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• Form 99.0-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OWR NO	1545-005

2011

Department of the Treasury Internal Revenue Service

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

For ca	endar year 2011, or tax year beginning	, 2011, an	d ending		
1517	FOLEY PRIVATE CHARITABLE FOU NORTH POINT #430	NDATION		A Employer identification number 27-2682535 B Telephone number (see the instructions)	
SAN	FRANCISCO, CA 94123			415 317-2288	
				C If exemption application is pending, check	k here 🕨 🗓
G Ch	eck all that apply X Initial return	Initial Return of a former	r public charity	D 1 Foreign organizations, check here	▶ 🗌
	Final return Address change	Amended return Name change		2 Foreign organizations meeting the 85% to	est, check
H	heck type of organization X Section 501	(c)(3) exempt private four	ndation	here and attach computation	▶ [
	Section 4947(a)(1) nonexempt charitable to			E If private foundation status was terminate under section 507(b)(1)(A), check here	ed ▶ □
	(care Dod II askiron (a) long 1()	ounting method X Cash Other (specify)		F If the foundation is in a 60-month termin	ation.
<u>► \$</u>	65,050. (Part I,	column (d) must be on ca		under section 507(b)(1)(B), check here	± 10011
Part	Analysis of Revenue and Expenses (The total of amounts in		b) Net investmer		ırsements
	columns (b), (c), and (d) may not neces-	expenses per books	income		arıtable ooses
	sarily equal the amounts in column (a) (see instructions))			(cash ba	asıs only)
	1 Contributions, gifts, grants etc, received (att sch)	90,000.		7. 4. 4. 1	
	2 Ck if the foundn is not req to att Sch B 3 Interest on savings and temporary				
	cash investments				
	4 Dividends and interest from securities 5a Gross rents				h
	b Net rental income or (loss).				
R	6a Net gain/(loss) from sale of assets not on line 10				
E V	b Gross sales price for all assets on line 6a				
E N	7 Capital gain net income (from Part IV, line 2). 8 Net short-term capital gain			* :	\$ v4
Ü	9 Income modifications				
	10 a Gross sales less returns and allowances.				
	b Less Cost of goods sold				
	c Gross profit/(loss) (att sch)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	90,000.	-	0.	
	13 Compensation of officers, directors, trustees, etc	0.			
	14 Other employee salaries and wages15 Pension plans, employee benefits				
А	16a Legal fees (attach schedule) SEE ST 1	REC图VEL	5 		455.
Ď M	b Accounting fees (attach sch)	1,02,4,2,	(C)		
. ! N	c Other prof fees (attach sch)	CED 0 4 201			
O Î P S E T	17 Interest	SEP 24 2012			
ŖR	18 Taxes (attach schedule)(see instrs) 19 Depreciation (attach		<u> </u>		
A A	sch) and depletion	OGDEN, U	1		
N V G E	20 Occupancy 21 Travel, conferences, and meetings				
	22 Printing and publications				
N X	23 Other expenses (attach schedule)				
A EXPENSES	SEE STATEMENT 2	850.			850.
Ĕ	24 Total operating and administrative expenses. Add lines 13 through 23	1,305.			1,305.
	25 Contributions, gifts, grants paid PART XV	23,645.			23,645.
	26 Total expenses and disbursements. Add lines 24 and 25	24,950.		0.	24,950.
	27 Subtract line 26 from line 12:	_,,			
	a Excess of revenue over expenses and disbursements	65,050.			
	b Net investment income (if negative, enter -0-)			0.	
	C Adjusted net income (if negative, enter -0-)			0.	

BAA For Paperwork Reduction Act Notice, see instructions.

TEEA0504L 12/05/11

Form **990-PF** (2011)



Parl	II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	Ena o	t year
- 41		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing		65,050.	65,050.
	2	Savings and temporary cash investments			
	3	Accounts receivable			* * *
		Less allowance for doubtful accounts	1		
	4	Pledges receivable	4		v
		Less allowance for doubtful accounts	- ·	* *	^
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			·
	0	disqualified persons (attach schedule) (see instructions)			
	7				, \$\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
A		Less allowance for doubtful accounts		ı	** * ** * *
S	8	Inventories for sale or use	-		
A S E T	9	Prepaid expenses and deferred charges			· -
S	_	a Investments — U.S. and state government			
-		obligations (attach schedule)			
		b Investments — corporate stock (attach schedule)			
		c Investments — corporate bonds (attach schedule)			
	11	Investments - land, buildings, and	,	*1 **	*
		equipment basis	2 - * 2 2 2		*** ** *** * *** *
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis			*
		Less accumulated depreciation (attach schedule)			
		Other assets (describe			
	16	Total assets (to be completed by all filers — see the instructions Also, see page 1, item I)	0.	65,050.	65,050.
Ļ	17	Accounts payable and accrued expenses			
A B	18	Grants payable			;
B	19	Deferred revenue			*
Ĺ	20	Loans from officers, directors, trustees, & other disqualified persons			
ļ	21	Mortgages and other notes payable (attach schedule))
i	22	Other liabilities (describe)		· · · · · ·
E S	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			*
		and complete lines 24 through 26 and lines 30 and 31.			
N F E U	24	Unrestricted			
TN	25	Temporarily restricted			,
^ D	26	Permanently restricted			,
A B S A E L		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
EL	27	Capital stock, trust principal, or current funds			1 × × × × × × × × × × × × × × × × × × ×
SŅ	28	Paid-in or capital surplus, or land, building, and equipment fund			* > ,**
O E	29	Retained earnings, accumulated income, endowment, or other funds		65,050.	1 * ,
ŔŜ	30	Total net assets or fund balances (see instructions)	0.	65,050.	
	31	Total liabilities and net assets/fund balances (see instructions)	0.	65,050.	*
Par	+ 111	Analysis of Changes in Net Assets or Fund Balance		65,050.	
1		al net assets or fund balances at beginning of year – Part II, co -of-year figure reported on prior year's return)	Iumn (a), line 30 (must ag	gree with	0.
2		er amount from Part I, line 27a		2	65,050.
2		r increases not included in line 2 (itemize)		3	03,030.
4		lines 1, 2, and 3		<u>3</u>	65,050.
-		eases not included in line 2 (itemize)		5	03,030.
6		al net assets or fund balances at end of year (line 4 minus line 5			65,050.
<u> </u>		The state of the s	-, -=:::, 55:2:::: (5), 11		

