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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

For calendar year 2011 or tax year beginning 7/12/2011 . and ending 12/31/2011 A Employer identification number Name of foundation Simplistic Foundation 45-2741447 Number and street (or P O. box number if mail is not delivered to street address) B Telephone number (see instructions) Room/suite 123 Foundation Source 501 Silverside Rd (800) 839-1754 City or town, state, and ZIP code C If exemption application is pending, check here DE 19809-1377 Wilmington G Check all that apply: | Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test Address change check here and attach computation H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end J Accounting method: X Cash F If the foundation is in a 60-month termination of year (from Part II, col. (c), Other (specify) under section 507(b)(1)(B), check here line 16) ▶ \$ (Part I, column (d) must be on cash basis.) (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for chantable amounts in columns (b), (c), and (d) may not necessarily equal expenses per income псоте purposes the amounts in column (a) (see instructions).) books (cash basis only) 1,000,000 Contributions, gifts, grants, etc., received (attach schedule) Check rf the foundation is not required to attach Sch B Interest on savings and temporary cash investments Dividends and interest from securities 12,946 00 5 a Gross rents . . **b** Net rental income or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 4.946 **b** Gross sales price for all assets on line 6a 4.946 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications . . 10 a Gross sales less returns and allowances **b** Less: Cost of goods sold . . . c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) . . 12 Total. Add lines 1 through 11 . 1,017,935 17,935 13 Compensation of officers, directors, trustees, Expenses Other employee salaries and wages 14 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) b Accounting fees (attach schedule) 1 5 2012 Operating and Administrative c Other professional fees (attach schedule) 2,538 2,538 17 Taxes (attach schedule) ts 19 Depreciation (attach schedule) and depletion 20 21 Travel, conferences, and meetings 22 Printing and publications . . . 23 Other expenses (attach schedule) 7.657 45 7,612 24 Total operating and administrative expenses. Add lines 13 through 23 10.195 2,583 7.612 25 Contributions, gifts, grants paid . 82,400 82,400 26 Total expenses and disbursements. Add lines 24 and 25. 92,595 2,583 90,012 27 Subtract line 26 from line 12 925,340 a Excess of revenue over expenses and disbursements . **b** Net investment income (if negative, enter -0-). 15,352 c Adjusted net income (if negative, enter -0-) .

Рa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value		(a) Fam Madret Velve
			(a) book value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	-	120 206	120 206
	2	Savings and temporary cash investments		128,306	128,306
	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			
	١ ـ	disqualified persons (attach schedule) (see instructions)			ļ
	7	Other notes and loans receivable (attach schedule)			<u> </u>
	١_	Less allowance for doubtful accounts			
Assets	8	Inventories for sale or use			
ŠŠ	9	Prepaid expenses and deferred charges			
Ä		Investments—U.S. and state government obligations (attach schedule)	····		
	l t	Investments—corporate stock (attach schedule)		797,034	775,938
	C	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment. basis			
		Less accumulated depreciation (attach schedule)		<u></u>	
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe)		·	
	16	Total assets (to be completed by all filers—see the			
		ınstructions. Also, see page 1, item I)	o	925,340	904,244
	17	Accounts payable and accrued expenses			
(0	18	Grants payable]
Liabilities	19	Deferred revenue			1
Ē	20	Loans from officers, directors, trustees, and other disqualified persons			1
iab	21	Mortgages and other notes payable (attach schedule)			1
\Box	22	Other liabilities (describe)			1
	23	Total liabilities (add lines 17 through 22)	0		
nd Balances		Foundations that follow SFAS 117, check here	.=		
a	24	Unrestricted			<u>}</u>
Зã	25	Temporanly restricted]
<u> </u>	26	Permanently restricted			
Net Assets or Fun		Foundations that do not follow SFAS 117, check here▶ X and complete lines 27 through 31.			
Ō	27	Capital stock, trust principal, or current funds			1
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			1
SS	29	Retained earnings, accumulated income, endowment, or other funds	0	925,340	
¥	30	Total net assets or fund balances (see instructions)	0	925,340	1
Š	31	Total liabilities and net assets/fund balances (see instructions)	0	925,340	
Pa	t III	Analysis of Changes in Net Assets or Fund Balances			
1	Total	net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with		
	end-o	f-year figure reported on pnor year's return)		<u>1</u>	0
2	Enter	amount from Part I, line 27a		2	925,340
3	Other	increases not included in line 2 (itemize)		3	
4	Add I	nes 1, 2, and 3		4	925,340
5	Decre	eases not included in line 2 (itemize) ▶			
6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, or	olumn (b), line 30 .	6	925,340
_			· · · · · · · · · · · · · · · · · · ·	ı	,510

