		1,173.		1,173.			ATCH 2
	4	Dividends and interest from securities		441,970.	44	1,970.			ATCH 3
	-	Gross rents							
		Net rental income or (loss)	-						
a)		Net gain or (loss) from sale of assets not on line 10	-	294,339.					
Ž		Gross sales price for all 4.567.078							
Revenue	7	assets on line 6a Capital gain net income (from Part IV, line 2)			29	4,339.			
ž	8	· · · · · · · · · · · · · · · · · · ·		· ·		-,			-
	9	Net short-term capital gain	:			•			<u> </u>
		Gross sales less returns ECFIVED and allowances	-						
			1						
		Less Cost of goods sold .							 -
		Gross profit or (loss) (attach schedule) Other income (attach schedule) 2012	3/	68,944.	6	1,893.			ATCII A
	11		:/	1,806,426.		9,375.			ATCH 4
_	12	Total. Addline's 1-through 11		1,000,420.	'3	<i>5,5,5</i> .			-
	13	Compensation of officers, directors, trustees, letc	1						
Ş	14	Other employee salaries and wages	<i>!</i>						-
nse	15	Pension plans, employee benefits		504.					
çpe		Legal fees (attach schedule) ATCH 5	•			2 210			504
Operating and Administrative Expenses		Accounting fees (attach schedule) ^{ATCH} 6	.	44,620.		2,310.			22,310
ive.	c	Other professional fees (attach schedule). *	•	93,534.	9	3,534.			ļ
Irai	17	Interest	:	20.00					
isi	18	Taxes (attach schedule) (see instructions)	: `}	12,966.		5,672.			
Ē	19	Depreciation (attach schedule) and depletion	.						
٦	20	Occupancy							
٥	21	Travel, conferences, and meetings		4,552.		2,276.			2,276
ā	22	Printing and publications							
gu	23	Other expenses (attach schedule) ATCH 9		6,768.		4,009.			192
rati	24	Total operating and administrative expense							
be		Add lines 13 through 23		162,944.	12	7,801.			25,282
Э	25	Contributions, gifts, grants paid		700,000.					700,000
	26	Total expenses and disbursements Add lines 24 and 2		862,944.	12	7,801.		(725,282
	27	Subtract line 26 from line 12		 			-		
		Excess of revenue over expenses and disbursements		943,482.					
		Net investment income (if negative, enter -0-		- 10, 1021	67	1,574.			
		Adjusted net income (if negative, enter -0-).				,			
		ANIMATED HER HIGUITE HI HEUDLIVE, BILL!! -(I-).	• 1		1	ı			i

For Paperwork Reduction Act Notice, see instructions 1E1410 1 000 8027BB 700W

*ATCH 7 JSA ** ATCH 8

Form **990-PF** (2011)