	2009				
	2008				
	2007				
	2006				
2	Total of line 1, column (d)			2	
3	3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years		3		
4	4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5				
5	Multiply line 4 by line 3			5	
6	6 Enter 1% of net investment income (1% of Part I, line 27b)			6	
7	Add lines 5 and 6			7	

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Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

71111	990-PF (2011) THE FOLEY PRIVATE CHARITABLE FOUNDATION 27-2682535		P	age 4
art	VI 'Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruction	s)		
	exempt operating foundations described in section 4940(d)(2), check here			
ı	Date of ruling or determination letter (attach copy of letter if necessary — see instrs)			
	Domestic foundations that meet the section 4940(e) requirements in Part V,			0.
	check here and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2	Fax under section 511 (domestic section 4947(a)(1) trusts and taxable			^
1	oundations only Others enter -0-)			0
	Add lines 1 and 2			0
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	<u> </u>		0
	Credits/Payments			
	2011 estimated tax pmts and 2010 overpayment credited to 2011 Exempt foreign organizations — tax withheld at source 6b			
	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld 6d			0
	Foter any penalty for undernayment of estimated tax. Check here. If Form 2220 is attached.			<u> </u>
	The any political of community for an applyment of community and an applyment of community for a positive for a			0
	The state of the s			
_	Enter the amount of line 10 to be Credited to 2012 estimated tax NII-A Statements Regarding Activities Refunded 11			
			Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1 a	163	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1 b		х
	If the answer is 'Yes' to <i>1a</i> or <i>1b</i> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
	Did the foundation file Form 1120-POL for this year?	1 c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
е	(1) On the foundation \$ 0. (2) On foundation managers \$ 0. Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 0.		* 3	
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	<u>"</u>	X
	If 'Yes,' attach a detailed description of the activities	_	ļ	<u> </u>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	<u> </u>	X
	If 'Yes,' has it filed a tax return on Form 990-T for this year?	46		IA
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If 'Yes,' attach the statement required by General Instruction T			†
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	● By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6		\ \ \
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	X	+-
	Enter the states to which the foundation reports or with which it is registered (see instructions)		<u>^</u>	
oa	CA			
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ² <i>If 'No,' attach explanation</i> .	81	X	
9	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 Part XIV	. 9	-	x
	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names		1	T:
10	and addresses. SEE STATEMENT 3	10	X	

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orm	990-PF (2011) THE FOLEY PRIVATE CHARITABLE FOUNDATION	21-	200233	<u>, </u>	Pa	<u> </u>
Part	VII-A Statements Regarding Activities (continued)					
11 7	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11_		X
12 [Did the foundation make a distribution to a donor advised fund over which the foundation or a disquali advisory privileges? If 'Yes,' attach statement (see instructions)	fied perso	on had	12		X
	Did the foundation comply with the public inspection requirements for its annual returns and exemption	n applicat	tion? [13	X	
١	Website address • N/A					
	The books are in care of F LYNN BROWN Telephone		<u> 208 77</u>	2-95	556_	
	Located at ► P.O. BOX 1808 HAYDEN LAKE ID ZIP + 4 ►	<u>838</u>	35	= := -		 -
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	1	1	N/A	•	
	and enter the amount of tax-exempt interest received or accrued during the year	P	15	—	. 1	N/A
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other a bank, securities, or other financial account in a foreign country?	uthority c	over a	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If 'Yes,' enter the n foreign country ▶	ame of th	ne	*		<u></u>
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
	During the year did the foundation (either directly or indirectly)			• 4	·	
1	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No	12 kg 1		¿ ,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No	326		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	XNo			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes	X No	721		
b	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions	—)?		1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here	•				
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts that were not corrected before the first day of the tax year beginning in 2011?	,	_	* 1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011?	Yes	XNo			
	If 'Yes,' list the years > 20, 20, 20, 20	-	=			ĺ
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 494 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942)	2(a)(2) (a)(2) to		,	•	
	all years listed, answer 'No' and attach statement — see instructions)	•		2b	N,	/A _
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years	nere		2 , 1	. 18	
	► 20 , 20 , 20			*	٠,	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No	*		,
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 approve 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)	n ed		3b	, , ,	/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		Х
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?			4ь]	Х
BAA	Year eeganing ee.		Fo	orm 99		