(a) List and describe the	kind(s) of property sold (e.g., real et e; or common stock, 200 shs MLC	state,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a Publicly-traded Securities		,			
b					
_с					
d	· 				
<u>e</u>			<u> </u>		l
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis sense of sale		n or (loss) f) minus (g)
a 117,276			112,330		4,946
<u>b</u>					
C					- ,
_d					
_e			10101100	· · · · · · · · · · · · · · · · · · ·	
Complete only for assets show	**	1 -			(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	1	ess of col (I) ol (j), if any	, ,	t less than -0-) or rom col (h))
а					4,946
b					
С					
d					
е					
2 Capital gaın net income or (also enter in Pa , enter -0- in Pa		2	4,946
3 Net short-term capital gain o	or (loss) as defined in section	ns 1222(5) and	(6):		
If gain, also enter in Part I, li			ſ		
in Part I, line 8		oduced Texa		3	
Part V Qualification Und					
(For optional use by domestic p If section 4940(d)(2) applies, lea Was the foundation liable for the If "Yes," the foundation does no	ave this part blank. e section 4942 tax on the dis	stributable amo	unt of any year in		N/A - 1ST YEAR
				making any anti-	
1 Enter the appropriate amo	unt in each column for each	year, see the ii	istructions before	making any entries	S. (d)
Base penod years	(b) Adjusted qualifying distributi		(c)	Dis	Inbution ratio
Calendar year (or tax year beginning in) Adjusted qualifying distribut	ons Net value	of nonchantable-use a	ssets (col (b)	divided by col (c))
2010					0.000000
2009					0.000000
2008			 		0.000000
2007					0.000000
2006		<u></u>		- 	0.000000
2 Total of line 1, column (d)					0.000000
3 Average distribution ratio for the number of years the four	•				0.000000
4 Enter the net value of nonch	nantable-use assets for 2011	from Part X, in	ne 5	. 4	
5 Multiply line 4 by line 3				. 5	0
6 Enter 1% of net investment	income (1% of Part I, line 27	'b)		6	0
7 Add lines 5 and 6				. 7	0
8 Enter qualifying distributions If line 8 is equal to or greate the Part VI instructions.					% tax rate See

Pa	rt VI	Excise Tax Based on Investment Income (Section 4940(a), 4940(b)	, 4940(e), or 4948	see ins	truction	s)	
1 a	Exe	empt operating foundations described in section 4940(d)(2), check here and enter	r "N/A" on line 1.				
		e of ruling or determination letter(attach copy of letter if necessary-s		l			
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check						
	here	· · ·		1 1			
C		other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%	,				
2		Part I, line 12, col. (b).	m onter ()	2		0	
2		under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Othe	•	3		307	_
4		otitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Other		4	<u> </u>	307	
5		t based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		307	
6		dits/Payments					
		1 estimated tax payments and 2010 overpayment credited to 2011 6a	ol				
b	Exe	empt foreign organizations—tax withheld at source 6b]			
		paid with application for extension of time to file (Form 8868) 6c	307				
C	Bac	kup withholding erroneously withheld 6d					
7		al credits and payments. Add lines 6a through 6d		7		307	
8		er any penalty for underpayment of estimated tax. Check here if Form 2220 is attac	ched	8		0	
9		due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9		0	
10		erpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10		0	
11		er the amount of line 10 to be: Credited to 2012 estimated tax	Refunded ►	11		0	
Pa	rt VI	II-A Statements Regarding Activities					
1 a		ing the tax year, did the foundation attempt to influence any national, state, or local legislates	tion or did it			Yes	No
_	•	ticipate or intervene in any political campaign?			1a		_ X_
Ŀ		it spend more than \$100 during the year (either directly or indirectly) for political purposes	(see page 19 of the		1		
		ructions for definition)?			. 1b		X
		ne answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of plished or distributed by the foundation in connection with the activities.	t any matenais				
	•	the foundation file Form 1120-POL for this year?			1c		X
		er the amount (if any) of tax on political expenditures (section 4955) imposed during the year	ar		10	-	
		On the foundation. ▶ \$(2) On foundation managers. ▶				i	
6		er the reimbursement (if any) paid by the foundation during the year for political expenditur			_		
		foundation managers. > \$	•				
2	Has	s the foundation engaged in any activities that have not previously been reported to the IRS	S?		. 2		X
	If "Y	Yes," attach a detailed description of the activities.					
3		s the foundation made any changes, not previously reported to the IRS, in its governing ins					
_		ncorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of	•		. 3	ļ	X
		the foundation have unrelated business gross income of \$1,000 or more during the year?			. 4a		X
_		Yes," has it filed a tax return on Form 990-T for this year?			. 4b	N/A	~
5		s there a liquidation, termination, dissolution, or substantial contraction during the year?.		•	. 5		X
6		Yes," attach the statement required by General Instruction T. : the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied erthe					
U		By language in the governing instrument, or					
		By state legislation that effectively amends the governing instrument so that no mandatory	directions				
		t conflict with the state law remain in the governing instrument?			. 6	X	
7		the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp		and Part X		Х	
8 a		er the states to which the foundation reports or with which it is registered (see instructions)					
	DE	- · · · · · · · · · · · · · · · · · · ·					
b	If th	ne answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Atte	omey				
		neral (or designate) of each state as required by General Instruction G? If "No," attach expi			. 8b	Х	
9		he foundation claiming status as a private operating foundation within the meaning of section			ļ		
		4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for	r Part XIV)? If "Yes,"		_		
40		nplete Part XIV	<i>.</i>		. 9		X
10		any persons become substantial contributors during the tax year? If "Yes," attach a sched	lule listing		1.5	<u>,</u>	
	tnei	ir names and addresses			. 10	X	

