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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

2011

|                                       |       | _        | endar year 2011 or tax year beginning                                       | , a  | na enaing                               |                                 |  |  |
|---------------------------------------|-------|----------|---|--|---|---------------------------------|--|--|
| Na                                    | me    | of       | foundation  |  |   | Α                               | Employer identification nu   | ımber                                  |
|                                       |       |          | FOUNDATION  |  |   |                                 | 57-1186  | 466                                    |
| Nı                                    | ımb   | er a     | and street (or P O box number if mail is not delivered to street ac         | ddress)  | Room/suite                              | В                               | Telephone number (see ins  | tructions)                             |
|                                       |       |          | SON   |  |   |                                 | 541/779-   | 2233                                   |
| Cı                                    | ty or | r to     | wn, state, and ZIP code   | ·  |   | С                               | If exemption application is pe   | ending, check here                     |
| _                                     |       | _        | RD  | OR   | 97501                                   | }                               |  |  |
| G                                     | Cł    | ne       | ck all that apply.   Initial return  Initial                                | al return of a former  | public charity                          | D                               | 1. Foreign organizations, che  | eck here                               |
|                                       |       |          | Final return Am   | ended return   |   |                                 | 2. Foreign organizations me  | eting the 85% test                     |
|                                       |       |          | Address change Nar  | me change  |   |                                 | check here and attach cor  | _                                      |
| Н                                     | Cł    | nec      | ck type of organization: X Section 501(c)(3) exe                            | empt private foundation  | on                                      | 1_                              | W  |  |
|                                       |       |          | tion 4947(a)(1) nonexempt charitable trust                                  |  |   | -                               | If private foundation status wunder section 507(b)(1)(A), of   | as terminated                          |
| $\overline{}$                         |       | _        | market value of all assets at end J Accounting                              | •  |   | ┨┎                              | If the foundation is in a 60-m   |  |
|                                       | of    | ye       | ar (from Part II, col (c), Other (s   | pecify)  | //\ccircal                              | -                               | under section 507(b)(1)(B), o  |  |
| _                                     | lın   | e        | 16) ▶\$ 6,562,079 (Part I, column (   |  | sis)                                    | İ                               |  |  |
| Pa                                    | rt    |          | Analysis of Revenue and Expenses (The total of                              |  |   |                                 |  | (d) Disbursements                      |
|                                       |       |          | amounts in columns (b), (c), and (d) may not necessarily equal              | expenses per   | (b) Net investm                         | ent                             | (c) Adjusted net income  | for chantable purposes                 |
|                                       |       |          | the amounts in column (a) (see instructions) )                              | books  | iiioiiic                                |                                 | iii wiii e   | (cash basis only)                      |
|                                       | 1     | 1        | Contributions, gifts, grants, etc , received (attach schedule)              |  |   | <u>"</u> 6.                     |  |  |
|                                       | 2     | 2        | Check ►X if the foundation is not required to attach Sch B                  |  |   | , <sup>3</sup> , <sup>3</sup> , | As the state of th | .Albibleia Wil                         |
|                                       | 3     | 3        | Interest on savings and temporary cash investments                          | 4,606  |   | 1,60                            | 06   |  |
|                                       | 4     | •        | Dividends and interest from securities                                      | 0  |   |                                 | 0  |  |
|                                       | {     |          | Gross rents   | 393,789  | 393                                     |                                 |  |  |
| ē                                     | ١,    |          | Net rental income or (loss) 220,063   | † <del></del>  |   | 720                             |  | · · · · · · · · · · · · · · · · · · ·  |
| ĭ                                     | '     |          | Net gain or (loss) from sale of assets not on line 10                       | 0  | (ACA) AND MAD MAD BY AND BO             | · 78                            |  |  |
| Revenue                               | ١,    | _        | Gross sales price for all assets on line 6a 0                               | 34   |   |                                 | 300 MONE.  |  |
| œ                                     | 8     |          | Capital gain net income (from Part IV, line 2)  Net short-term capital gain |  | 1,744                                   | <u>,05</u>                      |  | 6 2017                                 |
|                                       | ءِ ا  |          | Income modifications  | 4.   | ter of water                            | .33                             | 1(4)   |  |
|                                       | 10    | )<br>) a | Gross sales less returns and allowances 0                                   |  |   | 628<br>628                      |  | EN IIT                                 |
|                                       |       |          |   |  | Tall Million                            |                                 |  |  |
|                                       |       |          | Gross profit or (loss) (attach schedule)                                    | 0  |   |                                 |  |  |
|                                       | 11    |          | Other income (attach schedule)  | 0  |   |                                 | 0 0  | William Committee of the               |
|                                       | 12    | <u> </u> | Total. Add lines 1 through 11   | 398,395  | 2,142                                   | .44                             | 18 0   |  |
| S                                     | 13    | 3        | Compensation of officers, directors, trustees, etc                          | 13,000   |   |                                 |  | 13,000                                 |
| S.                                    | 14    |          | Other employee salaries and wages   | 34,906   | 34                                      | ,90                             | )6   |  |
| xpenses                               | 15    |          | Pension plans, employee benefits  |  |   |                                 |  |  |
| Ж                                     | 16    | -        | ==3 (attaon 5555a)  | 0  |   |                                 | 0 0  |  |
| Š                                     |       |          | Accounting fees (attach schedule)   | 3,427  | 1                                       | ,71                             |  |  |
| ati                                   | 17    |          | Other professional fees (attach schedule) Interest                          | 0  | <del></del>                             |                                 | 0 0  | 0                                      |
| str                                   | 18    |          | Taxes (attach schedule) (see instructions)                                  | 111,270  | 110                                     | 52                              | 36 0   | 734                                    |
| Ξ                                     | 19    |          | Depreciation (attach schedule) and depletion                                | 63,344   |   | ,34                             |  | 134                                    |
| ᄪ                                     | 20    |          | Occupancy   | 00,044   |   | ,54                             | 0  | ************************************** |
| Ĭ                                     | 21    |          | Travel, conferences, and meetings   | 495  |   |                                 |  | 495                                    |
| <b>PU</b>                             | 22    | ?        | Printing and publications   |  | <del></del>                             |                                 | <u> </u>   |  |
| _a<br>a                               | 23    | ;        | Other expenses (attach schedule)  | 76,125   | 72                                      | ,06                             | 8 0  | 4,057                                  |
|                                       | 24    |          | Total operating and administrative expenses.                                | ,  |   |                                 |  | .,501                                  |
| Ē                                     |       |          | Add lines 13 through 23   | 302,567  | 282                                     | <u>,5</u> 6                     | 0  | 20,000                                 |
| <u>-</u> ğ                            | 25    |          | Contributions, gifts, grants paid   | 1,106,457  | Ät 2.1.                                 |                                 | <u> 4</u>  | 1,106,457                              |
| ည                                     | 26    | ı        | Total expenses and disbursements. Add lines 24 and 25                       | 1,409,024  | 282                                     | ,56                             | 0  | 1,126,457                              |
| SCAMINE Poperating and Administrative | 27    |          | Subtract line 26 from line 12   | The state of the s | 1 | ·, ·                            |  |  |
| <b>%</b>                              |       | _        | Excess of revenue over expenses and disbursements                           | -1,010,629   | * |                                 | .,   | , ,                                    |
| <u> </u>                              |       |          | Net investment income (if negative, enter -0-)                              |  | 1,859                                   | ,88                             | 1 * 5 . 1 1 3 3 3 4 4 4 5 4  |  |
|                                       |       | С        | Adjusted net income (if negative, enter -0-)                                | 3. å,  | <u>.</u>                                |                                 |  | 1 1 1 m                                |