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No b If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7b Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (b) Title, and average hours per week devoted to position (If not paid, enter -0-) (If not	Form 990-PF (2011) THE FOLEY PRIVATE			27-268	32535	Page 6
(2) Influence the outcome of any securities public electron (see section 4945(e))?	Part VII-B Statements Regarding Activit	ies for Which Forn	1 4720 May Be Requ	uired (continued)	· · · · · · · · · · · · · · · · · · ·	
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration driver? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (5) Provide for any purpose other than religious, charitable, etc. organization described in section 590(3)(1), (2), (3), or section 440(0)(2)? (see indiriculoris) (5) Provide for any purpose other than religious, charitable, scentific, literary, or ordicutational purposes, or for the prevention of cruely to otherdion or animals? (6) Provide for any purpose other than religious, charitable, etc. organization described in section 50(4)(4), does the foundation of curely to other or animals? (7) Provide for any answer is "Yes" to 56(1)(4), does the foundation of curely to individe or animals? (8) Provide in the animal provides of the foundation of the transaction steping on a current notice regarding disaster assistance check here (9) If the animal provides of the secondation of the foundation receive any proceeds or have any net receive any tentrological of the foundation of the highest-paid employee (other than those included on line 1—see instructions). If no enter the foundation of the highest-paid employee (other than those included on line 1—see instructions). If no enter the foundation of the highest-paid employee (other than those included on line 1—see instructions). If no employee benefit plans and deferred compersation of the foundation of the f		•		(m) (m)		
on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel; study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 50(3(1), (2), or (3), or section 49(d)(2)? Ose instructions) (5) Provide for any purpose other than religious, charitable, seenific, literary, or educational purposes, of for the prevention of cruelly to children or animals? bit any answer is "es' to 5a(1), (3), days of the transactions tail to qualify under the exceptions discincted in Regulations section 33 4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regrifting disaster assistance check here cit the answer is "es' to question 5a(4), does the foundation claim exemption from the tax because it aminiande expenditive responsibility for the grant? If "es', attach the statement required by Regulations section 53 4945 70? If "es', attach the statement required by Regulations section 53 4945 60? If "es' to 6b, file Form 8870? A transplant provides of the statement required by Regulations section 53 4945 60? If "es' to 6b, file Form 8870? A transplant provides of the statement required by Regulations section 53 4945 60? If "es' to 6b, file Form 8870? A transplant provides of the statement required by Regulations section 53 4945 60? If "es' to 6b, file Form 8870? A transplant provides of the statement required by Regulations section 53 4945 60. If "es' to 6b, file Form 8870? A transplant provides of the statement required by Regulations section 53 4945 60. If "es' to 6b, file Form 8870? A transplant provides of the statement required by Regulations section 53 4945 60. If a transplant provides the statement required by Regulations section 53 4945 60. If a transplant provides the statement required by Regulations section 53 4945 60. If a transplant provides the statement required by Regulations section 54 4945 60. If a transplant pr	(1) Carry on propaganda, or otherwise attem	pt to influence legislation	on (section 4945(e))?	∐ Yes X	No	
(6) Provide for any purpose other than a chartable, etc. organization described in section 59(a)(1), (2), or (3), or section 4940(d)(2) (see instructions). (6) Provide for any purpose other than reliquous, charitable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animals. b If any answer is "Yes" to SU(1), (5), did any of the transactions tail to gualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions). Organizations relying on a current notice regarding disaster assistance (see instructions) and the foundation of the transactions of the transaction of the transactions of the transaction of transacti	on, directly or indirectly, any voter registr	ation drive?			No	
in section 509(a)(1), (2), or (3), or section 4940(b)(2)? (see instructions) (S) Provide for any purpose other than religious, chantable, scentific, literary, or educational purposes, or for the prevention of cruetly to children or animals? (b) If any areaser is "Re's 1562(1)"5, det any of the transactions fail to qualify under the exceptions excended in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here (c) If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d) Bit of the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, tile Farm 8570 Bit of the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, tile Farm 8570 The at any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No 1bit "Yes" to 6b, tile Farm 8570 The at any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No 1bit "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (a) (3) Contributions to the fundation of the highest paid employees for the position (a) (4) Compensation (b) (4) Expense account of the highest paid employees for the manager of the property of the position (b) (5) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Expense account of the highest paid employees (c) Expense account of the highest paid employe	(3) Provide a grant to an individual for travel,	, study, or other similar	purposes?	Yes X	No	
educational purposes, or for the prevention of cruelly to children or animals? bit if any answers is "Nes' to Salt) (1)6, and any of the transactions tell to quality under the exceptions described in Regulations section 33 4945 or in a current notice regarding desaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here continued to the continued of the continued o	(4) Provide a grant to an organization other t in section 509(a)(1), (2), or (3), or section	han a charitable, etc, o n 4940(d)(2)? (see instri	rganization described uctions)	Yes X	No	
described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice graphing disaster assistance check here If the assister is "Se's to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? By Tes's to 6b, file Form 8570 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes," to 6b, file Form 8570 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes," to 6b, file Form 8570 The action of the foundation receive any proceeds or have any net income attributable to the transaction? If "Yes," to 6b, file Form 8570 The action of the foundation receive any proceeds or have any net income attributable to the transaction? If "Yes," to 6b, file Form 8570 The action of the file of the foundation receive any proceeds or have any net income attributable to the transaction? If "Yes, did the foundation receive any proceeds or have any net income attributable to the transaction? If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? If yes, did the foundation receive any proc	(5) Provide for any purpose other than religion educational purposes, or for the prevention	ous, charitable, scientific on of cruelty to children	c, literary, or or animals?	Yes X	No	
c if the answer is Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? b Did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7a At any time during the lax year, was the foundation a party to a prohibited tax sheller transaction? 7b At any time during the lax year, was the foundation a party to a prohibited tax sheller transaction? 7b At any time during the lax year, was the foundation a party to a prohibited tax sheller transaction? 7b At any time during the lax year, was the foundation a party to a prohibited tax sheller transaction? 7c At any time during the lax year, was the foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address. (b) Title, and average devoted to position (c) Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.' (a) Name and address of each employee week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.' (a) Name and address of each employee hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation of five highest-paid employees (other than those included on line 1— s	described in Regulations section 53 4945 or ii	the transactions fail to a current notice regar	qualify under the except ding disaster assistance	cions	5b	N/A