Part	VII-A Statements Regarding Activities (continued)			
11	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		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had	1		v
	advisory privileges? If "Yes," attach statement (see instructions)	12	- ,	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
14	Website address ► The books are in care of ► Foundation Source Telephone no ►	(800	1839.	175/
1-4	Located at ► 501 Silverside Road, Suite 123 Wilmington DE ZIP+4 ► 19809-137	7	1 200	
15	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041—Check here		. •	· [
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of			
	the foreign country			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1	
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):		İ	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	a disqualified person?		l	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		İ	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(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)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	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?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	10		
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	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?			
	If "Yes," list the years 20		İ	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions)		AL/A	
	•	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 here. 20	1		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2011.)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u> </u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its chantable	46		
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	O DE	_ <u>X</u>

Form	n 990-PF (2011) Simplistic Foundation				45-2741	447	Page 6
Pa	rt VI-B Statements Regarding Activiti	es for Which Forr	n 4720 May Be R	equired (continued)			
5a	During the year did the foundation pay or incur any	amount to:			_		
	(1) Carry on propaganda, or otherwise attempt t	o influence legislation	(section 4945(e))? .	Yes	X No		ľ
	(2) Influence the outcome of any specific public		955); or to carry		_		
	on, directly or indirectly, any voter registration	n dпve?		· · · · L Yes	X No	ŀ	
	(3) Provide a grant to an individual for travel, stu	ıdy, or other sımılar pui	poses?	Yes	X No		
	(4) Provide a grant to an organization other than	a chantable, etc , orga	anization described			İ	ŀ
	in section 509(a)(1), (2), or (3), or section 49	40(d)(2)? (see instructi	ions)	· · X Yes	No		ŀ
	(5) Provide for any purpose other than religious,	charitable, scientific, li	iterary, or			j	
	educational purposes, or for the prevention of	of cruelty to children or	animals?	· · · · · L Yes	X No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the	ransactions fail to qua	lify under the exception	ons described in			
	Regulations section 53.4945 or in a current notice	regarding disaster ass	istance (see instruction	ons)?	<u></u> ·	5b	X
	Organizations relying on a current notice regarding	disaster assistance c	heck here			1	
C	If the answer is "Yes" to question 5a(4), does the f				_	1	
	tax because it maintained expenditure responsibili	•		X Yes	∐_ No		
	If "Yes," attach the statement required by Regulati		• •				
6a	Did the foundation, during the year, receive any fu	nds, directly or indirect					
	premiums on a personal benefit contract?			· · · · L Yes	X No	.	
þ	Did the foundation, during the year, pay premiums	, directly or indirectly, o	on a personal benefit	contract?	}	6b	X
_	If "Yes" to 6b, file Form 8870.			,	Ѿ		
	At any time during the tax year, was the foundation			_	X No		A1/A
	If "Yes," did the foundation receive any proceeds of						N/A
Р	art VIII Information About Officers,	Directors, Truste	es, Foundation	managers, riigniy	Paid Emp	ноує	es,
_	and Contractors List all officers, directors, trustees, found	ation management	d their compensat	ion (coo instructions	1		
	LISE AN UNICEIS. UN ECCUIS. COSCES. IOUNG	auvii illallauti 5 alli					
		,	(c) Compensation	(d) Contributions to	· ,		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) E		e account, owances
SE	(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) E		
SE		(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) E		
SE	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) E		
SE	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) E		
SE	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) E		
SE	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) E		
SE	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) E		
	(a) Name and address E ATTACHMENT	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	on oth	her allo	
	(a) Name and address E ATTACHMENT Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	on oth	her allo	
	(a) Name and address E ATTACHMENT	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensations and deferred compensations are 1—see instructions.	on (e) E	her allo	
2	(a) Name and address E ATTACHMENT Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position /ees (other than the	(c) Compensation (If not paid, enter -0-) ose included on li	(d) Contributions to employee benefit plans and deferred compensation of the compensation of the compensation of the compensation of the compensation of the complexes benefit employee benefit the complexes benefit the co	(e) E	e,	owances