Part II	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	En	d of year
Taren	- Dalance Sheets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bear	ing		. — <u>. </u>	
2	Savings and temporary	cash investments	661,858.	2,410,074	2,410,074
3	Accounts receivable				
	Less allowance for dou	btful accounts ▶			
4					
	Less allowance for dou	ibtful accounts			
5					
6		officers, directors, trustees, and other			
		tach schedule) (see instructions)			
7		receivable (attach schedule)			
'		ibtful accounts			
ه _د ي		•			
ایت		se		15,249	15,249
9 9		deferred charges		13,213	13,213
-		te government obligations (attach schedule)			
				·	
11	Investments - corporate Investments - land, building	e bonds (attach schedule)		· · · · · · · · · · · · · · · · · · ·	_
' '	and equipment basis				
	Less accumulated deprecti (attach schedule)	ation			
12	Investments - mortgage	loans			
13	Investments - other (att	ach schedule) ATCH . 1 0	17,151,544.	14,214,253	14,214,253
14	Land, buildings, and equipment basis	>			
	Less accumulated deprecia (attach schedule)	L			
15	Other assets (describe	► ATCH 11)	67,694.	62,559	62,559
16		completed by all filers - see the			
	instructions. Also, see p	page 1, item I)	17,881,096.	16,702,135	16,702,135
17	Accounts payable and a	accrued expenses			
18	.				
					7
20			1		=
19 20 21 21 22		otes payable (attach schedule)			┦ ′
	Other liabilities (describ	e ATCH 12	6,994.	160	ન
22	Other habilities (describ-	eATCB-14-)	0,001.	100	
23	Total liabilities (add line	20 17 through 22)	6,994.	160	,
23		es 17 through 22)	0, 334.	100	<u>'</u>
		llow SFAS 117, check here ► X			
رم ا	and complete lines	24 through 26 and lines 30 and 31.	17 074 100	16 701 075	
<u>ខ</u> 24	Unrestricted	<i>.</i>	17,874,102.	16,701,975	<u>'-</u>
25	Temporarily restricted	24 through 26 and lines 30 and 31. I not follow SFAS 117, Inplete lines 27 through 31. I cipal, or current funds I r land, bldg, and equipment fund I ulated income, endowment, or other funds I d balances (see instructions) I net assets/fund balances (see			_
മ്26	Permanently restricted ,				_
2	Foundations that do	not follow SFAS 117,			
리	check here and com	nplete lines 27 through 31. ▶ 📖 📗			
ō 27	Capital stock, trust prin	cipal, or current funds			
<u>약</u> 28	Paid-in or capital surplus, o	r land, bldg , and equipment fund			
S 29	Retained earnings, accum	ulated income, endowment, or other funds			
4 30	Total net assets or fund	d balances (see instructions)	17,874,102.	16,701,975	
31 2	Total liabilities and	net assets/fund balances (see		· -	
	instructions)		17,881,096.	16,702,135	, .]
Part I		anges in Net Assets or Fund E			
		palances at beginning of year - Part		nust agree with	T
		d on prior year's return)		-	17,874,102
	r amount from Part I,			1	
	lines 1, 2, and 3	lung 2 (itamira) b AUD ACIIN	AENTO 12		
		line 2 (itemize) ATTACHN		5 in 20	
<u>o rota</u>	i net assets or fund ba	alances at end of year (line 4 minus li	ine ο) - Paπ II, column (b),	, line 30 6	10,/01,9/5

Page 3

Part IV Capital Gains	and Losses for Tax on Inv	CSTITICIAL III COMIC	T /6\ U-	T : =	
	d describe the kind(s) of property sold (irick warehouse, or common stock, 200		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date so (mo , day, y
a SEE PART IV SCHEI	DULE	· · · · · · · · · · · · · · · · · · ·			
b					
c					
3					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a					
b	<u> </u>				
С	l				
d	<u> </u>				
e					
Complete only for assets	showing gain in column (h) and owner	ed by the foundation on 12/31/69	l m	Gains (Col. (h) g	ain minus
(i) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less to Losses (from co	than -0-) or
a .					
b		i.			
c					
d			1		
			1		
el Capital gain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		239,917
Net short-term capital gair	 or (loss) as defined ın sections 12				······································
	rt I, line 8, column (c) (see inst				
		ſ	3		
For optional use by domestic section 4940(d)(2) applies, /as the foundation liable for	c private foundations subject to the leave this part blank the section 4942 tax on the distrib	duced Tax on Net Investment I e section 4940(a) tax on net invest outable amount of any year in the b	ment inco	·	Yes X
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Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names

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3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise

b If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?

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Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)	yees,
3 Five I	ighest-paid independent contractors for professional services (see instructions). If none, enter "NONI	Ξ."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		

	*	
Total numb	er of others receiving over \$50,000 for professional services	
Part IX-A	Summary of Direct Charitable Activities	
Fait IX-A	Summary of Direct Chamable Activities	
List the foun	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	F
organizations	and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1 N/A		
2		
Z		
3		
4		
Part IX-B	Summary of Program-Related Investments (see instructions)	
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
====		
2	*	
All other pro	gram-related investments. See instructions	
3 NONE		
Total Add I	nes 1 through 3	· · · · · · ·