| Ρâ                 | ırt II | Balance Sheets Attached schedules and amounts in the description column      | Beginning of year                               | End                                   | of year  |
|--------------------|--------|--|---|---------------------------------------|--|
| _                  | ·      | should be for end-of-year amounts only (See instructions )                   | (a) Book Value                                  | (b) Book Value                        | (c) Fair Market Value  |
|                    | 1      | Cash—non-interest-bearing  |   |                                       |  |
|                    | 2      | Savings and temporary cash investments                                       | 1,521,934                                       | 3,352,079                             | 3,352,079  |
|                    | 3      | Accounts receivable   0  |   |                                       |  |
|                    |        | Less allowance for doubtful accounts   | 0   | 0                                     | 0  |
|                    | 4      |  | 166 . All 18 . 18 . 18 . 18 . 18 . 18 . 18 . 18 | 16 16 18 - C. 10                      |  |
|                    | ł      | Less allowance for doubtful accounts   | 0   | 0                                     | 0  |
|                    | 5      |  |   |                                       |  |
|                    | 6      | •  |   |                                       |  |
|                    | `      | disqualified persons (attach schedule) (see instructions)                    | ١   | ^                                     | _  |
|                    | 7      | ,  |   | 0                                     |  |
|                    | '      | Less allowance for doubtful accounts   |   | <del></del>                           |  |
| 10                 | ۱ .    | Inventories for sale or use  | <u> </u>  | 0                                     | 0  |
| Assets             | ٦      | -  |   |                                       |  |
| SS                 | 3      | Prepaid expenses and deferred charges  |   | _                                     |  |
| ⋖                  | ון זיי | a Investments—U S and state government obligations (attach schedule)         | 0   | 0                                     | 0  |
|                    |        | <b>b</b> Investments—corporate stock (attach schedule)                       | 0   | 0                                     | 0  |
|                    |        | c Investments—corporate bonds (attach schedule)                              | 0   | O                                     | 0  |
|                    | 11     | Investments—land, buildings, and equipment basis   1,814,759                 |   |                                       |  |
|                    | ĺ      | Less accumulated depreciation (attach schedule)   801,508                    | 2,080,437                                       | 1,013,251                             | 3,210,000  |
|                    | 12     | Investments—mortgage loans   |   |                                       |  |
|                    | 13     | Investments—other (attach schedule)  | 0   | 0                                     | 0  |
|                    | 14     | Land, buildings, and equipment basis ▶ 0                                     |   |                                       |  |
|                    |        | Less accumulated depreciation (attach schedule) ▶ 0                          | 0   | 0                                     | 0  |
|                    | 15     | Other assets (describe ► Proposed radio tower project )                      | 14,080  | 0                                     | 0  |
|                    | 16     |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,            |                                       |  |
|                    |        | instructions Also, see page 1, item I)                                       | 3,616,451                                       | 4,365,330                             | 6, <u>56</u> 2,079   |
|                    | 17     | Accounts payable and accrued expenses  | 0,010,101                                       | 15,455                                | 0,002,010  |
|                    | 18     | Grants payable .   |   | 10,400                                |  |
| Liabilities        | 19     | Deferred revenue   |   |                                       |  |
| ≝                  | 20     | Loans from officers, directors, trustees, and other disqualified persons     | 0   |                                       |  |
| ab                 | 21     |  | 0   | 0                                     |  |
| Ξ                  | 22     | Mortgages and other notes payable (attach schedule)                          |   | 0                                     |  |
|                    | 23     | Other liabilities (describe  Total liabilities (add lines 17 through 22)     | 0   | 45.455                                |  |
|                    | 23     |  | 0   | 15,455                                |  |
| S                  |        | Foundations that follow SFAS 117, check here                                 |   |                                       |  |
| ၓၟ                 | 1      | and complete lines 24 through 26 and lines 30 and 31.                        |   |                                       | <b>5</b>   |
| Balances           | 24     | Unrestricted   | 3,616,451                                       | 4,349,875                             |  |
| Ba                 | 25     | Temporarily restricted   | - · · · - · · · · · · · · · · · · · · ·         |                                       |  |
| ᄝ                  | 26     | Permanently restricted   |   |                                       |  |
| Net Assets or Fund |        | Foundations that do not follow SFAS 117, check here                          |   |                                       |  |
| F                  |        | and complete lines 27 through 31.  |   |                                       | . No. 647 17 18 18 18 18 18 18 18 18 18 18 18 18 18  |
| ō                  | 27     | Capital stock, trust principal, or current funds                             | o   | 0                                     |  |
| ž                  | 28     | Paid-in or capital surplus, or land, bldg , and equipment fund               |   |                                       |  |
| ŠŠ                 | 29     | Retained earnings, accumulated income, endowment, or other funds             |   |                                       |  |
| ĕ                  | 30     | Total net assets or fund balances (see instructions)                         | 3,616,451                                       | 4,349,875                             |  |
| et                 | 31     | Total liabilities and net assets/fund balances (see                          |   | - 10.1010                             | in the second second second  |
| Z                  |        | instructions)  | 3,616,451                                       | 4,365,330                             | TO LESS AND THE STATE OF THE ST |
| Pai                | rt III | Analysis of Changes in Net Assets or Fund Balances                           | 0,010,101                                       | 1,000,000                             |  |
|                    |        | I net assets or fund balances at beginning of year—Part II, column (a), line | 30 (must agree with                             |                                       |  |
|                    |        | of-year figure reported on prior year's return)                              | /=== = <b>3</b> . = <b>9</b> mini               | 1                                     | 3,616,451  |
|                    |        | r amount from Part I, line 27a   |   | 2                                     | -1,010,629   |
|                    |        |  | •   | 3                                     | 1,744,053  |
|                    |        | r increases not included in line 2 (itemize)                                 |   | 4                                     |  |
|                    |        | eases not included in line 2 (itemize)                                       |   | · · · · · · · · · · · · · · · · · · · | 4,349,875  |
|                    |        |  | -luara (h) lu 20                                | 5                                     |  |
| U                  | iota   | net assets or fund balances at end of year (line 4 minus line 5)—Part II, co | olumn (b), line 30                              | 6                                     | 4,349,875  |