2	(a) Name and address E ATTACHMENT Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position /ees (other than the hours per week hours per week devoted to position)	(c) Compensation (If not paid, enter -0-) ose included on li	(d) Contributions to employee benefit plans and deferred compensation ne 1—see instruction (d) Contributions to employee benefit plans and deferred	on (e) E	e,	
	(a) Name and address E ATTACHMENT Compensation of five highest-paid employenter "NONE." Name and address of each employee paid more than \$50,	(b) Title, and average hours per week devoted to position /ees (other than the	(c) Compensation (If not paid, enter -0-) ose included on li	(d) Contributions to employee benefit plans and deferred compensations to employee benefit plans and deferred compensations. (d) Contributions to employee benefit	on (e) E	e,	e account,
	(a) Name and address E ATTACHMENT Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position /ees (other than the hours per week hours per week devoted to position)	(c) Compensation (If not paid, enter -0-) ose included on li	(d) Contributions to employee benefit plans and deferred compensation ne 1—see instruction (d) Contributions to employee benefit plans and deferred	on (e) E	e,	e account,
	(a) Name and address E ATTACHMENT Compensation of five highest-paid employenter "NONE." Name and address of each employee paid more than \$50,	(b) Title, and average hours per week devoted to position /ees (other than the hours per week hours per week devoted to position)	(c) Compensation (If not paid, enter -0-) ose included on li	(d) Contributions to employee benefit plans and deferred compensation ne 1—see instruction (d) Contributions to employee benefit plans and deferred	on (e) E	e,	e account,
	(a) Name and address E ATTACHMENT Compensation of five highest-paid employenter "NONE." Name and address of each employee paid more than \$50,	(b) Title, and average hours per week devoted to position /ees (other than the hours per week hours per week devoted to position)	(c) Compensation (If not paid, enter -0-) ose included on li age (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation ne 1—see instruction (d) Contributions to employee benefit plans and deferred	on (e) E	e,	e account,
	(a) Name and address E ATTACHMENT Compensation of five highest-paid employenter "NONE." Name and address of each employee paid more than \$50,	(b) Title, and average hours per week devoted to position /ees (other than the hours per week hours per week devoted to position)	(c) Compensation (If not paid, enter -0-) ose included on li	(d) Contributions to employee benefit plans and deferred compensation ne 1—see instruction (d) Contributions to employee benefit plans and deferred	on (e) E	e,	e account,
	(a) Name and address E ATTACHMENT Compensation of five highest-paid employenter "NONE." Name and address of each employee paid more than \$50,	(b) Title, and average hours per week devoted to position /ees (other than the hours per week hours per week devoted to position)	(c) Compensation (If not paid, enter -0-) ose included on lines (c) Compensation (c) Compensation (c) Compensation (d) (d) (d) (d) (d) (d) (d) (d) (d) (d)	(d) Contributions to employee benefit plans and deferred compensation ne 1—see instruction (d) Contributions to employee benefit plans and deferred	on (e) E	e,	e account,
	(a) Name and address E ATTACHMENT Compensation of five highest-paid employenter "NONE." Name and address of each employee paid more than \$50,	(b) Title, and average hours per week devoted to position /ees (other than the hours per week hours per week devoted to position)	(c) Compensation (If not paid, enter -0-) ose included on li age (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation ne 1—see instruction (d) Contributions to employee benefit plans and deferred	on (e) E	e,	e account,
	(a) Name and address E ATTACHMENT Compensation of five highest-paid employenter "NONE." Name and address of each employee paid more than \$50,	(b) Title, and average hours per week devoted to position /ees (other than the hours per week hours per week devoted to position)	(c) Compensation (If not paid, enter -0-) ose included on lines (c) Compensation (c) Compensation (c) Compensation (d) (d) (d) (d) (d) (d) (d) (d) (d) (d)	(d) Contributions to employee benefit plans and deferred compensation ne 1—see instruction (d) Contributions to employee benefit plans and deferred	on (e) E	e,	e account,
	(a) Name and address E ATTACHMENT Compensation of five highest-paid employenter "NONE." Name and address of each employee paid more than \$50,	(b) Title, and average hours per week devoted to position /ees (other than the hours per week hours per week devoted to position)	(c) Compensation (If not paid, enter -0-) ose included on li age (c) Compensation .00 .00	(d) Contributions to employee benefit plans and deferred compensation ne 1—see instruction (d) Contributions to employee benefit plans and deferred	on (e) E	e,	e account,
(a NO	(a) Name and address E ATTACHMENT Compensation of five highest-paid employenter "NONE." Name and address of each employee paid more than \$50,	(b) Title, and average hours per week devoted to position (b) Title, and average hours per week devoted to position (b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) ose included on li age (c) Compensation .00 .00	(d) Contributions to employee benefit plans and deferred compensation ne 1—see instruction (d) Contributions to employee benefit plans and deferred	on (e) E	e,	e account,

