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## Form **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

		foundation	•	, 4.14		A Employer identification	ı number
		COFFMAN FAMILY FOUNDAT				33-0592687	<u> </u>
		nd street (or P O box number if mail is not delivered to street	Room/suite	B Telephone number			
		2 MCLOUGHLIN DRIVE	···		<u> </u>	(858)558-9	200
		own, state, and ZIP code				C If exemption application is p	ending, check here
		TRAL POINT, OR 97502					
G (	heck	all that apply: Initial return	Initial return of a fo	ormer public o	charity	D 1 Foreign organization	s, check here
		Final return	Amended return			Foreign organizations me 2 check here and attach co	eting the 85% test,
	h 1	Address change	Name change			1	
H (	_	type of organization: X Section 501(c)(3) ex	• •	t.a.		E If private foundation sta	
<u> </u>		ction 4947(a)(1) nonexempt charitable trust  Irket value of all assets at end of year  J Accounting	Other taxable private founda	Accr	ual	under section 507(b)(1	
		·   —	her (specify)	L ACCI	uai	F If the foundation is in a	
	<i>0111 1</i> ∙\$	83 , 189 . (Part I, colui	mn (d) must be on cash b	pasis )		under section 507(b)(1	)(b), check here
					vactment	(a) Adjusted not	(d) Disbursements
		Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net in inco		(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	44,006.			N/A	(casi oasis offiy)
	2	Check I the foundation is not required to attach Sch B	33,000			41/41	
	3	Interest on savings and temporary cash investments	532.		532.		STATEMENT 1
	4	Dividends and interest from securities	43.		43.		STATEMENT 2
	5a	Gross rents					<u> </u>
		Net rental income or (loss)			,		
		Net gain or (loss) from sale of assets not on line 10	162,229.				
2 2012 Revenue	b	Gross sales price for all assets on line 6a 195,877.	•				
7 8	7	Capital gain net income (from Part IV, line 2)	<del></del>	16	2,229.	<u> </u>	
N &	8	Net short-term capital gain				TU NE	OCD
• · ·	9	Income modifications				70	
MAY	10a	Gross sales less returns and allowances				8 2012	YAM '53
	b	Less Cost of goods sold				SC - CO	- XVM 196
SCANNED	C	Gross profit or (loss)	1=11				
Ž	11	Other income				EIVED	N R F C
<u>Z</u> _	12	Total Add lines 1 through 11	206,810.	16	2,804.		
Č	13	Compensation of officers, directors, trustees, etc	0.		0.		0.
Ŋ	14	Other employee salaries and wages					
Ø		Pension plans, employee benefits					
nses		Legal fees	2 500		250		0.050
χĎ		Accounting fees STMT 3	2,500.	<b></b>	250.		2,250.
e Ü		Other professional fees Interest					
ativ	17 18	Taxes					
and Administrative Expen	19	Depreciation and depletion			<del></del>	<del></del>	
nin	20	Occupancy				-	
Adn	21	Travel, conferences, and meetings					
pu	22	Printing and publications		<del></del>			
g	23	Other expenses STMT 4	339.		150.		189.
Operating		Total operating and administrative	307.				100.
oer:		expenses. Add lines 13 through 23	2,839.		400.		2.439.
ō	25	Contributions, gifts, grants paid	259,362.				2,439. 259,362.
		Total expenses and disbursements.					
		Add lines 24 and 25	262,201.		400.		261,801.
	27	Subtract line 26 from line 12:					
	a	Excess of revenue over expenses and disbursements	<55,391.				
	b	Net investment income (if negative, enter -0-)	-17-	16	<u>2,404.</u>		
1235		Adjusted net income (if negative, enter -0-)				N/A	L
1235	<i>-</i> 1	LHA For Panarwork Reduction Act Notice see i	netrustions				Form <b>QQN_PF</b> (2011)