|  | OUNDATION  |                                     |  | 5                                     | 7-1186466 Page <b>3</b>                        |
|--|--|-------------------------------------|--|---------------------------------------|--|
| Part IV Capital Gains an   | d Losses for Tax on Inve   | estment inco                        |  |                                       | <del></del>                                    |
|  | e kind(s) of property sold (e g , real est<br>se, or common stock, 200 shs MLC C |                                     | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr )     | (d) Date sold<br>(mo , day, yr )               |
| 1a Commercial real estate  |  |                                     | D                                      | various                               | 3/1/2011                                       |
| <b>b</b>   |  | -                                   |  |                                       |  |
| С  |  |                                     |  |                                       |  |
| d _  |  |                                     |  |                                       |  |
| е  |  |                                     |  |                                       |  |
| (e) Gross sales price  | (f) Depreciation allowed (or allowable)  |                                     | or other basis<br>ense of sale         | , , ,                                 | ain or (loss)<br>(f) minus (g)                 |
| a 2,950,000  | 570,355  |                                     | 1,776,302                              |                                       | 1,744,053                                      |
| <b>b</b> 0   | 0  |                                     | 0                                      |                                       | 0  |
| <b>c</b> 0   | 0  |                                     | 0                                      |                                       | . 0  |
| d0   | 0  |                                     | 0                                      |                                       | 0  |
| e 0  | 0  |                                     | 0                                      |                                       | 0  |
| Complete only for assets show  | ing gain in column (h) and owne  | d by the foundati                   | on on 12/31/69                         | (I) Gains (C                          | ol (h) gain minus                              |
| (i) F M V as of 12/31/69   | (j) Adjusted basis<br>as of 12/31/69   | (k) Exce                            | ess of col (i)<br>ol (j), if any       | col (k), but n                        | ot less than -0-) <b>or</b><br>(from col (h))  |
| a 0  | 0  |                                     | 0                                      |                                       | 1,744,053                                      |
| <b>b</b> 0   | 0  |                                     | 0                                      |                                       | 0  |
| <b>c</b> 0   | 0  |                                     | 0                                      |                                       | 0  |
| d 0  | 0  |                                     | 0                                      |                                       | 0  |
| <b>e</b> 0   | 0  |                                     | 0                                      |                                       | 0  |
| 2 Capital gain net income or   |  | also enter in Pa<br>enter -0- in Pa |  | 2                                     | 1,744,053                                      |
| 3 Net short-term capital gain If gain, also enter in Part I.   |  | ns 1222(5) and                      | (6):                                   |                                       | 1,       |
|  |  |                                     | ,, 55                                  | 3                                     | 0  |
| Part V Qualification Und   |  |                                     | n Net Investm                          | ent Income                            | <u></u>  |
| If section 4940(d)(2) applies, le<br>Was the foundation liable for the<br>If "Yes," the foundation does no | ne section 4942 tax on the dis<br>ot qualify under section 4940                  | (e). Do not com                     | plete this part.                       | · · · · · · · · · · · · · · · · · · · |  |
| 1 Enter the appropriate amo  | ount in each column for each   | year, see the i                     | nstructions before                     | e making any entr                     | ies  |
| (a) Base period years Calendar year (or tax year beginning in  | (b) Adjusted qualifying distributio  | ns Net value                        | (c) of noncharitable-use a             | iccotc i                              | (d)<br>stribution ratio<br>divided by col (c)) |
| 2010   |  | 6,825                               | 6.806                                  | 6,724                                 | 0.036262                                       |
| 2009   |  | 2,387                               |  | 0,511                                 | 0.015269                                       |
| 2008   |  | 5,760                               |  | 7,787                                 | 0.037343                                       |
| 2007   |  | 4,839                               |  | 3,688                                 | 0.055318                                       |
| 2006   |  | 1,140                               |  | 3,820                                 | 0.053318                                       |
|  |  | 1,140                               | 200                                    | 5,020                                 | 0.00047  |
| <ul><li>2 Total of line 1, column (d)</li><li>3 Average distribution ratio fo</li></ul>                    | ur the 5-year hase period—du   |                                     | <br>n line 2 by 5 or b                 | 2                                     | 0 197539                                       |
|  | indation has been in existence   |                                     |  | 3                                     | 0.039508                                       |
| 4 Enter the net value of noncl   | haritable-use assets for 2011  | from Part X, li                     | ne 5                                   | 4                                     | 6,834,133                                      |
| 5 Multiply line 4 by line 3 .  |  |                                     |  | 5                                     | 270,003  |
| 6 Enter 1% of net investment   | income (1% of Part I, line 27  | 'b)                                 |  | . 6                                   | 18,599   |
| 7 Add lines 5 and 6  |  |                                     |  | . 7                                   | 288,602  |
| 8 Enter qualifying distributions If line 8 is equal to or greate the Part VI instructions.                 | s from Part XII, line 4 .<br>er than line 7, check the box i                     | n Part VI, line                     | <br>1b, and complete                   | that part using a                     | 1,126,457<br>1% tax rate. See                  |