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Pa	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions)	gn foundation	ıs,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.		
	purposes		
а	Average monthly fair market value of securities	1a	15,408,379.
b	Average of monthly cash balances	1 b	1,657,572.
С	Fair market value of all other assets (see instructions)	1 c	62,559.
d	Total (add lines 1a, b, and c)	1d	17,128,510.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	17,128,510.
4	Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		17,120,310.
		4	256,928.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	16,871,582.
6	Minimum investment return. Enter 5% of line 5	6	843,579.
_	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		043,373.
	foundations and certain foreign organizations check here	art)	
1	Minimum investment return from Part X, line 6	1	843,579.
	Tax on investment income for 2011 from Part VI, line 5 2a	•	043,373.
b			
c	Add lines 2a and 2h	2 c	6,716.
3	Add lines 2a and 2b Distributable amount before adjustments Subtract line 2c from line 1	3	836,863.
4	Recoveries of amounts treated as qualifying distributions	4	
5	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5	836,863.
6	Deduction from distributable amount (see instructions)	6	030,003.
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	<u> </u>	
•	· ·	7	836,863.
_	line 1		030,003.
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		-
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	725,282.
b	Program related investments, total from Part IV P	1b	723/202.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.	15	
_	PUITPOOGO	2	
3	Amounts set aside for specific charitable projects that satisfy the	-	
а		3a	
b	Suitability test (prior IRS approval required) Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	725,282.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	-	123,202.
,		_	6 716
6	Enter 1% of Part I, line 27b (see instructions).	5	6,716.
U	Adjusted qualifying distributions. Subtract line 5 from line 4	6	718,566.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when call qualifies for the section 4940(e) reduction of tax in those years.	culating wheth	ier the foundation

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Form 990-PF (2011) Page 9 Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) Corpus Years prior to 2010 2010 2011 Distributable amount for 2011 from Part XI, 836,863. Undistributed income, if any, as of the end of 2011 638,582. Enter amount for 2010 only Total for pnor years 20 09 20 08 20 07 Excess distributions carryover, if any, to 2011 a From 2006 From 2007 c From 2008 d From 2009 From 2010 Total of lines 3a through e Qualifying distributions for 2011 from Part XII, line 4 ▶ \$ 725,282. 638,582. a Applied to 2010, but not more than line 2a _ _ _ b Applied to undistributed income of prior years (Election required - see instructions)..... Treated as distributions out of corpus (Election required - see instructions) 86,700. d Applied to 2011 distributable amount e Remaining amount distributed out of corpus . . Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e. Subtract line 5 Prior years' undistributed income Subtract line 4b from line 2b Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount - see instructions . . 4a from line 2a Taxable amount - see f Undistributed income for 2011 Subtract lines 4d and 5 from line 1. This amount must be 750,163. distributed in 2012 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a Analysis of line 9 Excess from 2007 . . . Excess from 2008 . . . Excess from 2009 . . . d Excess from 2010 . . .

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e Excess from 2011 . . .

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NONE

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Part XV Supplementary Information (continued)								
3 Grants and Contributions Paid Durin	ng the Year or Appr		uture Payment	· · · · · · · · · · · · · · · · · · ·				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient	contribution					
a Paid during the year ATTACHMENT A				700,000.				
MI Member 1				700,000.				
	<u> </u>	<u> </u>						
Total	<u> </u>			700,000.				
b Approved for future payment								
		[
Total	. <u> </u>							

Part XVI-A Analysis of Income-Prod Enter gross amounts unless otherwise indicated		ated business income	Excluded by	y section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a			<u> </u>		(See instructions)
b				-	
С					
d					
e					
f					
g Fees and contracts from government agencies				-	
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	1,173.	
4 Dividends and interest from securities			14	441,970.	
5 Net rental income or (loss) from real estate			·		
a Debt-financed property					
b Not debt-financed property			 		
6 Net rental income or (loss) from personal property	523000	7.426	 		
7 Other investment income		7,426.	1.0	204 220	· · · · · · · · · · · · · · · · · · ·
8 Gain or (loss) from sales of assets other than inventor	/		18	294,339.	
9 Net income or (loss) from special events					
Other research.			-		
1 Other revenue a b PARTNERSHIPS			14	61,518.	
			± -3	01,310.	
c					
_					
d	1				
d		7,426.		799,000.	
e 2 Subtotal Add columns (b), (d), and (e)		7,426.		799,000.	806,426.
d					806,426.
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)	culations)			13	806,426.
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calc Part XVI-B Relationship of Activities	culations) s to the Ac	complishment of Ex	empt Purp	oses	
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d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calc Part XVI-B Relationship of Activities Line No. Explain below how each activities	culations) s to the Ac ty for which on's exemp	complishment of Exc n income is reported in t purposes (other than b	empt Purp	oses e) of Part XVI-A contribu	ited importantly to th
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d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calc Part XVI-B Relationship of Activities Line No. Explain below how each activities	culations) s to the Ac ty for which on's exemp	complishment of Exc n income is reported in t purposes (other than b	empt Purp	oses e) of Part XVI-A contribu	ited importantly to the
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calc Part XVI-B Relationship of Activities Line No. Explain below how each activities	culations) s to the Ac ty for which on's exemp	complishment of Exc n income is reported in t purposes (other than b	empt Purp	oses e) of Part XVI-A contribu	ited importantly to the