Form 990-PF (2011)	Simplistic Foundation		45-2741447 Page /
	Information About Officers, Directors, Trustees, Fo	undation Managers, Highly Pai	d Employees,
	and Contractors (continued)		
3 Five highest	-paid independent contractors for professional services (see in	structions). If none, enter "NONE."	,
(a) Na	me 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	<u> </u>	
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct chantable activities during the tax year. Include relevant stati nizations and other beneficianes served, conferences convened, research pape		Expenses
1			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see inst	ructions)	
Describe the two lan	gest program-related investments made by the foundation during the tax year o	n lines 1 and 2	Amount
1			
2			
All other program-re	lated investments. See instructions		
3			
Total. Add lines	1 through 3	.	0

	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	foundation	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	44	
	purposes:		
а	Average monthly fair market value of securities	1a	570,142
b	Average of monthly cash balances	1b	30,603
С	Fair market value of all other assets (see instructions)	1c	(
d	Total (add lines 1a, b, and c)	1d	600,745
е	Reduction claimed for blockage or other factors reported on lines 1a and	A. C.	
	1c (attach detailed explanation)	77	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	600,745
4	Cash deemed held for charitable activities. Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	9,011
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	591,734
6	Minimum investment return. Enter 5% of line 5	6	14,023
Pai	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	14,023
2a			
b	Income tax for 2011. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	307
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	13,716
4	Recovenes of amounts treated as qualifying distributions	4	C
5	Add lines 3 and 4	5	13,716
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	13,716
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes:	经验	
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	90,012
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the	to play	•
а	Surtability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	C
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	90,012
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	90,012
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found qualifies for the section 4940(e) reduction of tax in those years	dation	

Par	XIII Undistributed Income (see instructions)				
1	Distributable amount for 2011 from Part XI,	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
_	line 7				13,716
2	Undistributed income, if any, as of the end of 2011:				
a	· · · · · · · · · · · · · · · · ·			0	
	Total for pnor years: 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2011				
a	From 2006				
t					
C	From 2008				
C	From 2009				
e	From 20100	_			
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2011 from Part				
	XII, line 4 > \$90,012				
	Applied to 2010, but not more than line 2a			0	
t	Applied to undistributed income of prior years				
	(Election required—see instructions)		0		
C	Treated as distributions out of corpus (Election				
	required—see instructions)				
	Applied to 2011 distributable amount				13,716
_	Remaining amount distributed out of corpus	76,296			- 1
5	Excess distributions carryover applied to 2011	0			0
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
a	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	76,296			
t	Pnor years' undistributed income Subtract				
	line 4b from line 2b		0		
C	Enter the amount of pnor years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
c	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				
	instructions			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) (see instructions).				
8	Excess distributions carryover from 2006				
-	not applied on line 5 or line 7 (see instructions)	0			
9	Excess distributions carryover to 2012.				
-	Subtract lines 7 and 8 from line 6a	76,296			
10	Analysis of line 9.	. 0,=00			
	Excess from 2007				
ŀ	Excess from 2008 0				
-	Excess from 2009 0				
ì	Excess from 2010				
_	Excess from 2011				