tax because it maintained expenditure responsibility for the grant? If Yes, attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If Yes' to 6b, file Form 8270 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If Yes' to 6b, file Form 8270 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If Yes' do file foundation receive any proceeds or have any not income attributable to the transaction? I List all officers, directors, trustees, foundation managers and their compensation (a) Name and address (b) Title, and average house the position (c) Compensation (d) Contributions to entrople benefit plants and their compensation (c) Compensation (d) Contributions to entrople benefit plants and their compensation (c) Compensation (d) Compensation (d) Contributions to entrople benefit plants and their compensation (d) Compensation (d) Contributions to entrople benefit plants and compensation (d) Compensation (d) Contributions to entrople benefit plants and compensation (d) Contributions to entrople benefit plants and compensation (d) Compensation (d) Contributions to entrople benefit plants and compensation (d) Compensation (d) Compensation (d) Contributions to entrople benefit plants and deferred compensation (d) Compensation (d) Contributions to entrople benefit plants and deferred compensation (d) Compensation (d) Contributions to entrople benefit plants and deferred compensation (d) Compensation (d) Contributions to entrople benefit plants and deferred compensation (d) Compensation (d) Contributions to entrople benefit plants and deferred compensation (d) Compensation (d) Cont	Organizations relying on a current notice rega	arding disaster assistani	ce check here	▶ □		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If 'Yes' to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If 'Yes' to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If 'Yes' did the foundation receive any proceeds or have any not income attributable to the transaction? I List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation. (e) Expense account other allowances of find paid, enter -0-) (e) Expense account other allowances. (ii) Title, and average hours per week devoted to position. (iii) Title, and average hours per week devoted to position. (iii) Title, and average hours per week devoted to position. (iii) Title, and average hours per week devoted to position. (iii) Title, and average hours per week devoted to position. (iii) Title, and average hours per week devoted to position. (iii) Title, and average hours per week devoted to position. (iii) Title, and average hours per week devoted to position. (iii) Title, and average hours per week devoted to position. (iii) Title, and average hours per week devoted to position. (iii) Title, and average hours per week devoted to position. (iii) Title, and average hours per week devoted to position. (iii) Title, and average hours per week devoted to position. (iii) Title, and average hours per week devoted to position. (iii) Title, and average hours per week devoted to position. (iii) Title, and average hours per hours	c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim existibility for the grant?	cemption from the	N/A Yes	No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b If Yes' to 6b. file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7c Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions) (a) Name and address (b) Title, and average devoted to position (a) Name and address (c) Compensation (d) Contributions to employee benefit plansaction of the plansa	If 'Yes,' attach the statement required by Reg	ulations section 53 494	5-5(d)			
## If Yes' to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? Yes Xi No bit Yes, idd the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7b in the file of the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7b in the file of t	6a Did the foundation, during the year, receive a on a personal benefit contract?	ny funds, directly or ind	lirectly, to pay premiums	Yes X	No	
Ta At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		nums, directly or indirec	ctly, on a personal bene-	fit contract?	6ь	X
B If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7b		data a sa da ta a sa t	. 1. 1. 1. 1			
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address	,				I I	
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoted to position (ff not paid, enter -0-) (g) Compensation (ff not paid,						<u> </u>
(a) Name and address (b) Title, and average hours per week devoted to position (find paid, enter-0-) (g) (find		incctors, musices,	i oundation manag	icis, inginy i aid b	inployees	',
(a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account other allowances (f) not paid, enter -0-) (f) not paid, enter -0-) (g) Title, and average hours per week devoted to position (e) Expense account other allowances (f) Contributions to employee enter that those included on line 1 – see instructions). If none, enter 'NONE.' (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee paid more than \$50,000 (d) Contributions to employee paid more than \$50,000 (e) Expense account other allowances (f) Contributions to included on line 1 – see instructions). If none, enter 'NONE.' (e) Compensation (f) Contributions to employee paid more than \$50,000 (g) Expense account of the allowances (g) Compensation (g) Compensation (g) Compensation (g) Contributions to employee paid more than \$50,000 (g) Compensation (g) Compensation (g) Contributions to employee paid more than \$50,000 (g) Compensation (g) Compensa	1 List all officers, directors, trustees, foundation	on managers and their	compensation (see inst	ructions).		
CHRISTY A. FOLEY 1517 NORTH POINT #430 SAN FRANCISCO, CA 94123 LYNN BROWN P.O. BOX 1808 HAYDEN LAKE, ID 83835 2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter "NONE." (a) Name and address of each employee hours per week devoted to position NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances		(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred		
SAN FRANCISCO, CA 94123 LYNN BROWN P.O. BOX 1808 HAYDEN LAKE, ID 83835 2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position NONE (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account other allowances (other allowances)	CHRISTY A. FOLEY	PRESIDENT	0.	·		0
LYNN BROWN P.O. BOX 1808 HAYDEN LAKE, ID 83835 2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.' (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances NONE] 0				
AAYDEN LAKE, ID 83835 2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.' (a) Name and address of each employee hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (o) Compensation employee benefit plans and deferred compensation		SEC/TREASURE	0.	0.		0
2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.' (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account other allowances other		0				
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account other allowances	HAYDEN LAKE, ID 83835					
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account other allowances		-				
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account other allowances		-	_			
NONE paid more than \$50,000 hours per week devoted to position h	2 Compensation of five highest-paid employe	es (other than those in	 cluded on line 1- see ir	nstructions). If none, e	nter 'NONE.'	
		hours per week	(c) Compensation	employee benefit plans and deferred		
Total number of other employees paid over \$50,000	NONE	-		<u> </u>		
Total number of other employees paid over \$50,000		-				
Total number of other employees paid over \$50.000		-				
Total number of other employees paid over \$50,000					-	
Total number of other employees paid over \$50,000						
Total number of other employees paid over \$50,000		1				
	Total number of other employees paid over \$50.00	0	<u></u>	>		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services.	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 <u>N/A</u>	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	<u> </u>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	0.
BAA	Form 990-PF (2011)