JSA 1E1492 1 000

1) THE ROGER I. & RUTH B. MACFARLANE FOUNDATION 26-6157610 Page Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

	ın sec	ne organization direction 501(c) of the Conzations?	•			•	, ,		-	Yes	No
а	-	fers from the reporting	ng foundation to	a noncharitable	e exempt organ	nization of					l
		ash	_						1a(1)		Х
		ther assets							1a(2)		Х
b		transactions									
(1) Sales of assets to a noncharitable exempt organization											Х
	(2) Pu	rchases of assets fr	om a noncharita	ible exempt orga	nization				1b(2)		Х
	(3) Re	ental of facilities, equ	ipment, or other	assets					1b(3)		Х
	(4) Re	eimbursement arrang	iements						1b(4)		Х
	(5) Lo	oans or loan guarante	es						1b(5)		Х
	(6) Pe	erformance of service	es or membersh	on or fundraising	solicitations				1b(6)		Х
С	Sharır	ng of facilities, equip	ment, mailing lis	ts other assets	or paid employ	vees			1c		Х
		answer to any of the							$\overline{}$	fair m	arket
		of the goods, other									
		in any transaction o									
(a) Lii		(b) Amount involved		ioncharitable exempt		4		ransactions, and shar			
' -		N/A	 			N/A		, , , , , , , , , , , , , , , , , , , ,			
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		foundation directly							$\neg \dots$	[v	٦
		bed in section 501(c		iner than section	1501(c)(3)) or	in section	5277	L	Ye	es X	J No
<u>D</u>	IT Yes	s," complete the follo		(L) T	of organization	 -	(1) 5			-	
		(a) Name of organizatio	in .	(b) rype	or organization	-	(c) De	escription of relations	nip		
											
		<u>-</u>									
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	-	· · ·			_				_		
	T										
Sign		r penalties of penury, I declar or, and complete Declaration of	are that I have examil preparer (other than to	ned this return, includi expayer) is based on all i	ing accompanying so information of which j	chedules and s preparer has ar	statements, and to the ryknowledge	best of my knowledg	e and b	elief, it	is true,
_					11/12	1 To	ustee	May the IRS	discuss	s this	retum
Here		<u>'</u>			4112	•	M 21 EE	with the pro	•	1 6	below
	Sig	nature of officer or trustee		Date		Title		(see instructions	5)7 X	Yes	No
		Print/Type propersis	name	Property	unatura (l Data		TIN		
Paid		Print/Type preparer's		Preparer's sig		,	Date		TIN		_
Prep	arer	DAMON M. FRIEI	• • • • • • • • • • • • • • • • • • • •	1 Con	ust	- CPA	11/13/2012				3
Use			RANT THORNTO	*			Fim	n's EIN ▶ 36-60	5555	8	
use	Unity	Firm's address ► ON			SUITE 2300						
		SA	N FRANCISCO	D, CA		941	11 Pho	one no 415-98			
								E/	- QQ	n_DE /	2011)

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

Name of the organization		Employer identification number
THE ROGER I. & RUTH	B. MACFARLANE FOUNDATION	
		26-6157610
Organization type (check or	ne)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ion
	501(c)(3) taxable private foundation	
	in filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 o	or more (in money or
property) from any	y one contributor Complete Parts I and II	
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support t 9(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form and II.	e year, a contribution of
during the year, to	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from a stal contributions of more than \$1,000 for use <i>exclusively</i> for religious, charital poses, or the prevention of cruelty to children or animals. Complete Parts I, II,	ble, scientific, literary,
during the year, co not total to more t year for an <i>exclusi</i>	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from a partributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but the han \$1,000. If this box is checked, enter here the total contributions that were vely religious, charitable, etc., purpose. Do not complete any of the parts unless anization because it received nonexclusively religious, charitable, etc., contriber.	ese contributions did be received during the ses the General Rule outions of \$5,000 or
990-EZ, or 990-PF), but it m	It is not covered by the General Rule and/or the Special Rules does not file Soust answer "No" on Part IV, line 2, of its Form 990; or check the box on line FO-PF, to certify that it does not meet the filing requirements of Schedule B (For	l of its Form 990-EZ or on