	n 990-PF (2011) Simplistic Foundation	· · · · · · · · · · · · · · · · · · ·			45-274	
_	rt XIV Private Operating Foundations (s			uestion 9)	<u> </u>	N/A
1 a	If the foundation has received a ruling or determina foundation, and the ruling is effective for 2011, enter					
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942						
2 a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Pnor 3 years		(e) Total
	investment return from Part X for each	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	year listed	0				_0
t	85% of line 2a[0	0	0	0	_0
C	Qualifying distributions from Part XII,					
	line 4 for each year listed	0				0
C	Amounts included in line 2c not used directly for active conduct of exempt activities					0
e	Qualifying distributions made directly					
	for active conduct of exempt activities. Subtract line 2d from line 2c	0	0	0	0	0
3	Complete 3a, b, or c for the alternative test relied upon: "Assets" alternative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(i)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed	0				0
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)					0
	(2) Support from general public					
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)			;		0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Pa	rt XV Supplementary Information (Con	nplete this part	only if the four	ndation had \$5,	000 or more in	
	assets at any time during the year	ar—see instructi	ions.)			
1	Information Regarding Foundation Manage					
a	List any managers of the foundation who have controlled the close of any tax year (but only if they ha	tributed more than 29 ve contributed more t	% of the total contπ than \$5,000) (See	butions received by section 507(d)(2).)	the foundation	
To	d Johnson					
	List any managers of the foundation who own 10%	or more of the stock	of a corporation (o	r an equally large po	ortion of the	
NC	ownership of a partnership or other entity) of which NE	the foundation has a	a 10% or greater in	terest		
2	Information Regarding Contribution, Grant	, Gift, Loan, Scho	olarship, etc., Pr	ograms:		
	Check here $\blacktriangleright X$ if the foundation only makes unsolicited requests for funds. If the foundation ma other conditions, complete items 2a, b, c, and d					
		person to whom anni	ications should be	addressed		
á	ייים אמוזים, מסמוסטט, מוזע נפופףוזטיופ וזעוווטפו טו נוופ ן	orgon to whom appli	iculonis anoulu de l	นนนเ องปริ น		
k	The form in which applications should be submitted	and information and	i materials they sho	ould include.		
_	Any submission deadlines					
-	Any restrictions or limitations on awards, such as b factors:	y geographical areas	s, chantable fields,	kınds of institutions,	or other	

Part XV Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or Amount status of any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year N/A 509(a)(1) General & Unrestricted 500 CHILDHOOD LEUKEMIA FOUNDATION INC 807 MANTOLOKING RD STE 100 **BRICK NJ 08723** 3,000 FIRST BAPTIST CHURCH N/A 509(a)(1) General & Unrestricted P.O. BOX 35 THREE RIVERS CA 93271 Other Expenditure **NEW LIFE BUILDERS** N/A 18,900 2633 E 33RD AVE Responsibility Grant SPOKANE WA 99223 **NEW LIFE BUILDERS** N/A Other Expenditure 60,000 Responsibility Grant 2633 E 33RD AVE SPOKANE WA 99223 ▶ 3a 82,400 Approved for future payment **Total**

Allayers of meeting / teaching / teach					
Enter gross amounts unless otherwise indicated.	Unrelated bus	siness income	Excluded by section	n 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue		- · · - · · · ·			(See instructions)
a					
b					
<u> </u>					· · · · · · · · · · · · · · · · · · ·
d					
e					
g Fees and contracts from government agencies					
g Fees and contracts from government agencies					
3 Interest on savings and temporary cash investments			14	43	
4 Dividends and interest from securities			14	12,946	
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		-			
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	4,946	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
c					
d					
e			ļ		
				47 000	
12 Subtotal. Add columns (b), (d), and (e)		0		17,935	
12 Subtotal. Add columns (b), (d), and (e)				17,935 13	17,935
12 Subtotal. Add columns (b), (d), and (e)					
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Acc	complishment	of Exempt P	urposes	13	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Acc Line No. Explain below how each activity for which income	complishment	of Exempt Pumn (e) of Part X	urposes VI-A contributed in	13	17,935
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Acc	complishment	of Exempt Pumn (e) of Part X	urposes VI-A contributed in	13	17,935
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Firm's name

Use Only

► Foundation Source

Firm's address ► 55 Walls Drive, Fairfield, CT 06824

Part XVII		/II I	Information Regarding Transfers To and Transactions and Relationships With Noncharitable									
		_	Exempt Organiza		·	- 			· 			
	Did the organization directly or indirectly enga in section 501(c) of the Code (other than section organizations?				~	_	-	_			Yes	No
а	a Transfers from the reporting foundation to a noncharitable exempt organization of:											
	(1)	Cash								1a(1)		Х
	(2)	Other	assets							1a(2)		X
_	b Other transactions: (1) Sales of assets to a noncharitable exempt organization							41.44				
										1b(1)		X
					able exempt organizer assets					1b(2) 1b(3)		X
										1b(4)		X
										1b(5)		X
	(6)	Perfo	mance of services	or membersh	nip or fundraising so	licitations .				1b(6)		Х
		_		_	ts, other assets, or					1c	L	Х
	valu	e of th	ne goods, other ass	sets, or servic	complete the follow ses given by the repe ement, show in colu	orting foundati	on. If th	e foundation rec	eived less than	fair ma	ırket	
(a) L	ine n	•	(b) Amount involved	(c) Name	of noncharitable exempt	organization	(d) De	scription of transfers,	transactions, and sl	naring arr	angem	ents
												