Fo	rm 99	00-PF (2011) THE COFFMAN FAMILY FOUN		33-	0592687 Page 2
ſĒ	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	f year	
<u>.</u>	ui t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Caşh - non-interest-bearing			
		Savings and temporary cash investments	137,718.	77,719.	77,719.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			TTV
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			<del></del>
ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock STMT 5	0.	5,608.	5,470.
	C	Investments - corporate bonds		_	
		Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment; basis ▶			
	`	Less accumulated depreciation			
	15	Other assets (describe ► )			
	"				
	16	Total assets (to be completed by all filers)	137,718.	83,327.	83,189.
_	1'''	Accounts payable and accrued expenses	10,7,710.	03,327.	05,105.
	18	Grants payable			
w	19	Deferred revenue			
Liabilities	1	Loans from officers, directors, trustees, and other disqualified persons			
Ē	21	Mortgages and other notes payable			
::	1	Other liabilities (describe )			
	22	)		<del></del>	
	22	Total liabilities (add lines 17 through 22)	o.	0.	
_	20	Foundations that follow SFAS 117, check here	- 0.		
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
Š	25	Temporarily restricted			
Bala	26	Permanently restricted			
ā	20				
Fur					
<b>Net Assets or Fund Balances</b>	27	and complete lines 27 through 31.	622 620	-600 010 l	
ets	27 28	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund	<633,628.> 0.	<689,019. 0.	>
SS	29	Retained earnings, accumulated income, endowment, or other funds	771,346.	772,346.	
et/	i .		137,718.		
Ž	30	Total net assets or fund balances	131,110.	83,327.	
	24	Total liabilities and not assets#und belongs	137,718.	02 227	
_		Total liabilities and net assets/fund balances		83,327.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	137,718.
2		amount from Part I, line 27a		2	<55,391.>
		r increases not included in line 2 (itemize)  PY CONTRIBU	TIONS CANCELLE		1,000.
		lines 1, 2, and 3		4	83,327.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	83,327.
		The state of the s			Form <b>990-PF</b> (2011)
123 12-	511 02-11				

	COFFMAN FAMILY and Losses for Tax on I				<del></del>	3	3-0592	2687	Page 3
	cribe the kind(s) of property sold (e. arehouse; or common stock, 200 sh			(b) How P - Pu D - Do	acquired rchase nation	(c) Date (mo., d	acquired lay, yr )	( <b>d)</b> Dat (mo., d	
1a		_				•			
b SEE ATTACHED	STATEMENT								
С									
d									
<u>e</u>	· · · · · · · · · · · · · · · · · · ·			<u> </u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				aın or (loss) s (f) mınus (ç	1)	
a									
b									
C									
d									
e 195,877.			33,64	8.				162	,229.
	ng gain in column (h) and owned by	the foundation			1	I) Gains (C	Col. (h) gain r		<del></del>
(i) F.M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E>	ccess of col. (1)		cò	l. (k), but r	not less than (from col. (h	-0-) or	
a	-			İ					
b		1					•		
C			<del></del>						
d		<del>                                     </del>							
e								162	,229.
	C.,		_	<u> </u>	1			102	, 447.
2 Capital gain net income or (net ca	apital loss) $ \begin{cases} \text{If gain, also enter -} \\ \text{If (loss), enter -} \end{cases} $			} 2				162	,229.
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,	column (c).	nd (6):		3					
If (loss), enter -0- in Part I, line 8				3	<u> </u>		<u> N/A</u>		
Part V   Qualification U	Inder Section 4940(e) for	r Reduced	I Tax on Net	Invest	ment Inc	come			
(For optional use by domestic private	e foundations subject to the section	4940(a) tax on	net investment in	come.)					
16 anaton 4040/d)/0) anaton lanca	han mank blank								
If section 4940(d)(2) applies, leave t	nis part biank.								
Was the foundation liable for the sec	tion 4942 tax on the distributable ar	mount of any ve	ear in the base per	10d?			ſ	Yes	X No
If "Yes," the foundation does not qua			•				•		
	each column for each year; see insti			es.					
	(b)							d)	
(a) Base period years Calendar year (or tax year beginni	1 41	stributions	Net value of no	(c) ncharitabl	e-use assets		Dıstrıbü col. (b) dıvıd)	d) tion ratio	(0))
2010		55,395.					(coi. (b) divid		
					82,928				94441
2009		<u>19,896.</u>			09,536				<u>07523</u>
2008		<u>12,733.</u>			<u>25,994</u>				<u>34125</u>
2007		6,093.			65,642				<u> 20867</u>
2006	<u>75</u>	8,521.		4	<u>36,346</u>	<u> </u>		1.7	<u> 38348</u>
2 Total of line 1, column (d)						2		7.9	95304
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 existe	nce if less than 5 years					3		1.5	99061
	-								
4 Enter the net value of noncharitat	ole-use assets for 2011 from Part X.	line 5				4		155	,958.
	,								<u>, , , , , , , , , , , , , , , , , , , </u>
5 Multiply line 4 by line 3						5		249	,386.
6 Enter 1% of net investment incor	ne (1% of Part I, line 27b)					6		1	,624.
7 Add lines 5 and 6						7		251	,010.
8 Enter qualifying distributions from	n Part XII. line 4					8	-		,801.
		46	daa ah - t '	40/ :		[_0	<u> </u>	201	,001.
See the Part VI instructions.	n line 7, check the box in Part VI, line	e iu, and comp	nete that part usin	ya 1% tax	rate.				
123521 12-02-11							r <sub>a</sub> .	QQA	<b>PF</b> (2011)
							1 01	555-1	• (£011)