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization THE ROGER I. & RUTH B. MACFARLANE FOUNDATION

Employer identification number 26-6157610

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
1 -	THE TAMBOUR FOUNDATION C/O CAPCO TR JERSEY LTD, 48-50 ESPLANADE ST HELIER, JERSEY	\$1,000,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)					

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of F		Description			P or	Date	Date sold	
Gross sale	Depreciation	Cost or	FMV	Adı basıs	Excess of	P	acquired Gain	
price less expenses of sale	allowed/ allowable	other basis	as of 12/31/69	as of 12/31/69	FMV over adj basis		or (loss)	_
1,939,604.		US TRUST POI 2,008,985.				Р	VARIOUS -69,381.	VARIOUS
2,627,474.		US TRUST POI 2,318,176.	RTFOLIO			P	VARIOUS 309,298.	VARIOUS
OTAL GAIN(L	oss)						239,917.	

170300

- CONTRIBUTIONS, GIFTS AND GRANTS RECEIVED

FORM 990PF, PART I

DATE

DIRECT PUBLIC

SUPPORT

1,000,000.

TOTAL CONTRIBUTION AMOUNTS

THE TAMBOUR FOUNDATION

NAME AND ADDRESS

1,000,000.

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

	NET	INVESTMENT	INCOME	1,173.	1,173.
REVENUE	AND	EXPENSES	PER BOOKS	1,173.	1,173.
					TOTAL
			DESCRIPTION	BANK OF AMERICA	

170200

DIVIDENDS AND INTEREST FROM SECURITIES	
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NET INVESTMENT INCOME	441,970.	441,970.
REVENUE AND EXPENSES PER BOOKS	441,970.	441,970.
		TOTAL
DESCRIPTION	US TRUST	

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ATTACHMENT 4

FORM 990PF, PART I - OTHER INCOME

	GROSVENOR REG MULTI-STRAT FUND	DIRECT, L.P.	POWERSHARES DB COMMODITY INDEX	INCOME	FROM EQUITIES
DESCRIPTION	SROSVENOR REG N	BA HEDGE FUND [POWERSHARES DB	MISCELLANEOUS INCOME	ACCRUED INCOME FROM EQUITIES

	NET	INVESTMENT	INCOME	-728.	24,200.	620.	8,390.	29,411.
REVENUE	AND	EXPENSES	PER BOOKS	1,235.	29,288.	.029	8,390.	29,411.

61,893.

68,944.

TOTALS

FEES	
LEGAL	
- 1	
H	l
PART	
990PF,	
FORM	

CHARITABLE PURPOSES	504.	504.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	504.	504.
		TOTALS
DESCRIPTION	LEGAL FEES	

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	22,310.	22,310.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	22,310.	22,310.
REVENUE AND EXPENSES PER BOOKS	44,620.	44,620.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

CHARITABLE PURPOSES		
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	93,534.	93,534.
REVENUE AND EXPENSES PER BOOKS	93,534.	93,534.
DESCRIPTION	ADVISORY/INVESTMENT MGMT FEES	TOTALS

TAXES
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PART
990PF,
ORM

NET	INVESTMENT	5,672.				5,672.
REVENUE AND	PER BOOKS	5,672.	6,626.	625.	43.	12,966.
						TOTALS
	DESCRIPTION	FOREIGN TAXES	FEDERAL EXCISE TAX	FEDERAL UBI TAX	CA UBI TAX	

OTHER EXPENSES PART I FORM 990PF,

AND	IVE	INCOME	2,568.			1,409.	COTALS 6,768. 4,009.	
	EX	PE					TOTALS	
		DESCRIPTION	AMORTIZATION	CALIFORNIA FILING FEE	MISCELLANEOUS EXPENSES	MISC. INVESTMENT EXPENSES		

192.