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	desc	cribed	ndation directly or in n section 501(c) o omplete the followi	of the Code (o	ated with, or related ther than section 50	to, one or mo 01(c)(3)) or in s	re tax-e section	xempt organizat 527?		es X	No	
		(a) Name of organization		(b) Type o	f organization		(c)	Description of relation	nship		
							 -					
				·					_			
					this return, including accompa-				wledge and belief, it is tru	ie,		
Sig He	- 1)	TAP			Pro	-	knowledge	May the IRS of with the preparations (natructions)?	re <u>r sh</u> ow	n b <u>elov</u>	
	L	Sigi	Print/Type preparer's na		Date Preparer's signature	Title		Date	-	PTIN		_
Pai Pre		-	Jeffrey D. Haskell	шиб	Jeffrey D. Has	keil		10/15/2012	Check if self-employed	P0134	5770	
	.pai	GI			· · · · · · · · · · · · · · · · · · ·				F - 7			

Firm's EIN ► 51-0398347

Phone no (800) 839-1754

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

Employer identification number Name of the organization Simplistic Foundation 45-2741447 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and 11. 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. 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 exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively 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., contributions of \$5,000 or more 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).

Name of organization	Employer identification number
Simplistic Foundation	45-2741447

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Johnson, Tod PO Box 853 Three Rivers CA 93271 Foreign State or Province: Foreign Country	\$1,000,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Foreign State or Province: Foreign Country	\$ <u>o</u>	Person Payroll Occupate Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Foreign State or Province Foreign Country:	\$ <u>o</u>	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
4	Foreign State or Province ⁻ Foreign Country:	\$0	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
5	Foreign State or Province: Foreign Country	\$ <u>0</u>	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
6	Foreign State or Province: Foreign Country:	\$ <u>o</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization Employer identification number
Simplistic Foundation 45-2741447

Part II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$o	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$o	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ <u>o</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ <u>o</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ <u>o</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$o	

Name of org					Employer identification number
Simplistic F	Foundation Exclusively religious, charitable, etc., in	dividual cor	tributions to section f	501/6\/	45-2741447 7) (8) or (10) organizations
Part III	total more than \$1,000 for the year. Com				
	For organizations completing Part III, enter	•			-
	contributions of \$1,000 or less for the year				
	Use duplicate copies of Part III if additional				, , ,
(a) No.		<u> </u>		Τ	
from Part I	(b) Purpose of gift	(с) Use of gift	(d)	Description of how gift is held
raiti				1	
		(e) T	ransfer of gift		
	Transferee's name, address, and Z	IP + 4	Relationsl	hip of t	ransferor to transferee
	For Prov. Country				
(a) No.			· · · · · · · · · · · · · · · · · · ·	T	
from Part I	(b) Purpose of gift	(с) Use of gift	(d)) Description of how gift is held
Farti					
				<u> </u>	
		(e) T	ransfer of gift		
	l		-		
	Transferee's name, address, and Z	IP + 4	Relationsi	nip ot t	transferor to transferee
	For Prov. Country				
(a) No.					
from Part I	(b) Purpose of gift	(С) Use of gift	(0)	Description of how gift is held
				T	
		(-\ T	·	<u> </u>	
		(e) I	ransfer of gift		
	Transferee's name, address, and Z	ID + A	Pelations	hin of 1	transferor to transferee
	Transièree's name, address, and 2		Relations	inp or i	dansieror to dansieree
				 -	
	For Prov. Country				
(a) No. from	(b) Purpose of gift	lo) Use of gift	1 10) Description of how gift is held
Part I	(b) Fulpose of gift	,,	, ose or girt	(4,	bescription of now girt is neith
		(a) T	ransfer of gift	J	
		(6) 1	ransier or gilt		
	Transferee's name, address, and Z	IP + 4	Relations	hip of f	transferor to transferee
	Transfer of Flatting address; and E		1.0.000131		
					
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Form 990-PF, Part I, Line 16c - Other Professional Fees

0	Φ "	0									
	(d) Charitable Purpose										
0	(c) Adjusted Net Income	0									
2,538	(b) st Investment Income	2,538									
2,538	(a) Expenses per Books	2,538									
TOTAL	Description	Investment Management Services									
		_	7	က	4	2	ဖ	7	æ	6	10

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Form 990-PF, Part I, Line 23 - Other Expenses

		TOTAL: 7,657	57 45	0	7,612
l		(a)	(a)	(၁)	(Q
		Expenses per N	Net Investment /	Adjusted Net	Charitable
	Description	Books	Income	Income	Purpose
Ψ.	Administrative Fees	1,512	12 0	0	1,512
2	2 Administrative Set-Up Fee	4,7	0 09	0	4,750
3	3 Bank Charges		45 45	0	0
4	4 Delaware Incorporation Fees		200	0	200
2	5 IRS Application Fees		850 0	0	820
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Form 990-PF, Part II, Line 10b - Investments - Corporate Stock