	nt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or a		35926 see in			Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	1340	300 111	3010		
18						
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)  Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1 1			1 6	24.
U		<b>-</b> '-			<u> </u>	<u> </u>
	of Part I, line 27b  All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
	Add lines 1 and 2	3			1 6	24.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	-		<u> </u>	<u> </u>
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5	<del></del>		1 6	24.
6	Credits/Payments:				<u> </u>	211
	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 2,921.	.				
	Exempt foreign organizations - tax withheld at source	1				
	Tax paid with application for extension of time to file (Form 8868)  6c	1				
	Backup withholding erroneously withheld 6d	1				
	Total credits and payments. Add lines 6a through 6d	7 7			2.9	21.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	<del>-</del>		1,2	97.
	Enter the amount of line 10 to be: Credited to 2012 estimated tax	11				0.
	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in			Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ed or				
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$ 0	<u>.</u>				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ▶ \$ 0 .					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		1	2		X
	If "Yes," attach a detailed description of the activities		ļ			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or	ŀ			
	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		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N,	'A	4b		<del></del>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		-	5		X
	If "Yes," attach the statement required by General Instruction T					
ь	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or  Prostate legislation that office with amond at the government as that as modeless diseases that conflict with the state legislation.					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state remains in the postering vector and provided the conflict with the state remains in the postering vector and the conflict with the state remains in the postering vector and the conflict with the state remains in the postering vector and the conflict with the state remains in the postering vector and the conflict with the state remains in the postering vector and the conflict with the state remains in the postering vector and the conflict with the state remains in the postering vector and the conflict with the state remains in the postering vector and the conflict with the state remains in the conflict with the state remains and the conflict with the co	e iaw			v	
7	remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
′						
٥.	If "Yes," complete Part II, col. (c), and Part XV  Enter the states to which the foundation reports or with which it is registered (see instructions)					
04	CA, OR					
	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 General Instruction G? If "No," attach explanation			8b	х	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	endar	<b> </b>	υU	Λ	<del>-</del>
•	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	ui		9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
	A A A A A A A A A A A A A A A A A A A		1			