FORM 990PF, PART II - OTHER INVESTMENTS

NOI	PORTFOLIO
DESCRIPTION	TRUST
DE.	SN

ENDING	BOOK VALUE
Z	Ä
	BO

ENDING FMV

US TRUST-ACCRUED INCOME PARTNERSHIPS-ACCRUED INCOME

14,153,699. 29,411. 31,143.

14,153,699. 29,411. 31,143.

TOTALS

14,214,253.

14,214,253.

ATTACHMENT 10

170300

- OTHER ASSETS PART II FORM 990PF,

DESCRIPTION

ORGANIZATIONAL COSTS

BOOK VALUE ENDING

ENDING FMV

62,559.

TOTALS

62,559.

62,559.

62,559.

FORM 990PF, PART II - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

ACCRUED FILING FEES ACCRUED TAX LIABILITIES 160. 0

TOTALS

160.

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION TUUOMA

UNREALIZED LOSS PRIOR PER ADJ -UNREALIZED LOSS 1,125,703. 989,906.

TOTAL

2,115,609.

0

ROGER I. MACFARLANE

NAME AND ADDRESS

1909 VIA VISALIA

RUTH B. MACFARLANE

1909 VIA VISALIA

0

0

0

0

0

SOUTH BEND, IN 46637

52451 SCOTT STREET

ANDREW EGYHAZI

SOUTH BEND, IN 46637

SCOTT STREET

52451

TARYN MACFARLANE

9700 ZEMBRISKI DRIVE

PLANO, TX 75025

ALEX MACFARLANE

KATHERINE MACFARLANE

1909 VIA VISALIA

EXPENSE ACCT AND OTHER ALLOWANCES	0	0
CONTRIBUTIONS FOR TO EMPLOYEE BENEFIT PLANS	0	0
COMPENSATION	0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE .50	TRUSTEE .25
NAME AND ADDRESS	JESSICA MACFARLANE 1909 VIA VISALIA PALOS VERDES ESTATES, CA 90274	NICOLE MACFARLANE 9700 ZEMBRISKI DRIVE PLANO, TX 75025

GRAND TOTALS

170300

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

ROGER I. & RUTH B. MARCFARLANE 1909 VIA VISALIA PALOS VERDES ESTATES, CA 90274 310-418-7414

8027BB 700W

179380

The Roger I. & Ruth B. MacFarlane Foundation December 31,2011 Form 990-PF, Part XV- Grants and Contributions Paid During The Year

Date Name	Purpose of grant	Address	Status	Amount
10/31/2011 Kiva Microfunds	To support their program activities	3180 18th Street Suite 201 San Francisco, CA 94110 2141	501 (c) (3)	25,000 00
11/15/2011 Eastern Sierra Land Trust	To support their program activities	P O Box 755 Bishop, CA 93515	501 (c) (3)	20'000 00
11/15/2011 Habitat for Humanities of St Joseph	To support their program activities	402 E South St South Bend, IN 46601	501 (c) (3)	25,000 00
11/15/2011 Our Lady of Hungary School	To support their program activities	735 W Calvert St South Bend, iN 46613	501 (c) (3)	25,000 00
11/15/2011 Boys and Girls Clubs of the L.A. Harbor	To support their program activities	1200 S Cabrillo Ave San Pedro, CA 90731	501 (c) (3)	100,000 00
11/16/2011 Mammoth Lakes Foundation	To support their program activities	PO Box 1815 100 College Pkwy Mammoth Lakes, CA 93546 1815	501 (c) (3)	20,000 00
11/16/2011 Fistula Foundation	To support their program activities	1900 The Alameda Suite 500 San Jose, CA 95126 1427	501 (c) (3)	30,000 00
11/16/2011 We Care Solar	To support their program activities	PO Box 5765 Berkeley, CA 94705	501 (c) (3)	20,000 00
11/22/2011 Meals on Wheels	To support their program activities	203 S Union St Alexandna, VA 22314 2815	501 (c) (3)	100,000 00
11/22/2011 Genesis Women's Shelter through To support their program activities Shelter Ministries of Dallas	To support their program activities	4411 Lemmon Ave , Suite 201 Dallas, Texas 75219 // 2929 Hickory St Dallas, TX 75226	501 (c) (3) t	20,000 00
11/22/2011 Habitat for Paws	To support their program activities	PO Box 6771 McKinney, TX 75071	501 (c) (3)	30,000 00
11/22/2011 Camp Kesem National	To support their program activities	PO Box 1113 Lafayette, CA 94549	501 (c) (3)	100,000 00
11/22/2011 Therapeutic Riding of Tucson	To support their program activities	8920 E Woodland Rd Tucson, AZ 85749	501 (c) (3)	00 000'09
12/16/2011 CARE USA	To support their program activities	P O Box 7039 Mernfield, VA 22116	501 (c) (3)	20'000 00
12/19/2011 Kiva Microfunds	To support their program activities	3180 18th Street Suite 201 San Francisco, CA 94110 2141	501 (c) (3)	25,000 00
Total Contributions Paid Out				700,000.00