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Part X Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	oreign founda	ations,
Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes a Average monthly fair market value of securities	1 a	
b Average of monthly cash balances	1 b	70,672.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	70,672.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	70,672.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	1,060.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	69,612.
6 Minimum investment return. Enter 5% of line 5	6	3,481.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper	ating founda	tions
and certain foreign organizations check here ► □ and do not complete this part)	_	
1 Minimum investment return from Part X, line 6	1	3,481.
2a Tax on investment income for 2011 from Part VI, line 5		
b Income tax for 2011 (This does not include the tax from Part VI)	7	
c Add lines 2a and 2b	7 2c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	3,481.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	3,481.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	3,481.
Part 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	1 a	24,950
b Program-related investments — total from Part IX-B	1 b	·
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3a	
b 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	24,950
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	24,950
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth	er the foundatio	n

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Form **990-PF** (2011)

Form 990-PF (2011) THE FOLEY PRIVATE C	HARITABLE				(d)	
Part XIII Undistributed Income (see Instr	uctions)			(c) 2010	(d) 2011	
Part XIII Undistributed Income ((a)	(b) Years prior	to 2010	2010		
	Corpus	100.07		× 1	3,48	<u>1.</u>
1 Distributable amount for 2011 from Part XI,				0.		
1 Distributable arms					VA, 0,0 3 .	
2 Undistributed income, if any, as of the end of 2011:			0.		T * *	1
a Enter amount 101 2010 20 20			1		, j., i	
a Enter amount for 20 , 20 , 20 , 20 20 b Total for prior years 20 , 20 2011			1		, , ,	1
3 Excess distributions carryover, it and	_				* \	
a From 2006			•	•	, ,	
b From 2007				4 4	, ", ",	
c From 2008		· · · · · · · · · · · · · · · · · · ·			- , ,	
d From 2009		0.			* * * * * * * * * * * * * * * * * * * *	
e From 2010 f Total of lines 3a through e for 2011 from Parl					0.	
f Total of lines 3a through e Qualifying distributions for 2011 from Part 24,950	1				0.	* 1
XII, line 4 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-			. 4		2
	*	* 3 * 4	0.			ž
 a Applied to 2010, but not have b Applied to undistributed income of prior to the prior required — see instructions) 	years *			•		
b Applied to undistributed income of pro- (Election required – see instructions)				*		3,481.
c Treated as distributions out of corpus		0.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		3 3 4	<u>_</u>
c Treated as distributions out of corpus (Election required — see instructions)	2	07 169	, Y J*	2,	}	
(Election required 2 3co that (Election required 2 3co that amount distributed out of co	rpus	21,469.			* : 3	, * * * * * * * * * * * * * * * * * * *
Pemaining amount district		- 1 1 2 1 1 1		, # «		
e Remaining amount distributions carryover applied to 2011 Excess distributions carryover applied to 2011 (If an amount appears in column (d), to a amount must be shown in column to a amount distributions are applied to 2011.	he (a))	3.4	A STATE OF THE STA	."		**
(If an amount appears in column (d), to same amount must be shown in column (d).			20	,		^ ½
Samo Simo		, 1, 1, 2	* «			3.3
6 Enter the net total of each column as	1	21,469.	? 3			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5			().	, ; , ;	* * *
a Corpus Add lines St, 40, and income Su	btract .	,		: 5	*	* *
b Prior years' undistributed income Suline 4b from line 2b	1 1 1 1 1 1 1	**		,	***	
line 45 hourst of prior years' und	Sillour (***)	· ·		0.	***	
c Enter the amount of prior years' und ed income for which a notice of defice ed income for which a notice of defice has been issued, or on which the se has been previously ass	ction			* \$		_ `
has been previously ass	, ,	* * * *	_	0.		,
c. from line by take-	le		* * 3		0.	
d Subtract line 60 from line amount — see instructions		,	* ` " . '			
	4a from		***		~ ;	0.
e Undistributed income for 2010 Subtractions. line 2a Taxable amount — see instructions.	\		, ,	1	*	<u>_</u>
	otract lines	· \	` `			;
					* ** *	* * * *
distributed "" = "	out OT 1	1				
7 Amounts treated as distributions of the corpus to satisfy requirements im corpus to satisfy requirements im 170(b)(1)(F) or 4942(g	posed (0.1				
by section 1,000,	Γ-		×			
(See many)	anne not i	0.			; \	· : . *
(see instructions) 8 Excess distributions carryover from applied on line 5 or line 7 (see in applied on line 5 or line 7.	structions)			\		
applied on	to 2012.	21,469.	-			•
9 Excess distributions carryover Subtract lines 7 and 8 from line	6a					
10 Analysis of line 9	\			1	1	
a Excess from 2007				\		
h Excess from 2000			1			
Excess from 2009			1		F	orm 990-PF (2011
# Evcess from 2010	21,469.					
e Excess from 2011						