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orm 990-PF (2011) THE COFFMAN FAMILY FOUND			<u> 33-05926</u>	8 / Page <b>6</b>
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y6	es X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire			
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y6	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y6	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or		<b> </b>
the prevention of cruelty to children or animals?		Ye	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5 <b>b</b>
Organizations relying on a current notice regarding disaster assistance check h	еге			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta	ined		
expenditure responsibility for the grant?	N	[/A □ Ye	s No	
If "Yes," attach the statement required by Regulations section 53 4945	5-5(d)			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			1 1
a personal benefit contract?			s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			Sb X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Information About Officers Directors Truck		nagers, Highly		- · · · · · · · · · · · · · · · · · · ·
Part VIII Paid Employees, and Contractors	,		•	
List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
ADELIA A. COFFMAN	PRESIDENT & D			
4902 MCLOUGHLIN DRIVE				
CENTRAL POINT, OR 97502	0.00	0.	0.	0.
		ŀ		
	-			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."	· · · · · · · · · · · · · · · · · · ·	
(-) Name and address of each ample and and the office and	(b) Title, and average		(d) Contributions to employee benefit plans and deferred compensation	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	(e) Expense account, other allowances
NONE				
			<del></del>	
	<del></del>			
<del></del>			<del></del>	
			<del></del>	
Total number of other employees paid over \$50,000	·	4	<u> </u>	
יסיפו וומוווטפו טו טווופו פווואוטייפפט אמונו טייפו שָטטייטטט	·		Earm	90-PF (2011)
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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
·	Average monthly fair market value of securities	1a	12.857.
	Average of monthly cash balances	1b	12,857. 145,476.
C		1c	
đ	Total (add lines 1a, b, and c)	1d	158,333.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	158,333.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,375.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	155,958.
6	Minimum investment return Enter 5% of line 5	6	7,798.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	ıd certaın	
1	Minimum investment return from Part X, line 6	1	7,798.
2a	Tax on investment income for 2011 from Part VI, line 5		<u> </u>
b	Income tax for 2011 (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,624.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,174.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	6,174.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	6,174.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	The Company of the Co	1a	261,801.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	_2	<del></del>
3	Amounts set aside for specific charitable projects that satisfy the:		
а	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	261,801.
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	5	1,624.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	260,177.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	jualifies f	or the section

Form **990-PF** (2011)

Part XIII Undistributed Income (see instructions)

THE COFFMAN FAMILY FOUNDATION

	(a) Corpus	(b) Years prior to 2010	( <b>c</b> ) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				6,174.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006 736,970.				
b From 2007 552,805.				
c From 2008 294,300.				
d From 2009 214,419.				
e From 2010 163,713.				
f Total of lines 3a through e	1,962,207.			
4 Qualifying distributions for 2011 from				
Part XII, line 4: ► \$ 261,801.				
a Applied to 2010, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				6,174.
e Remaining amount distributed out of corpus	255,627.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,217,834.			
b Prior years' undistributed income. Subtract	1			
line 4b from line 2b		0.		
c 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		0.		
d Subtract line 6c from line 6b. Taxable	,			
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.			O.	
f Undistributed income for 2011. Subtract			-	
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	736,970.			
9 Excess distributions carryover to 2012				
Subtract lines 7 and 8 from line 6a	1,480,864.			
10 Analysis of line 9:				
a Excess from 2007 552,805.				
b Excess from 2008 294, 300.				
c Excess from 2009 214, 419.				
d Excess from 2010 163,713.				
e Excess from 2011 255,627.				Form <b>990-PF</b> (2011)