57-1186466

| Pa      | art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b)  | , 4940(e), or 4948- | -see     | instruc                                | tions                 | s)  |            |
|---------|---|---------------------|----------|--|-----------------------|---|------------|
| 1 :     | a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter  | "N/A" on line 1     |          | Ats.                                   |                       |   | (cui v     |
|         | Date of ruling or determination letter (attach copy of letter if necessary—se   |                     |          |  |                       |   |            |
| ı       | <b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check   | · >1                | 1        |  | 18                    | ,599  |            |
|         | here ▶ 💢 and enter 1% of Part I, line 27b   | [                   |          | 1,700                                  |                       |   | 2 2 4      |
| (       | c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%   | J                   | 1-1-1    |  |                       |   |            |
|         | of Part I, line 12, col (b)   |                     | _        |  |                       |   |            |
| 2       | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Other  | rs enter -0-)       | _2_      |  |                       | 0   |            |
| 3       | Add lines 1 and 2   |                     | 3        |  | 18                    | ,599  |            |
| 4       | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Othe   | ers enter -0-)      | 4_       |  |                       |   |            |
| 5       | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-  |                     | <u>5</u> | 2 * 20 * 1                             | 18                    | ,599  | KW_NO      |
| 6       | Credits/Payments  | <b>-</b> 0 0        | · , (%,  |  |                       |   |            |
| _       | a 2011 estimated tax payments and 2010 overpayment credited to 2011   | 79,975              |          |  |                       | 2.00<br>2.00  |            |
|         | b Exempt foreign organizations—tax withheld at source   |                     | 27.38    |  | 4                     |   | **         |
|         | c Tax paid with application for extension of time to file (Form 8868)   | 0                   |          |  | <b>7</b> . 4          |   |            |
|         | d Backup withholding erroneously withheld  6d   |                     | -        | ************************************** | 70                    | 075   |            |
| 7       | Total credits and payments Add lines 6a through 6d  | -64                 | 7<br>8   |  |                       | <u>975,</u><br>0  |            |
| 8<br>9  | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attacted tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed                                | Lileu 🛌             | 9        |  |                       | -0  |            |
| 9<br>10 | •   |                     | 10       | -                                      | 61                    | ,376  |            |
|         | Enter the amount of line 10 to be Credited to 2012 estimated tax   11,376   | Refunded ►          | 11       |  |                       | ,000  |            |
|         | art VII-A Statements Regarding Activities   | Notaliada P         |          |  | - 50                  | ,000  |            |
|         |   |                     |          |  |                       | Yes   | No         |
| 1 8     | a During the tax year, did the foundation attempt to influence any national, state, or local legislat   | tion or did it      |          | ŀ                                      | A 1000 SEE            | 163   |            |
|         | participate or intervene in any political campaign?   | /ann mann 10 of the |          | ŀ                                      | <u>1a</u>             |   | X          |
| •       | <b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes instructions for definition)?  | (see page 19 of the |          |  | 1b                    |   | х          |
|         | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of   | f any matariala     |          |  | 10<br>10              | 2.0   | <b>^</b>   |
|         | published or distributed by the foundation in connection with the activities  | i arry matemais     |          |  |                       |   |            |
|         | c Did the foundation file Form 1120-POL for this year?  |                     |          | İ                                      | 1c                    |   | X          |
|         | d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year   | oar                 |          |  | 3 (2017)              | ์สงษ์ต  | رو الرار   |
|         | (1) On the foundation ► \$ (2) On foundation managers ►   |                     |          |  |                       |   |            |
|         | e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure   |                     |          |  |                       | 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | 73         |
|         | on foundation managers > \$   |                     |          |  |                       |   |            |
| 2       | Has the foundation engaged in any activities that have not previously been reported to the IRS  | 57                  |          | i i                                    | 2                     |   | Х          |
|         | If "Yes," attach a detailed description of the activities   |                     |          |  |                       | 611   | Ver da     |
| 3       | Has the foundation made any changes, not previously reported to the IRS, in its governing inst  | trument, articles   |          |  |                       | 7;<br>84:74   | 1.5        |
|         | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of i   |                     |          |  | 3                     |   | X          |
| 4 :     | a Did the foundation have unrelated business gross income of \$1,000 or more during the year?   |                     |          | [                                      | 4a                    |   | Х          |
| ı       | b If "Yes," has it filed a tax return on Form 990-T for this year?  |                     |          | Į.                                     | 4b                    |   |            |
| 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  |                     |          | l                                      | e i de de<br>en de de | 2 -<br>2 - 1 - 1 - 1  |            |
| 6       | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either  | r                   |          |  |                       | Marie de la Companya | 10.        |
|         | By language in the governing instrument, or   |                     |          |  |                       |   |            |
|         | By state legislation that effectively amends the governing instrument so that no mandatory  | directions          |          |  | M. W.                 |   | انقيدا     |
| _       | that conflict with the state law remain in the governing instrument?  |                     |          |  | 6                     | X   |            |
| 7       | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp  |                     | nd Pa    | nt XV                                  | 7                     | _X_   | Sa 38° a ' |
| 0 8     | a Enter the states to which the foundation reports or with which it is registered (see instructions)  |                     |          |  |                       |   |            |
|         | OR  |                     |          |  | <b>\$</b> ≢0.5        |   |            |
|         | b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Atto  | •                   |          | -                                      | OL.                   | 18, 1   |            |
| 9       | General (or designate) of each state as required by General Instruction G? If "No," attach expline is the foundation claiming status as a private operating foundation within the meaning of section. |                     |          |  | 8b                    | X   | 282        |
| _       | or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for  | -                   |          |  | التحسكات              | 2.5.  | المنتشدا   |
|         | complete Part XIV   | rait AIV)! II 185,  |          |  | 9                     |   | Х          |
| 10      | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedu  | lule listina        |          | f                                      | <u> </u>              |   |            |
|         | their names and addresses   |                     |          |  | 10                    |   | Х          |
| _       |   |                     |          |  |                       |   |            |

| Par | t 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   | х           |
| 12  | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had   |  |             |
|     | 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 ×   | <u> </u>    |
|     | Website address ▶   |  |             |
| 14  | The books are in care of ► JOANN FJARLI Telephone no ► 541/779-22   | 33   |             |
|     | Located at ► 670 MASON WAY MEDFORD OR ZIP+4 ► 97501   |  | <u></u>     |
| 15  | Section 4947(a)(1) nonexempt charitable 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   |  | <del></del> |
| 16  | At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority   | Ye   | · ·         |
|     | 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   |  |             |
| D۵  | the foreign country   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | **          |
| Гα  | rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required  | T  | _ L N =     |
| 4.  | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.   | Ye   | s No        |
| 1a  | During the year did the foundation (either directly or indirectly)  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No  | 100  |             |
|     | (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)   | T GO   |             |
|     | a disqualified person?  |  |             |
|     |   |  |             |
|     | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  |  |             |
|     | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No  |  |             |
|     | (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)?   | 3  |             |
|     |   |  |             |
|     | (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   | irridya i gynti  |             |
|     | after termination of government service, if terminating within 90 days )  Yes X No  |  |             |
| b   | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations  |  | 4           |
|     | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?   | 1b N   | Ά           |
|     | Organizations relying on a current notice regarding disaster assistance check here  |  |             |
| C   | 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   |  |             |
|     | 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?   | #  | 40          |
| _   | If "Yes," list the years 20 , 20 , 20 , 20  |  |             |
| D   | Are there any years listed in 2a for which the foundation is <b>not</b> 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)   | 2b N/  | Δ           |
| С   | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here   | 31880  | - <b>.</b>  |
| -   | 20  |  | e lai.      |
| 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  | 48 84  |             |
| _   | if the foundation had excess business holdings in 2011 )  | 3b N/  |             |
| 4a  | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?   | 4a   | X           |
| b   | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable   | 8 1/2   Red   30 / 1/2   1/2 | <u> </u>    |
|     | purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?   | 4b   | X           |