Form 990-PF (2011) THE FOLEY PRIVATI				27-2682535	Page 10
Part XIV Private Operating Foundat					<u>N/A</u>
1a.If the foundation has received a ruling or one is effective for 2011, enter the date of the	determination letter ruling	r that it is a private	operating foundatio	n, and the ruling	
b Check box to indicate whether the foundat	ion is a private op	erating foundation d	lescribed in section	4942(J)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for each year listed	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed				1	
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)b 'Endowment' alternative test — enter 2/3 of					
minimum investment return shown in Part X, line 6 for each year listed					- ·
c 'Support' alternative test — enter:					
 Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) 					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income Part XV Supplementary Information	(Complete this	nart only if the	organization h	ad \$5 000 or mor	e in
assets at any time during th	ie vear – see ir	s part only if the istructions.)	organization in	au \$5,000 or mor	C III
Information Regarding Foundation Mana a List any managers of the foundation who close of any tax year (but only if they have NONE	have contributed n	nore than 2% of the than \$5,000) (See	total contributions e section 507(d)(2)	received by the found	dation before the
b List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more foundation has a	of the stock of a co 10% or greater inter	rporation (or an equ rest	ually large portion of	the ownership of
2 Information Regarding Contribution, Gra Check here ► X if the foundation only requests for funds If the foundation make complete items 2a, b, c, and d	makes contribution	s to preselected cha	arıtable organızatıor		
a The name, address, and telephone number	er of the person to	whom applications	should be addresse	ed	
b The form in which applications should be	submitted and info	ormation and materi	als they should incl	ude.	
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as by geogra	phical areas, charita	able fields, kinds of	institutions, or other	factors:

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3 Grants and Contributions Paid During the	rear or Approved for Fut	ure Paymen	ıt	
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)	substantial contributor	recipient	CONTINUED	
a Paid during the year DUROVILLE PROJECT 68800 HWY 195 THERMAL, CA 92274	CHARITABLE		BUILT A BASKETBALL COURT FOR LOW-INCOME FAMILIES.	13,645.
CLARK JOHNSON 5098 E. CAMELBACK LOOP KINGMAN, AZ 86409	MEDICAL NEED		ASSIST IN PAYING MEDICAL BILLS.	10,000.
Total b Approved for future payment		1	<u>▶ 3a</u>	23,645.
Total			► 3b	,

Part XVI-A	Analysis	of Income-	Producing	Activities

Enter, gross amounts unless otherwise indicated		Unrelate	d business income	Excluded by	section 512, 513, or 514			
		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (See instructions)		
_	am service revenue			code				
a								
f								
-	and contracts from government agencies							
	pership dues and assessments.			+				
	t on savings and temporary cash investments ends and interest from securities			 				
	ental income or (loss) from real estate							
	financed property							
	ebt-financed property							
	ntal income or (loss) from personal property							
7 Other	nvestment income							
8 Gain o	r (loss) from sales of assets other than inventory							
	ncome or (loss) from special events							
	s profit or (loss) from sales of inventory			+		-		
_	r revenue.					-,,		
		-		-				
		1 1						
е								
12 Subto	otal Add columns (b), (d), and (e)							
	. Add line 12, columns (b), (d), and (e)				13	0.		
(See works	sheet in line 13 instructions to verify calculati	ons)						
Part XVI	-B Relationship of Activities to the	Accompl	ishment of Exem	pt Purpos	es			
Line No.	Explain below how each activity for which is accomplishment of the foundation's exempt	ncome is repo	orted in column (e) of	Part XVI-A	contributed important	ly to the		
▼	accomplishment of the foundation's exempt	purposes (o	ther than by providing	lunus for su	(See i	ristructions)		
N/A								
					 "			
			-					
				···				
	7							
····								
			<u> </u>					
		<u>-</u>				·		