Form 990-PF (2011) THE COF	FMAN FAMILY	FOUNDATION		33-0	1592687 Page 10
Part XIV   Private Operating F	oundations (see in	structions and Part VII	-A, question 9)	N/A	<del></del>
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2011, enter the date of t	he ruling	<b>▶</b> L		
<b>b</b> Check box to indicate whether the found	dation is a private operatir	ig foundation described i	n section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e 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:					
<ul><li>a "Assets" alternative test - enter:</li><li>(1) Value of all assets</li></ul>					
` '					<del>-</del>
(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:					
(1) 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					<del></del>
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	te this part only i	f the founda	tion had \$5 000 or r	more in accete
at any time during t	he vear-see instr	uctions.)	ii tile loulida	111011 Had \$5,000 OF 1	nore in assets
1 Information Regarding Foundation				<del></del>	
a List any managers of the foundation wh		than 2% of the total contr	ibutions received t	ov the foundation before the c	lose of any tax
year (but only if they have contributed n	nore than \$5,000). (See s	ection 507(d)(2).)		oy the roundation bolore the c	1000 of any tax
ADELIA A. COFFMAN					
b List any managers of the foundation wh other entity) of which the foundation has	o own 10% or more of the s a 10% or greater interes	e stock of a corporation (	or an equally large	portion of the ownership of a	partnership or
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pre	ograms:	<del>-</del> -	
Check here 🕨 🗓 If the foundation of				does not accept unsolicited re	auests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	iduals or organizations ui	nder other conditio	ons, complete items 2a, b, c, a	ind d.
a The name, address, and telephone num	ber of the person to whom	n applications should be	addressed:		
b The form in which applications should b	e culmitted and informat	ion and materials they all	ould include:		
	e summittu anu imurmat		outo include:	-	, <u></u>
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographica	Il areas, charitable fields,	kınds of ınstitution	s, or other factors:	
		<u>-</u>	-		5 000 DE (52

123611 12-02-11

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Exclude	d by section 512, 513, or 514	(e)
Enter group, and an enter curio who introduced.	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue;	code	Amount	code	Amount	function income
a				_	
b		<del></del>		,	
c					_
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	532.	
4 Dividends and interest from securities			14	43.	
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				i	
7 Other investment income				ĺ	
8 Gain or (loss) from sales of assets other					
than inventory			18	162,229.	
9 Net income or (loss) from special events				•	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	1				
b					
С					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		162,804.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	162,804.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	o the Accor	nnlishment of Ex	cempt	Purnoses	
•					
Line No Explain below how each activity for which incor			contribut	ed importantly to the accom-	olishment of
the foundation's exempt purposes (other than l	by providing fund	is for such purposes).		·	<del></del>
		<del></del>			
					<del></del>
					<del></del>
				<del></del>	
	. ,				
123621					Form <b>990-PF</b> (2011)