| Pa             | rt VII-B       | Statements Regarding Activitie                 | es for Which Forn                     | n 47   | 720 May Be Re             | equi  | red (continued)                                  |          |                      |
|----------------|----------------|--|---------------------------------------|--------|---------------------------|-------|--|----------|----------------------|
| 5a             | During the     | year did the foundation pay or incur any       | amount to                             |        |                           |       |  |          | J y 8 ( )            |
|                | (1) Cari       | y on propaganda, or otherwise attempt to       | o influence legislation (             | sect   | ion 4945(e))?             |       | Yes  | X No     |                      |
|                | (2) Influ      | ence the outcome of any specific public        | election (see section 4               | 955)   | , or to carry             |       |  |          |                      |
|                | on,            | directly or indirectly, any voter registration | n drive?                              |        | -                         |       | Yes [  | X No     |                      |
|                | (3) Prov       | vide a grant to an individual for travel, stu  | dv. or other similar pur              | pose   | es?                       |       | Yes  | X No     |                      |
|                | 1 11           | vide a grant to an organization other than     | -                                     | -      |                           |       |  |          |                      |
|                |                | ection 509(a)(1), (2), or (3), or section 494  |                                       |        |                           |       | ☐ Yes [  | X No     |                      |
|                | (5) Prov       | vide for any purpose other than religious,     | charitable, scientific, li            | tera   | rv. or                    |       |  |          |                      |
|                |                | cational purposes, or for the prevention o     | ·                                     |        | •                         |       | · Yes  | X No     |                      |
| b              | If any ans     | wer is "Yes" to 5a(1)–(5), did any of the t    | ransactions fail to qual              | lıfv u | nder the exceptio         | ns de |  |          |                      |
| _              | -              | ns section 53 4945 or in a current notice      | •                                     | •      | •                         |       |  |          | 5b N/A               |
|                |                | ions relying on a current notice regarding     |                                       |        | •                         | ,     | <b>▶</b> [                                       |          | 2 1 3 1 1 1 1 1 1 1  |
| С              | -              | ver is "Yes" to question 5a(4), does the fi    |                                       |        |                           |       |  |          |                      |
| _              |                | se it maintained expenditure responsibilit     | •                                     |        |                           |       | Tyes   | □ No     |                      |
|                |                | ttach the statement required by Regulation     | •                                     | (d)    |                           | •     |  |          |                      |
| 6a             |                | undation, during the year, receive any fur     |                                       | • •    | pav                       |       |  |          |                      |
| - <del>-</del> |                | on a personal benefit contract?                |                                       | .,,    | r-,                       |       | Yes  | X No     |                      |
| b              | •              | undation, during the year, pay premiums,       | directly or indirectly of             | on a   | personal benefit o        | ontra |  |          | 6b                   |
| -              |                | 6b, file Form 8870                             |                                       | •      |                           |       | · <del></del>                                    |          |                      |
| 7a             | At any tim     | e during the tax year, was the foundation      | a party to a prohibited               | i tax  | shelter transaction       | ın?   | . Yes  | X No     |                      |
|                |                | id the foundation receive any proceeds o       |                                       |        |                           |       |  |          | 7b                   |
|                | art VIII       | Information About Officers,                    |                                       |        |                           |       |  | aid E    | mplovees.            |
|                |                | and Contractors                                | 2,                                    |        | , i ounducion             |       | ago.o,g, .                                       |          | p.o.y 000,           |
| 1              | List all c     | officers, directors, trustees, foundation      | ation managers and                    | d th   | eir compensat             | ion ( | see instructions)                                |          |                      |
|                |                |  | (b) Title, and average                | (4     | c) Compensation           |       | (d) Contributions to                             |          | (e) Expense account, |
|                |                | (a) Name and address                           | hours per week<br>devoted to position | (1     | f not paid, enter<br>-0-) |       | mployee benefit plans<br>I deferred compensatior |          | other allowances     |
| ME             | RLIN FJA       | RLI  | PRESIDENT                             |        | ~ -0-)                    | and   | r deletted compensation                          | `-       |                      |
|                |                | WAY MEDFORD OR 97501                           | 1/mo                                  |        | ol                        |       |  | o        | 0                    |
|                | ANN FJAF       |  | SECRETARY                             | T-     |                           |       |  | 十        |                      |
| 670            | MASON          | WAY MEDFORD OR 97501                           | 10/week                               |        | ol                        |       |  | o        | 0                    |
|                | UCE FJAI       |  | VICE-PRESIDENT                        |        |                           |       |  |          |                      |
| 670            | MASON          | WAY MEDFORD OR 97501                           | 10/week                               |        | 13,000                    |       |  | o        | 0                    |
|                |                |  |                                       |        |                           |       |  |          |                      |
|                |                |  | .00                                   |        | 0                         |       |  | 0        | 0                    |
| 2              | Compenenter "N | sation of five highest-paid employ<br>ONE."    | rees (other than the                  | ose    | included on li            | ne 1- | -see instructions                                | s). If r | ione,                |
| _              |                | <del>7.1</del>                                 | (b) Title, and avera                  | 200    |                           |       | (d) Contributions to                             |          |                      |
| (a)            | Name and a     | address of each employee paid more than \$50,0 |                                       |        | (c) Compensation          | n     | employee benefit                                 |          | (e) Expense account, |
|                |                |  | devoted to position                   | on     |                           | - }   | plans and deferred compensation                  |          | other allowances     |
| NO             | NE OVER        | \$50,000                                       |                                       |        | · · · · · ·               |       |  |          |                      |
|                |                |  |                                       | 00     |                           | o     |  | 0        | 0                    |
|                | _              |  |                                       |        |                           |       | " · -  |          |                      |
|                |                |  |                                       | .00    |                           | 0     |  | 0        | 0                    |
|                |                |  |                                       |        | •                         |       |  |          |                      |
|                |                |  |                                       | 00     |                           | 0     |  | 0        | 0                    |
|                |                |  |                                       |        |                           |       |  |          |                      |
|                |                |  |                                       | .00    |                           | 0     |  | 0        | 0                    |
|                |                |  |                                       |        |                           |       |  |          |                      |
|                |                |  | <u> </u>                              | 00     |                           | 0     |  | 0        | 0                    |
| <b>Tot</b>     | al numbe       | r of other employees paid over \$50,0          | 000                                   |        |                           |       |  | ▶        |                      |