Form 99	(VII 1	2011) THE FO nformation Re Exempt Organi	LEY PRIVA' garding Trai zations						Relationshi	ps W		26825 nchar		Pa	ge 13
													:	Yes	No
de	escribed	rganization directly 1 in section 501(c) o political organiza	of the Code (o	ngage in ther than	any of t section	he follo 501(c)(wing witi 3) organ	h any ot izations	ther organization or in section	on 527,					
a Tr	ansfers	from the reporting	g foundation to	a noncha	arıtable e	exempt	organiza	ation of							
(1)) Cash												1 a (1)		<u>X</u>
(2)) Othe	r assets										_	1 a (2)		X
b O	ther tra	nsactions													
•	•	s of assets to a no		, -								-	1 b (1)		<u>X</u>
•	•	nases of assets fro			ıpt orgai	nızatıon						-	1 b (2)		<u>X</u>
•	•	al of facilities, equi	•	r assets								-	1b (3)		X
•	•	bursement arrange										-	1b (4)		X
•	•	s or loan guarante											1 b (5)		<u>X</u>
,	•	rmance of service		•	_								1b (6)		- <u>X</u> -
c Si	naring (of facilities, equipm	nent, mailing lis	sts, otner	assets,	or paid	employe	ees				L	<u>1c</u>	L	
d If th ar	the ans e good ny trans	swer to any of the s, other assets, or saction or sharing a	above is 'Yes,' services given arrangement, s	complete by the re how in co	the foll porting lumn (d	owing s foundati) the va	chedule ion If th lue of th	Columi e found e goods	n (b) should al ation received s, other assets	ways s less th , or se	how the nan fair rvices re	fair market eceived	arket val value in	ue of	
(a) Line		(b) Amount involved		of noncharita				i e	Description of tra						:S
N/A															
-															
			-												
			-												
															
	-														
			·						· · · · · · · · · · · · · · · · · · ·						
												····			
															
de	escribe	undation directly or d in section 501(c) complete the follow	of the Code (o							nization	is		Ye	s X	No
	(a)	Name of organiza	tion	((b) Type	of orga	ınızatıon			(c) Des	cription	of relat	ionship	·	
N/A															
				<u> </u>								-			
	l lada a		are that I have aver			dina casan		had dae a	nd statements, and	l to the b	act of my l	nowlodaa	and hallof	it in tru	
	correct,	enalties of perjury, I dect and complete Declaration	on of preparer (other	than taxpay	er) is base	ed on all in	formation of	of which pi	reparer has any kno	owledge	est of flig r	riowieage	and belief	, it is tru	s,
Sign		\mathcal{S}	2	_			,						May the this retu	IRS disc irn with t	cuss he
Here		Jemme I	nerus	$\sqrt{}$		9/	<u> 19/1</u>	<u> こ</u> ト:	SECRETARY	/TRE	AS		preparei (see ins	r shown tructions	below ;)?
	Signal					Date		T	itle	· · _I -			X	Yes	No
		Print/Type preparer's n		P	reparer's s	-	2 R	۰	Date	, (Check	Ш"	PTIN		
Paid		WARREN A. B		2017: -		nen	UV	www	9-19-1		elf-employ		P0135		
Prepa		1 -	BROWN & B		PAS				-	Firm	s EIN ►	95-37	58100		
Use C	nly	-	P.O. BOX		0202					-		(200)	770	055	_
			HAYDEN LAI	VE' ID	8383	<u> </u>				Phon	e no	(ZUB)	772-	<u> </u>	<u>, </u>

TEEA0503L 07/15/11

BAA

Form **990-PF** (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 FOLEY PRIVATE CHARI	27-2682535						
Organization type (check one)							
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not 527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust trea 501(c)(3) taxable private foundation	ited as a private foundation					
	by the General Rule or a Special Rule r (10) organization can check boxes for both the General	Rule and a Special Rule See instructions					
General Rule X For an organization filing Form 99 contributor (Complete Parts I and	90, 990-EZ, or 990-PF that received, during the year, \$5,0d III)	000 or more (in money or property) from any one					
Special Rules							
509(a)(1) and $170(b)(1)(A)(vi)$, an	on filing Form 990 or 990-EZ that met the 33-1/3% suppord received from any one contributor, during the year, a c 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Compli	contribution of the greater of (1) \$5,000 or					
total contributions of more than \$	0) organization filing Form 990 or 990-EZ that received fr 1,000 for use <i>exclusively</i> for religious, charitable, scientif en or animals Complete Parts I, II, and III	om any one contributor, during the year, ic, literary, or educational purposes, or					
contributions for use exclusively for If this box is checked, enter here purpose Do not complete any of	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc, purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively						
religious, charitable, etc, contribut	tions of \$5,000 or more during the year	► \$					
990-PF) but it must answer 'No' on P	covered by the General Rule and/or the Special Rules does lart IV, line 2, of its Form 990, or check the box on line Hot meet the filing requirements of Schedule B (Form 990).	I of its Form 990-EZ or on Part I, line 2, of its					
BAA For Paperwork Reduction Act 990EZ, or 990-PF.	Notice, see the Instructions for Form 990,	Schedule B (Form 990, 990-EZ, or 990-PF) (2011					

	B (Form 990, 990-EZ, or 990-PF) (2011)	Page	1 of 1 of Part 1
Name of org	anization DLEY PRIVATE CHARITABLE FOUNDATION	' '	r identification number 582535
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional s	<u> </u>	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FOLEY FAMILY TRUST		Person X Payroll
	P.O. BOX 1808	\$90,000.	Noncash
	HAYDEN LAKE, ID 83835		(Complete Part II if there is a noncash contribution)
(a) Number	(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) Number	(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) Number	(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) Number	(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) Number	(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)

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

Page

1 of Part II

Name of organization

THE FOLEY PRIVATE CHARITABLE FOUNDATION

1 to ____ Employer identification number

27-2682535

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed									
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received							
	N/A									
<u>-</u> _										
		\$\$								
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received							
		\$\$								
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received							
Part I		(see instructions)								
		<u> </u>								
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received							
		\$\$								
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received							
		\$\$								
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received							
_		\$\$								
SAA		Schedule B (Form 990, 990-E.								