11400510 795635 COFFMA1601

# Form 990-PF (2011) THE COFFMAN FAMILY FOUNDATION 33-0592687 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

	rganization directly of indi			-			ea in seci	011 50 1(0) 01		ŀ	163	140
the Code	(other than section 501(c)	)(3) organizations) or in	section 52	7, relating to p	olitical organi	zations?						l
a Transfers	from the reporting found	ation to a noncharitable	exempt org	ganization of:								
(1) Cash	1								1	a(1)		X
(2) Other	r assets								1	a(2)		X
<b>b</b> Other tran												
	s of assets to a noncharita	ble exempt organization	1						1,	b(1)	1	X
٠,,	hases of assets from a no	, -								b(2)		X
, ,			amzanon									v
• •	al of facilities, equipment,								_	b(3)		X
. ,	bursement arrangements								_	b(4)		
• •	s or loan guarantees								_	b(5)		<u>X</u>
(6) Perfo	ormance of services or me	mbership or fundraising	g solicitatioi	ns					11	b(6)		X X X
c Sharing o	of facilities, equipment, ma	iling lists, other assets,	or paid emp	ployees					L	1c		<u> X</u>
d If the answ	wer to any of the above is	"Yes," complete the follo	owing sche	dule. Column (	b) should alw	ays show	the fair n	narket value o	f the goods, othe	er asse	ets,	
or service	es given by the reporting fo	oundation. If the founda	ition receive	ed less than fa	r market valu	e in any tr	ansaction	or sharing ar	rangement, show	w in		
column (d	d) the value of the goods,	other assets, or services	s received.									
(a) Line no	(b) Amount involved	(c) Name of no	ncharitable	exempt organ	ization	(d)	Description	of transfers, tra	nsactions, and shar	ing arra	angeme	nts
			N/A									
			-17-1		•	+						
	· · · · · · · · · · · · · · · · · · ·	-				-						
		<del></del>			···							
						-		<del></del>				
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	***								<del> </del>			
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			-			1						
	-		-			-		<del></del>				
_			_			+		<del></del>				
		<u> </u>										
2a Is the fou	ndation directly or indirect	tly affiliated with, or rela	ted to, one	or more tax-ex	empt organiz	ations de	scribed					_
ın section	501(c) of the Code (other	r than section 501(c)(3)	)) or in secti	on 527?					لا	Yes	LX.	No
b If Yes, c	omplete the following sch	edule.										
	(a) Name of org	anization		(b) Type of o	rganization		1	(c) Description	n of relationship			
	N/A											
			j						· · · · · · · · · · · · · · · · · · ·		-	
											-	
		<del></del>										
		-		<del> </del>								
Lindor	r penalties of perjury, I declare	that I have examined this so	turn includes	7 accompany	schedules and a	etatemente	and to the	haet of my beau	wledge ——			
and b	elief, it is true, correct, and con									IRS d	scuss t	his
Sign				1 .				-	shown			
Here	Ada 1.	-Coffee		21/2	H12				LXJ	Yes	L	J No
Sigi	nature of officer or trustee	())		Date Date		Title						لــــــا
	Print/Type preparer's na	ıme Pr	reparer's si	gnature		Date	2012	Check	ıf PTIN			
				\ \ \	AM	1 0	2012	self- employe	ed			
Paid	MARK W. LI	NDSAY   V	Mark	46)	اسمه				P002	361	185	
Preparer	Firm's name ► LIN		WNELL	. LLP				Firm's FIN	► 33-088			
Use Only	. IIII O IIIIIII P LILIN	-5111 & DI(()	. 147	,	-			I IIII S EIN	- 55 000	50.	, ,	
	Firm's address A 2	25 PVECTIME	VE CO	TIADE (	מחדווב י	1150	_	<del> </del>	· · ·			
	Firm's address > 42				SUITE :	1150			050 55	00	200	
. <u> </u>	<u>LA</u>	JOLLA, CA	7403	<u>/</u>				Phone no.	<u>858 55</u>			
									Form	990-	-PF (	2011)

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

OMB No 1545-0047

Employer identification number

T	HE COFFMAN FAMILY FOUNDATION	33-0592687						
Organization type (check of	one)							
Filers of:	Section:							
Form 990 or 990-EZ	501(c)( ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
	527 political organization							
Form 990-PF X 501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
General Rule  X For an organization	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru  In filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mo							
contributor Comp Special Rules	lete Parts I and II							
509(a)(1) and 170(	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the g i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II.							
total contributions	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, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III							
contributions for u If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes exclusively for religious, charitable, etc., purposes, but these contributions did not tot sed, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization because it e, etc., contributions of \$5,000 or more during the year	al to more than \$1,000 ly religious, charitable, etc ,						
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)								

LHA 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

Employer identification number

## THE COFFMAN FAMILY FOUNDATION

33-0592687

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	ADELIA COFFMAN  4902 MCLOUGHLIN DRIVE  CENTRAL POINT, OR 97502	\$\$	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ADELIA COFFMAN  4902 MCLOUGHLIN DRIVE  CENTRAL POINT, OR 97502	\$\$ <u>39,256.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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
123452 01-23			Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

### THE COFFMAN FAMILY FOUNDATION

33-0592687

	FMAN FAMILY FOUNDATION		-0592687
art II N	Noncash Property (see instructions) Use duplicate copies of Pa	rt 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
2 3	,700 SH QUALCOMM STOCK		
-		\$\$	VARIOUS
(a) No. From	(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. rom art 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
		\$	0, 990-EZ, or 990-PF) (2

Name of orga	nization			Employer identification number
THE CO	FFMAN FAMILY FOUNDATION	I		33-0592687
Part III	Exclusively religious, charitable, etc., indivi year Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additiona	dual contributions to section 501(c e following line entry. For organization, contributions of \$1,000 or less for	c)(7), (8), or (10) organizations completing Part III, enter r the year. (Enter this information once	ns that total more than \$1,000 for the
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gif	rt	
	Transferee's name, address, and	d ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif	ft	
-	Transferee's name, address, and	d ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-		(e) Transfer of gif	it	
	Transferee's name, address, and	d ZIP + 4	Relationship of tra	nsferor to transferee
-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, and	d ZIP + 4	Relationship of tra	nsferor to transferee