	TOTAL:	797,034	775,938
		Book Value	FMV
Description	Shares	End of Year	End of Year
ALTEGRIS MANAGED FUTURES STRATEGY A (MFTAX)	2,511	25,000	24,504
BERKSHIRE HATHAWAY INC. CLASS B (BRK-B)	350	25,050	26,705
CALVERT SHORT DURATION INCOME FUND CLASS A (CSDAX)	4,182	68,417	66,153
DELAWARE DIVERSIFIED INCOME A (DPDFX)	10,505	98,463	96,223
5 EATON VANCE GLOBAL MACRO ABSOLUTE RETURN ADVANTAGE (EGRAX)	5,081	51,262	49,031
FIRST EAGLE SOGEN GLOBAL FUND CLASS A (SGENX)	1,416	65,352	63,897
FIRST EAGLE SOGEN GOLD FUND (SGGDX)	269	20,702	16,477
FORWARD TACTICAL GROWTH INVESTOR (FFTGX)	2,358	60,312	58,292
JANUS FLEXIBLE BOND CLASS A (JDFAX)	9,129	97,481	96,220
10 METROPOLITAN WEST STRATEGIC INCOME FUND CLASS M (MWSTX)	10,331	81,388	79,963
11 PIMCO FDS PACIFIC INV MGMT (PAUIX)	6,931	73,597	69,522
12 PIMCO TOTAL RETURN FUND (PTTRX)	11,863	130,010	128,951
	Description ALTEGRIS MANAGED FUTURES STRATEGY A (MFTAX) BERKSHIRE HATHAWAY INC. CLASS B (BRK-B) CALVERT SHORT DURATION INCOME FUND CLASS A (CSDAX) DELAWARE DIVERSIFIED INCOME A (DPDFX) EATON VANCE GLOBAL MACRO ABSOLUTE RETURN ADVANTAGE (EGRAX) EATON VANCE GLOBAL FUND CLASS A (SGENX) FIRST EAGLE SOGEN GOLD FUND (SGGDX) FIRST EAGLE SOGEN GOLD FUND (SGGDX) FIRST EAGLE SOGEN GOLD FUND (SGGDX) METROPOLITAN WEST STRATEGIC INCOME FUND CLASS M (MWSTX) METROPOLITAN WEST STRATEGIC INCOME FUND CLASS M (MWSTX) METROPOLITAN WEST STRATEGIC INCOME FUND CLASS M (MWSTX) PINCO FDS PACIFIC INV MGMT (PAUIX)	Sharrest Sharrest	Shares Book Val

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Form 990-PF, Part VII-A, Line 10 - Substantial Contributors

Three Rivers CA 93271		Name	Street	City	State	Zıp Code
	1 Tod Johnson			Three Rivers	8	93271
		:				

	Verification	None necessary	None necessary				
-		Non	None		_		
	Dates of Reports by Grantee	Report expected in 2012	Report expected in 2012				
	Any Diversion by Grantee?	0 To the knowledge of the grantor, no funds diverted.	O To the knowledge of the grantor, no funds diverted.				
	Amt. Expended by Grantee	0	0				
	Grant Purpose	60,000 To help fund housing project.	18,900 To help fund housing project.				
	Grant Amount	000'09	18,900				
	Grant Date	9/27/11	12/9/11				
t)	Foreign Country						
onsibili	Zip Code	99223	99223				
Resp	State	W	WA				
enditure	Š	Spokane	Spokane				
8, Line 5c - Exp			2633 E 33rd Avenue				
Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility		స్	New Life Builders				

Form 990-PF, Part VIII, Line 1 - Compensation of Officers, Directors, Trustees and Foundation Managers

Name Street City State Code Title Ang Composition Source Milmington DE 19809 Treasurer / Vice President 1 Composition Country Countr								TOTAL:	0	0	0[
Meg Johnson Source Source Wilmington DE 19809 Treasurer / Vice President 1 Tod Johnson 601 Silverside Rd Wilmington DE 19809 Secretary 1 Tod Johnson 601 Silverside Rd Wilmington DE 19809 Secretary 1		Name	Street	City	State	Zip Code	Title	Avg Hrs	Comp	Benefits	Expense Acct
Tod Johnson Source So I Silverside Rd Wilmington DE 19809 President / Director / 1 Secretary 1	· -	Meg Johnson	Foundation Source 501 Silverside Rd	Wilmington		19809			0		
	۱ م	Tod Johnson	Foundation Source 501 Silverside Rd	Wilmington	DE	19809			0	0	0
	8										
	4										
	10										
0											