| FJARLI FOUNDATION  |  | 57-1186466 Page 1 |
|--|--|-------------------|
| Part VIII Information About Officers, Directors, Trustees,   | Foundation Managers, Highly Pa             | aid Employees,    |
| and Contractors (continued)  3 Five highest-paid independent contractors for professional services (see  | instructions) If none onter "NONE"         |                   |
| (a) Name and address of each person paid more than \$50,000  | (b) Type of service                        | (c) Compensation  |
|  | (b) Type of service                        | (c) Compensation  |
| NONE OVER \$50,000   |  |                   |
|  |  | 0                 |
|  |  |                   |
|  |  | 0                 |
|  |  |                   |
|  |  | 0                 |
|  |  |                   |
|  | <del></del>                                | 0                 |
|  |  |                   |
| Table with an of other ways in a conference of the conference of t |  | 0                 |
| Total number of others receiving over \$50,000 for professional services   | <u> </u>                                   |                   |
| Part IX-A Summary of Direct Charitable Activities  |  |                   |
| Lot the foundation's four largest direct abactable advisors durant the toy year. Include relevant  | otalistical information and as             | <del></del>       |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant the number of organizations and other beneficianes served, conferences convened, research particularly.  |  | Expenses          |
| Supporting Christian education by contirbuting to the worthy student fur   | <del></del>                                | -                 |
| - Supporting Similari Supporting Social States and World y States in the   | id of flogge valley / later list / leadent |                   |
|  |  | 27,220            |
| 2 Supporting Christian evangelism by providing funds for gospel outreach   | laymen's and prison ministeries            | 21,220            |
| 2 depoining of monaria overage normal by providing rando for gooper outload  | i, layineri y ana prison ministeries.      |                   |
|  |  | 35,500            |
| 3 Supporting academic education to boys and girls of India, by sponsoring  | g students to attend school and            | 00,000            |
| assisting in the construction of a new school.   | g otaquito to attoria oction, and .        |                   |
| dolouing at the contraction of a new school.   |  | 500,360           |
| 4 Supporting Christian evangelism by providing operating funds to Christi  | an radio & television For literature       |                   |
| publications & distribution. For Latino & Las Vegas radio's general & ed   |  |                   |
| of a new radio broadcasting tower in Medford, Oregon.  | 44911011(10040.1101.00101.40001.11         | 543,377           |
| Part IX-B Summary of Program-Related Investments (see i  | nstructions)                               | 1 0,0,0.          |
| Describe the two largest program-related investments made by the foundation during the tax year  |  | Amount            |
| 1 None   |  |                   |
|  |  |                   |
|  |  |                   |
| 2  | <del></del>                                |                   |
|  |  |                   |
| •••••  |  |                   |
| All other program-related investments See instructions   | · · · · · · · · · · · · · · · · · · ·      | <del></del>       |
| 3  |  |                   |
|  |  |                   |
| ***************************************  |  |                   |

Total. Add lines 1 through 3

| Pai | Minimum Investment Return (All domestic foundations must complete this part. Foreig see instructions.)    | n foundati | ons,      |
|-----|---|------------|-----------|
| 1   | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,         |            |           |
|     | purposes  |            |           |
| а   | Average monthly fair market value of securities   | 1a         |           |
| b   | Average of monthly cash balances .  | 1b         | 3,350,906 |
| С   | Fair market value of all other assets (see instructions)  | 1c         | 3,587,300 |
| d   | Total (add lines 1a, b, and c)  | 1d         | 6,938,206 |
| е   | Reduction claimed for blockage or other factors reported on lines 1a and                                  |            |           |
|     | 1c (attach detailed explanation)  |            |           |
| 2   | Acquisition indebtedness applicable to line 1 assets  | 2          |           |
| 3   | Subtract line 2 from line 1d .  | 3          | 6,938,206 |
| 4   | Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see                 |            |           |
|     | instructions) .   | 4          | 104,073   |
| 5   | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.     | 5          | 6,834,133 |
| 6   | Minimum investment return. Enter 5% of line 5   | 6          | 341,707   |
| Par | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating                  |            |           |
|     | foundations and certain foreign organizations check here   under and do not complete this part)           |            |           |
| 1   | Minimum investment return from Part X, line 6   | 1          | 341,707   |
| 2a  |   | 99         |           |
| b   | Income tax for 2011 (This does not include the tax from Part VI )   | 0          |           |
| С   | Add lines 2a and 2b   | 2c         | 18,599    |
| 3   | Distributable amount before adjustments Subtract line 2c from line 1                                      | 3          | 323,108   |
| 4   | Recoveries of amounts treated as qualifying distributions   | 4          |           |
| 5   | Add lines 3 and 4   | 5          | 323,108   |
| 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          | 323,108   |
| Par | Qualifying Distributions (see instructions)   |            |           |
| 1   | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                 |            |           |
| а   | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26                               | 1a         | 1,126,457 |
| b   | Program-related investments—total from Part IX-B  | 1b         | C         |
| 2   | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,          |            |           |
|     | purposes .  | . 2        |           |
| 3   | Amounts set aside for specific charitable projects that satisfy the                                       |            |           |
| а   | Suitability test (prior IRS approval required)  | 3a         |           |
| b   | Cash distribution test (attach the required schedule)   | 3b         | 0         |
| 4   | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4          | 1,126,457 |
| 5   | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment              |            |           |
|     | income Enter 1% of Part I, line 27b (see instructions)  | . 5        | 18,599    |
| 6   | Adjusted qualifying distributions. Subtract line 5 from line 4  | 6          | 1,107,858 |