Part XV Supplementary Information	<u>FMAN FAMILY FO</u> n		33-05	
3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	741100111
OY CHRISTIAN FELLOWSHIP	NONE	PUBLIC	GENERAL	
2715 TABLE ROCK RD				
MEDFORD, OR 97501				1,00
DOV-FAMILY LIFE RADIO	NONE	PUBLIC	GENERAL	
1236 DISK DRIVE, SUITE E	NONE	POBLIC	GENERAL	
MEDFORD, OR 97501				30,00
IGHTHOUSE PENTECOSTAL CHURCH OF GOD	NONE	PUBLIC	GENERAL	
500 ARROWHEAD	NOME	FORLIC	GENERAL	
MEDFORD, OR 97504				41,98
IVING PRAISE PENTECOSTAL CHURCH OF	NONE	PUBLIC	GENERAL	
OD 15 GIBBON RD				
ENTRAL POINT OR 97502				2,40
				2,19
UMENDEI CHURCH	NONE	PUBLIC	GENERAL	
PO BOX 453				
ACKSONVILLE OR 97530				1,00
MARCH OF DIMES	NONE	PUBLIC	GENERAL	
275 MAMARONECK AVENUE				
HITE PLAINS, NY 10605				50
ETRO MINISTRIES	NONE	PUBLIC	GENERAL	
.o. Box 695				
ROOKLYN, NY 11237				1,55
REGON STATE SHERIFFS ASSOCIATION	NONE	PUBLIC	GENERAL	
O BOX 7468				
ALEM, OR 97303				3
OGUE VALLEY YOUTH FOR CHRIST	NONE	DUDI TO	CENEDAL	
91 MURPHY RD, SUITE 112	NONE	PUBLIC	GENERAL	
EDFORD, OR 97528				7,00
ABLE ROCK FELLOWSHIP	NONE	PUBLIC	GENERAL	
3412 SILVERBIRCH CT. MEDFORD, OR 97504				FA
Total from continuation sheets		1		50 102,56

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
THE ARC OF JACKSON COUNTY	NONE	PUBLIC	GENERAL	
711 MEDFORD CENTER PMB 161				
MEDFORD OR 97504				500.
THE GIDEONS INTERNATIONAL	NONE	PUBLIC	GENERAL	
P.O. BOX 140800				
NASHVILLE, TN 37214				2,500.
TURNING POINT MINISTRY	NONE	PUBLIC	GENERAL	
30337 FAIRVIEW ROAD			1	
LEBANON, OR 97355				5,000.
WALKING IN GRACE MINISTRIES	NONE	PUBLIC	GENERAL	
6009 FIR COURT MCKINNEY TX 75070				2.500
MONIMUM, IN 75070				2,500,
WILDERNESS TRAILS, INC.	NONE	PUBLIC	GENERAL	
P.O. BOX 4655 MEDFORD OR 97501				1,000.
				1,000,
WOUNDED WARRIOR PROJECT				
PO BOX 758516	NONE	PUBLIC	GENERAL	
TOPEKA, KS 66675				100.
YOUTH FOR CHRIST	NONE	DUDI TC	CENEDAL	
691 MURPHY RD SUITE 112	NONE	PUBLIC	GENERAL	
MEDFORD, OR 97504				5,000.
			<del> </del>	
Total from continuation sheets		·		-