1 of Part III

Name of organization
THE FOLEY PRIVATE CHARITABLE FOUNDATION

Employer identification number 27-2682535

	organizations that total more than				entry
	For organizations completing Part III, enter contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	total of <i>exclusively</i> religious, ch. (Enter this information once Sespace is needed	arıtable, etc, ee ınstruction	s) * \$	N/A
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
Part I	N/A				
	17/11				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to trans	feree
(a) No. from Part I	(b) Purpose of gift		(d) Description of how gift	is held	
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
	Transferee's name, addres	Relationship of transferor to transferee			
	Transferee 3 flame, address				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is I	
	Transferee's name, addres	Relationship of transferor to transferee			
			-		
	<u> </u>		<u> </u>		

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10)

~~	-	-
	-1	-
/11		

FEDERAL STATEMENTS

PAGE 1

THE FOLEY PRIVATE CHARITABLE FOUNDATION

27-2682535

STATEMENT 1 FORM 990-PF, PART I, LINE 16A LEGAL FEES

		EXP PER	(A) ENSES BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED <u>NET INCOME</u>	 (D) ARITABLE JRPOSES
DRISCOLL & FEDER	TOTAL	\$	455. 455.	\$ 0.	\$ 0.	\$ 455. 455.

STATEMENT 2 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

		(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
U.S. TREASURY - USER FEE	TOTAL	\$ 850. \$ 850.	\$ 0.	\$ 0.	\$ 850. \$ 850.

STATEMENT 3
FORM 990-PF, PART VII-A, LINE 10
SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR ADDRESS OF SUBSTANTIAL CONTRIBUTOR

FOLEY FAMILY TRUST

P.O. BOX 1808 HAYDEN LAKE, ID 83835

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

nternal Reven	nue Service	► File a sep	parate appli	cation for each return.			
• If you a		► X					
If you a	are filing for an	Additional (Not Automatic) 3-Mont	h Extensior	n, complete only Part II (on page 2 of the	s forr	n)	
Do not con	mplete Part II ur	nless you have already been grante	d an autom	atic 3-month extension on a previously f	iled F	orm 8868	
corporatior equest an Associated	n required to file i extension of tir I With Certain Pi	Form 990-T), or an additional (not ne to file any of the forms listed in	automatic) Part I or Pa ust be sent	d a 3-month automatic extension of time 3-month extension of time. You can eleart II with the exception of Form 8870, In to the IRS in paper format (see instructional Charities & Nonprofits.	ctron Iforma	ically file Fo ation Return	rm 8868 to for Transfers
Part I	Automatic 3-	Month Extension of Time. C	nly subm	it original (no copies needed).			-
		· · · · · · · · · · · · · · · · · · ·		month extension - check this box and	comp	lete Part I o	nly ►
All other concertax		luding 1120-C filers), partnerships,	REMICS, ai	nd trusts must use Form 7004 to reques	t an e	extension of	time to file
				Enter filer's identif		<u> </u>	
Type or	Name of exempt	organization or other filer, see instructions			Empi	oyer identification	on number (EIN) or
orint	MUE FOLE	N DDINAME CHADIMADIR I		ON	177	22 26021	-25
File by the		Y PRIVATE CHARITABLE I		LON		27-26825 Social security	
lue date for iling your		THPOINTE #430	1311 40 (10/13			occiar security	number (GGIV)
eturn See nstructions		st office state, and ZIP code For a foreign add	ress, see instru	ections	Ш		
	SAN FRAN	ICISCO, CA 94123					
Enter the F		the return that this application is fo	or (file a sep	parate application for each return)			04
Applications s For	n		Return Code	Application Is For		Return Code	
orm 990			01	Form 990-T (corporation)	07		
orm 990-l	BL		02	Form 1041-A		08	
orm 990-l	EZ		01	Form 4720			09
Form 990-l			04	Form 5227			10
	·	i) or 408(a) trust)	05	Form 6069			11
orm 990-	T (trust other the	an above)	06	Form 8870			12
Telepho If the o If this i	one No ► 208 organization doe is for a Group R	s not have an office or place of but	digit Group	e United States, check this box Exemption Number (GEN) If			
until The e	8/15 extension is for X calendar yea tax year begi	, 20 12 , to file the exempt orgithe organization's return for. r 20 11 or nning , 20, ed in line 1 is for less than 12 month	ganization re		nal ret	turn	
3a If this	s application is	for Form 990-BL, 990-PF, 990-T, 47 s See instructions	720, or 6069), enter the tentative tax, less any	3:	a \$	0.
b If this	s application is t			any refundable credits and estimated tax credit		ь\$	0.
EFTF	PS (Electronic F	ederal Tax Payment System) See	instructions			c \$	0.
	f you are going t	to make an electronic fund withdra	wal with this	s Form 8868, see Form 8453-EO and Fo	rm 88	379-EO for	