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

| Par      | Undistributed Incor   | ne (see instructions  | )                  |                                       |  |   |         |  |                  |                     |
|----------|---|-----------------------|--------------------|---------------------------------------|--|---|---------|--|------------------|---------------------|
| 1        | Distributable amount for 2011 fr                                | rom Part XI,          | (a<br>Corp         |                                       | (b)<br>Years pnor t  | o 2010  |         | ( <b>c</b> )<br>2010                           |                  | d)<br>11            |
| _        | line 7  |                       |                    |                                       |  |   |         | <b>6</b> 3                                     |                  | 323,108             |
| 2        | Undistributed income, if any, as                                | of the end of 2011    | <u>,</u>           |                                       | . # 1  | 9 9 19 30 4<br>4 19 19 19 19 19 19 19 19 19 19 19 19 19 | 22      | * 87900 · ·                                    |                  |                     |
| а        | Enter amount for 2010 only                                      |                       |                    |                                       | . ~  |   |         | 0  |                  |                     |
| b        | Total for prior years 20,                                       |                       |                    |                                       |  | 0   |         |  | ì                | `                   |
| 3        | Excess distributions carryover,                                 | ıf any, to 2011       |                    | ·<br>· J. Task                        | .3c.×  |   |         | 1. N.  | 3.3              | ¥1¶                 |
| а        | From 2006   | 1,164                 | <u>.</u> 4         |                                       | #  |   | برا     |  |                  |                     |
| b        | From 2007 .   | 25,855                | <b>"</b>           | · • ·                                 | ,  | · 🐐   | ľ       | 71 W. F.                                       |                  | 1,1                 |
| C        | From 2008   | 0                     | 1                  |                                       |  |   |         |  | 74.<br>1-        |                     |
| d        | From 2009   | 0                     |                    |                                       | _  | <i>**</i> ./  |         | *  | 2                |                     |
| е        | From 2010   | 0                     | ***                |                                       |  |   | \$.*.   |  |                  |                     |
| f        | Total of lines 3a through e                                     |                       |                    | 27,019                                |  | \$ #4 \$.   | 200     | A DAMESTON                                     |                  |                     |
| 4        | Qualifying distributions for 2011                               | from Part             |                    | •                                     | -  | ~   |         | ,        | `\$ <sup>*</sup> | ,                   |
|          | XII, line 4 ► \$1,  | <u>126,457</u>        |                    |                                       |  | ž.  |         |  |                  | , ŧ,                |
| а        | Applied to 2010, but not more th                                | nan line 2a           | è                  | 19                                    | w 3  | j.  |         | 0  | 1                |                     |
| b        | Applied to undistributed income                                 | •                     |                    | N. Fr                                 |  |   | 77      |  |                  | TE                  |
|          | (Election required—see instruct                                 |                       | *                  | å.                                    |  | 0   | *       | 7.23.  | L.               | . ***               |
| С        | Treated as distributions out of c                               | orpus (Election       |                    |                                       |  |   |         | ,  | ٠.               | * + ±***            |
|          | required—see instructions)                                      |                       |                    | 0                                     | ¥  |   |         |  |                  | 4                   |
| d        | Applied to 2011 distributable an                                | nount                 | å¢.                | 1.00                                  | 4. P. S. A.  | . 💠 .   | ÷       |  |                  | 323,108             |
| е        | Remaining amount distributed of                                 | •                     |                    | 803,349                               | College, T. S.   | S.F.  | 2.6     | * (\$.3) (\$.1                                 | 1 34 30 m r      | r 3 30×135.1<br>4 - |
| 5        | Excess distributions carryover a                                | pplied to 2011        |                    | 0                                     | , ,  |   |         | ·  |                  | 0                   |
|          | (If an amount appears in columi<br>same amount must be shown in |                       |                    | ь.                                    | المراقع المراقع المراقع المراقع المراقع المراقع المراقع المراقع المراقع المراقع المراقع المراقع المراقع المراقع  | . 11  | æıê     | , \$   |                  |                     |
| 6        | Enter the net total of each col indicated below:                | umn as                | * - %              |                                       |  |   | , ·     |  |                  |                     |
| а        | Corpus Add lines 3f, 4c, and 4e                                 | Subtract line 5       |                    | 830,368                               |  | Ŷ.  |         | , ,  | \$ .00 to        |                     |
| b        | Prior years' undistributed incom-                               |                       |                    |                                       |  |   |         |  | ं हुन्हें        |                     |
|          | line 4b from line 2b  |                       | 1                  | , , , , , , , , , , , , , , , , , , , |  | 0   |         |  |                  |                     |
| С        | Enter the amount of prior years'                                | undistributed         |                    |                                       |  |   | £ °     |  | MARK             | #7;J*               |
|          | income for which a notice of def                                |                       | ,                  | ~                                     |  |   |         |  | ;                | 1.75                |
|          | been issued, or on which the se                                 | ction 4942(a)         |                    |                                       |  |   | ,       |  | , Al             | *()                 |
|          | tax has been previously assesse                                 |                       | ·                  |                                       |  |   | `       |  | 1                |                     |
| d        | Subtract line 6c from line 6b Ta                                | xable                 | j <b>a</b> n . 72. | oger A∏ a, w'                         |  |   | 14· · · |  | 2 V ( ) ( )      |                     |
|          | amount—see instructions   |                       | * . ;              | -70ga-70g                             |  | o   |         | · 45 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1       |                  | 30                  |
| е        | Undistributed income for 2010.                                  | Subtract line         |                    |                                       | 1  | ş}.   |         |  |                  |                     |
|          | 4a from line 2a Taxable amount                                  | t—see                 |                    | \$<br>** -3, -1                       |  | ļ   |         |  | 443              |                     |
|          | instructions  |                       | w,                 |                                       | ×.   | **: N   |         | o  |                  |                     |
| f        | Undistributed income for 2011 \$                                | Subtract              | ( مي `             | <b>3</b> 2                            | \$ . S   | 187.  | ů.      | 13,  |                  |                     |
|          | lines 4d and 5 from line 1. This a                              | amount must           |                    |                                       |  | , [   |         | )  |                  |                     |
|          | be distributed in 2012  |                       |                    | « <u>«</u>                            | , in   | ·   | ~       | ٠,   |                  | 0                   |
| 7        | Amounts treated as distributions                                | out of                |                    |                                       | - 47.22  | wiF   | 13      | . I A  |                  | 74.3                |
|          | corpus to satisfy requirements in                               | nposed by             | i                  |                                       | 1 Agent of the state of the sta |   | \$ 13   |  |                  |                     |
|          | section 170(b)(1)(F) or 4942(g)(3                               | 3) (see instructions) |                    | ĺ                                     | * ' 🖏 ' '  |   |         | ,<br>  | Š                | Ĭ                   |
| 8        | Excess distributions carryover fr                               | · ·                   | -                  | ·                                     |  | j   |         | **   |                  | . *                 |
|          | not applied on line 5 or line 7 (se                             | ee instructions)      |                    | 1,164                                 | \$   | ŵ.  | s       | <b>∛</b> 0                                     | ».4-3            | <u>.</u>            |
| 9        | Excess distributions carryove                                   | ,                     |                    | 1                                     | 7. 7.  | * (4 2 1 2 5  | ş,      | (4. <sup>3</sup> / <sub>2</sub> . <sup>1</sup> |                  | 78,4                |
|          | Subtract lines 7 and 8 from line (                              |                       |                    | 829,204                               | , 15,  |   | *       | *  | ×2 1/2           | ×,                  |
| 10       | Analysis of line 9  |                       |                    | ,                                     |  |   |         |  |                  |                     |
| а        | Excess from 2007  | 25,855                |                    |                                       | *  |   |         |  | 1                | ļ                   |
| b        | Excess from 2008  | 0                     | ,                  |                                       |  | S.  | ·,      | ; <b>(</b>                                     |                  | ì                   |
| С        | Excess from 2009  | 0                     | 1                  | <br>                                  | , <u>%</u> 4   | ×*î   | ş .     | ξ  |                  |                     |
| d        | Excess from 2010  |                       |                    |                                       |  | l   |         |  |                  |                     |
| e        | Excess from 2011  | 803,349               |                    |                                       |  | 1   |         |  |                  |                     |
| <u> </u> |   | 000,040               |                    |                                       |  |   |         |  |                  |                     |