(Rev January 2012)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

Internal Revenue	Service	► File a	separate ap	plication for each return.			
 If you are 	filing for an	Automatic 3-Month Extension, o	omplete o	nly Part I and check the	is box		▶ X
		Additional (Not Automatic) 3-Mo					
-	_	<i>inless</i> you have already been gran		· -	· · · ·		8
Electronic fil	lina <i>(e-file</i>).	You can electronically file Form 8	8868 if vo	u need a 3-month auto	matic extension of tim	e to file (6	months for
		to file Form 990-T), or an addition					
•	•	tension of time to file any of the		•			•
-		ssociated With Certain Persona			-		
instructions).	For more of	details on the electronic filing of th	is form, vis	sit www.irs.gov/efile.and	d click on e-file for Cha	nties & Non	profits
Part I Auf	tomatic 3	-Month Extension of Time. On	ly submit	original (no copies ne	eeded).		
		to file Form 990-T and requesting				mplete	
-							
							of time
to file income		- · · ·	ipo, ricinic	o, and tradic made add r	Enter filer's identify		
to me meome		empt organization or other filer, see in	structions		Employer identific		
Type or	1101110 01 07	to the state of th	50.000010		Limployer identific	ation number	(LIIV) Or
print	THE DO	GER I. & RUTH B. MACFA	מאאר ב	יט דיי גיט אווטי	X 26-61576	10	
File by the		reet, and room or suite no. If a P.O. box			 		
due date for		·	x, 500 msnuc	200113	Social security num	nder (SSN)	
filing your return See		IA VISALIA	-	<u></u>			
instructions		or post office, state, and ZIP code For	•	aress, see instructions			
		VERDES ESTATES, CA 902					
Enter the Re	turn code f	or the return that this application i	s for (file a	separate application fo	or each return)		. 0 4
A				A			Datum
Application			Return	Application			Return
ls For			Code	Is For			Code
Form 990			01	Form 990-T (corporat	ion)		07
Form 990-BL			02	Form 1041-A			08
Form 990-EZ	<u>'</u>		01	Form 4720			09
Form 990-PF	· 		04	Form 5227			10
Form 990-T	(sec. 401(a	a) or 408(a) trust)	0.5	Form 6069			11
Form 990-T	(trust other	than above)	06	6 Form 8870 12			
 The books Telephone 		care of ► <u>STANISLAWSKI &</u> 626 441-0330		Y, INC. FAX No ▶ 626 441	1-3933		
•			_				
_		es not have an office or place of b					
• II uns is io	r a Group r	Return, enter the organization's for	ar aigit Gro	oup Exemplion Number (GEN)		nis is
		eck this box ▶ ☐ If		irt of the group, check t	nis box▶	and at	tacn
		d EINs of all members the extensi		14 69 5 000		·	
	st an auton	natic 3-month (6 months for a cor				. ~	
until		08/15, 20 12, to file the	exempt org	janization return for the	e organization named a	above The e	extension is
	-	n's return for:					
		ear 20 <u>11</u> or					
▶ []	tax year be	ginning	, 20	, and ending		, 20	
	-	ered in line 1 is for less than 12 m ecounting period	onths, ched	ck reason 🔲 Initial re	eturn Fınal retui	rn	
nonrefu	ındable cre	is for Form 990-BL, 990-PF, 99 dits See instructions.				3a \$	13,749.
		n is for Form 990-PF, 990-T,		· · · · · · · · · · · · · · · · · · ·			
		nents made. Include any prior yea				3b \$	7,749.
		ract line 3b from line 3a Include		ent with this form, if re-	quired, by using EFTPS	1 1	6 000
		Tax Payment System) See instru		with this Feet 2000	000 Form 0450 FO	3c \$	6,000.
		ng to make an electronic fund v	vitnarawal	with this Form 8868,	see Form 8453-EO a	ana Form 8	B/9-EU for
payment inst	ructions			<u> </u>			