Part IV   Capital Gains and Los	sses for Tax on Investment Income				
(a) List and 2-story br	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)		
1a 100 SHS QUALCO	MM INC	D	03/13/08	01/28/11	
b 2,500 SHS QUAL	D	03/13/08	01/28/11		
c 100 SHS QUALCO	D	03/13/08	02/01/11		
d 100 SHS QUALCO	MM INC		D	03/13/08	03/01/11
e 100 SHS QUALCO	MM INC		D	03/13/08	04/25/11
1 100 SHS QUALCO	MM INC		D	03/13/08	05/03/11
g 100 SHS QUALCO	MM INC		D	VARIOUS	06/01/11
h 100 SHS QUALCO	MM INC		D	VARIOUS	09/01/11
100 SHS QUALCO	MM INC		D	VARIOUS	09/01/11
100 SHS QUALCO	MM INC		D	VARIOUS	09/01/11
k 100 SHS QUALCO	MM INC		D	VARIOUS	11/07/11
100 SHS QUALCO	MM INC		D	VARIOUS	11/07/11
m					
n					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		) Gain or (loss) plus (f) minus (g)	·····
a 5,416.					5,416.
b 135,400.		_			135,400.
c 5,491.					5,491.
d 5,797.					5,797.
e 5,688.	_				5,688.
5,680.					5,680.
g 5,764.		5,608.			156.
h 5,150.		5,608.			<458.>
5,150.		5,608.			<458.>
5,149.		5,608.			<459.>
k 5,596.		5,608.			<12.>
5,596.		5,608.	<del>- "</del>		<12.>
m				<del></del> -	
n					
0				· · · ·	
Complete only for assets shown	g gain in column (h) and owned by	the foundation on 12/31/69	(I) Los	ses (from col. (h))	
(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	Gains (excess of	of col. (h) gain over lot less than "-0-")	col. (k),
a					5,416.
b					135,400.
С					5,491.
d					5,797.
<u>e</u>					5,688.
f					5,680.
g					156.
h					<458.>
					<458.>
					<459.>
k					<12.>
1				· <del></del>	<12.>
m					
n	<u> </u>		<del>-</del>		
0			<del></del>	<del></del>	
2 Capital gain net income or (net ca	pital loss) {   If gain, also enter   If (loss), enter "-(	in Part I, line 7			162,229.
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,	s) as defined in sections 1222(5) ar column (c).	<u> </u>			
If (loss), enter "-0-" in Part I, line 8	3			N/A	

FORM 990-PF INTEREST ON SAVI	NGS AND	TEM	PORARY C	ASH II	NVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
MERRILL LYNCH 04184						Į.	532.
TOTAL TO FORM 990-PF, PART I,	LINE 3	, co	LUMN A				532.
FORM 990-PF DIVIDENT	S AND IN	NTER	EST FROM	SECUI	RITIES	STATEMENT	2
SOURCE	GF	ROSS	AMOUNT		TAL GAINS	COLUMN (A	A)
MERRILL LYNCH 04184			43.		0.		43.
TOTAL TO FM 990-PF, PART I, I	N 4		43.		0.		43.
FORM 990-PF	ACCOU	JNTI	NG FEES			STATEMENT	3
DESCRIPTION		ES	NET INV		(C) ADJUSTED NET INCOM	(D) CHARITA E PURPOS	
LINDSAY & BROWNELL CPAS	2,5	500.		250.		2,2	250.
TO FORM 990-PF, PG 1, LN 16B	2,5	500.		250.		2,2	250.
FORM 990-PF	ОТНЕ	ER E	XPENSES			STATEMENT	4
DESCRIPTION	(A) EXPENSE PER BOO	ES	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		
FILING FEES - CALIFORNIA ATTORNEY GENERAL		50.		0.			50.
FILING FEES - FRANCHISE TAX BOARD		10.		0.			10.
FILING FEES - OREGON DEPARTMENT OF JUSTICE BANK FEES		89. 40.		0. 0.			89. 40.
INVESTMENT MANAGEMENT FEES - MERRILL LYNCH #04012	1	L50.		150.			0.
TO FORM 990-PF, PG 1, LN 23		339.		150.		1	L89.

FORM 990-PF CORPORATE STOCK		STATEMENT 5
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
100 SH QUALCOMM INC	5,608.	5,470.
TOTAL TO FORM 990-PF, PART II, LINE 10B	5,608.	5,470.