Form 8868 (F	Rev 1-2012)					Page 2	
● If you ar	re filing for an Additional (Not Automatic) 3-M	onth Exten	sion, complete only Part II	l and	check this box	. > X	
Note. Only	complete Part II if you have already been gra	nted an au	tomatic 3-month extension	on a	previously filed Form 8868		
If you ar	re filing for an Automatic 3-Month Extension,						
Part II	Additional (Not Automatic) 3-Month Ex	xtension c	of Time. Only file the orig	ınal (no copies needed).		
			Er		er's identifying number, see		
	Name of exempt organization or other filer, see in	nstructions Employer identification numb					
Type or							
print	THE ROGER I. & RUTH B. MACFA						
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instruc	ctions		Social security number (SSN)		
due date for	date for 1909 VIA VISALIA						
filing your retum See	tum See						
instructions	PALOS VERDES ESTATES, CA 902	74					
Enter the F	Return code for the return that this application	is for (file a	separate application for ea	ach ret	turn)	0 4	
Application	n	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990		01		<i>y</i>	4 4	7 .4	
Form 990-l	BL	02	Form 1041-A			08	
Form 990-I	EZ	01	Form 4720			09	
Form 990-F	PF	04	Form 5227			10	
Form 990-	rm 990-T (sec 401(a) or 408(a) trust)					11	
Form 990-T (trust other than above) 06 Form 8870					12		
STOP! Do	not complete Part II if you were not already	granted ar	automatic 3-month exten	sion	on a previously filed Form	8868.	
The boo	oks are in the care of STANISLAWSKI &	COMPAN	Y, INC.				
Telepho	ne No ▶ 626 441-0330		AX No ▶ 626 441-	3933	3		
 If the or 	ganization does not have an office or place of	— business in	the United States, check th	ns box		. ▶ 🗍	
If this is	for a Group Return, enter the organization's fo	ur digit Gro	up Exemption Number (GEI	N)	If this	 S IS	
for the who	ole group, check this box ▶ 📗 📗	f it is for pa	rt of the group, check this I	box.	▶ and atta	ch a	
list with the	names and EINs of all members the extension	n is for					
4 I requ	uest an additional 3-month extension of time ui	ntil	1	1/15	5 , 20 12 .		
5 For c	alendar year 2011 , or other tax year beginni	ing	, 2 <u>0</u> , an	d end	ling , 2	200	
6 If the	tax year entered in line 5 is for less than 12 m	onths, ched	k reason Initial re	turn	Final return		
	Change in accounting period						
7 State	in detail why you need the extension ADDIT	IONAL T	IME IS REQUESTED T	ro G	ATHER ALL OF		
THE	INFORMATION NECESSARY TO FILE	A COMPL	ETE AND ACCURATE R	ETUE	RN.		
8a If this	s application is for Form 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the tent	atıve	tax, less any		
nonre	efundable credits. See instructions				8a \$	0	
	s application is for Form 990-PF, 990-T,						
estım	ated tax payments made. Include any pre-	or year o	verpayment allowed as	a cre	edit and any 🌋		
amou	int paid previously with Form 8868.				8b \$	0	
c Balan	nce Due. Subtract line 8b from line 8a Include	your paym	ent with this form, if require	ed, by	using EFTPS		
(Elect	tronic Federal Tax Payment System) See instru	ctions.			8c \$	0	
	Signature and Verifica	ation mu	st be completed for P	art II	only.		
Under penalti	es of perjury, I declare that I have examined this form,	including acc	ompanying schedules and statem	ients, a	nd to the best of my knowledg	e and belief,	
it is true, corre	ect, and complete, and that I am authorized to prepare this fo				. •		
	「Digitally signed b Christina Beckwii	y			00/01	/0010	
Signature >	Christina Beckwit	th	Title_► CPA		Date ▶ 08/01	/2012	
							