|     | FJARLI FOUNDATION   |                                       |                         |                        | 57-1180                           |             |
|-----|---|---------------------------------------|-------------------------|------------------------|-----------------------------------|-------------|
| Pai | rt XIV Private Operating Foundations (s   | see instructions a                    | nd Part VII-A, qı       | uestion 9)             |                                   | N/A         |
| 1 a | If the foundation has received a ruling or determin   | ation letter that it is a             | private operating       |                        |                                   |             |
|     | foundation, and the ruling is effective for 2011, ent   | ter the date of the ruli              | ng                      | ▶                      |                                   |             |
| b   | Check box to indicate whether the foundation is a   | private operating four                | idation described in    | section                | 4942(J)(3) or                     | 4942(J)(5)  |
| 2 a | Enter the lesser of the adjusted net  | Tax year                              | ·                       | Prior 3 years          |                                   | <del></del> |
|     | income from Part I or the minimum   | (a) 2011                              | <b>(b)</b> 2010         | (c) 2009               | (d) 2008                          | (e) Total   |
|     | investment return from Part X for each  | <del></del>                           | ` '                     | <u>``</u>              | - (a) 2000<br>0                   |             |
|     | year listed .   | 0                                     | 0                       | 0                      |                                   | 0           |
| _   | 85% of line 2a  | 0                                     |                         | 0                      | 0                                 | 0           |
| С   | Qualifying distributions from Part XII, line 4 for each year listed   |                                       |                         |                        |                                   | 0           |
|     | •   | <u> </u>                              | 0                       | 0                      | 0                                 | 0           |
|     | Amounts included in line 2c not used directly for active conduct of exempt activities   |                                       |                         |                        |                                   | 0           |
| е   | Qualifying distributions made directly  |                                       |                         |                        |                                   |             |
|     | for active conduct of exempt activities Subtract line 2d from line 2c   |                                       |                         |                        |                                   | •           |
| 3   |   | <u> </u>                              |                         | 0                      | 0                                 | 0           |
| •   | Complete 3a, b, or c for the alternative test relied upon   | 1                                     |                         |                        |                                   |             |
| а   | "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  |                                       |                         | <del></del>            |                                   |             |
| _   | of minimum investment return shown in Part X, line 6 for each year listed   | 0                                     | 0                       | 0                      | 0                                 | 0           |
| С   | "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   | · · · · · · · · · · · · · · · · · · · |                         |                        |                                   | 0           |
|     | 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 (Co   | molete this part                      | only if the four        | ndation had \$5.       | 000 or more in                    |             |
|     | assets at any time during the ye  | •                                     | -                       |                        |                                   |             |
| 1   | Information Regarding Foundation Manage   |                                       |                         |                        |                                   |             |
|     | List any managers of the foundation who have cor<br>before the close of any tax year (but only if they have                                       | ntributed more than 29                |                         |                        | the foundation                    |             |
| ΜF  | RLIN & JOANN FJARLI   | ***                                   | . ,, (                  |                        |                                   |             |
|     | List any managers of the foundation who own 10%   | 6 or more of the stock                | of a comoration (o      | r an equally large po  | ortion of the                     |             |
| _   | ownership of a partnership or other entity) of which  |                                       |                         |                        |                                   |             |
| non |   |                                       | -                       |                        |                                   |             |
| 2   | Information Regarding Contribution, Gran  | nt. Gift. Loan. Scho                  | olarship, etc., Pr      | ograms:                |                                   |             |
|     | Check here ► X if the foundation only makes unsolicited requests for funds. If the foundation matcher conditions, complete items 2a, b, c, and d  | contributions to pres                 | elected charitable o    | organizations and do   | es not accept<br>anizations under |             |
| а   | The name, address, and telephone number of the  | person to whom appl                   | ications should be      | addressed              |                                   |             |
|     |   | <u></u>                               |                         |                        |                                   |             |
| b   | The form in which applications should be submitte   | ed and information and                | d materials they sho    | ould include           |                                   |             |
| С   | Any submission deadlines  | <del></del>                           |                         |                        |                                   |             |
|     |   |                                       |                         |                        |                                   |             |
| d   | Any restrictions or limitations on awards, such as factors:   | by geographical areas                 | s, charitable fields, l | kınds of institutions, | or other                          |             |
|     |   |                                       |                         |                        |                                   |             |

Part XV Supplementary Information (continued)

| 3 Grants and Contributions Paid During th | e Year or Approved   | for Future                                    | Payment   |           |
|---|--|---|---|-----------|
| Recipient                                 | If recipient is an individual,<br>show any relationship to<br>any foundation manager | Foundation status of                          | Purpose of grant or contribution  | Amount    |
| Name and address (home or business)       | or substantial contributor   | recipient                                     |   |           |
| a Paid during the year                    |  |   |   |           |
| MEDFORD SDA CHURCH                        |  | Public charity                                | Church operating costs  | 500       |
| 1900 GREENWOOD AVE                        |  | 1   |   |           |
| MEDFORD OR 97504                          |  | L   |   |           |
| GENERAL CONFERENCE OF SDA                 |  | Public charity                                | India child school  | 360       |
| 12501 OLD COLUMBIA PIKE                   |  |   | sponsorship   |           |
| SILVER SPRINGS MD 20904                   |  |   | <u>.</u>  |           |
| LAYMEN MINISTRIES                         |  | Public charity                                | Operating costs   | 5,000     |
| 414 ZAPADA ROAD                           |  | İ   |   |           |
| ST. MARIES ID 83861                       |  | D 1:1: 1 11                                   | Transfer of the second | 4 000     |
| 3ANGELS BROADCASTING NETWORD              | 1  | Public charity                                | TV & Radio evangelism   | 1,000     |
| PO BOX 220<br>WEST FRANKFORT IL 62896     |  |   |   |           |
|   |  | Dublic shorts                                 | Brican minustry   | E 000     |
| 3ANGELS BROADCASTING NETWORD PO BOX 220   |  | Public charity                                | Prison ministry   | 5,000     |
| WEST FRANKFORT IL 62896                   |  | 1   | 1   |           |
| 3ANGELS BROADCASTING NETWORD              |  | Public charity                                | Latin Radio evangelism  | 35,000    |
| PO BOX 220                                |  | Fublic criainty                               | Lauri Radio evangensin  | 35,000    |
| WEST FRANKFORT IL 62896                   |  |   |   |           |
| 3ANGELS BROADCASTING NETWORD              |  | Public charity                                | TV/Radio evangelism in  | 65,000    |
| PO BOX 220                                |  | dbile charity                                 | Las Vegas (digital  | 03,000    |
| WEST FRANKFORT IL 62896                   |  |   | conversion)   |           |
| ROGUE VALLEY ADVENTIST ACADEMY            |  | Public charity                                | Worthy student aid  | 27,220    |
| 3675 SOUTH STAGE RD                       |  | l dono onant,                                 | Troning Stadent and   | 21,220    |
| MEDFORD OR 97501                          |  |   |   |           |
| GOSPEL OUTREACH                           |  | Public charity                                | India gospel workers  | 25,000    |
| PO BOX 8                                  | İ  |   |   |           |
| COLLEGE PLACE WA 99324                    |  | ļ   |   |           |
| BETTER LIFE TELEVISION                    |  | Public charity                                | TV & Radio evangelism   | 100,000   |
| PO BOX 766                                |  | 1   | (converter equipment)   |           |
| GRANTS PASS OR 97528                      |  |   |   |           |
| 3ANGELS BROADCASTING NETWORD              |  | Public charity                                | TV & Radio evangelism   | 100,000   |
| PO BOX 220                                |  |   | (HD up converter)   |           |
| WEST FRANKFORT IL 62896                   |  |   |   |           |
| Total See Attached Statement              | <u> </u>   | <u>, , , , , , , , , , , , , , , , , , , </u> | <b>▶</b> 3a   | 1,106,457 |
| b Approved for future payment             | ]  | ]   |   |           |
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|   |  | 1   |   |           |
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|   |  | 1   |   |           |
| Total                                     |  |   | <b>▶ 3b</b>   | 0         |
|   |  | <u></u>                                       |   |           |

| Part XVI-A Analysis of Income-Producing Act   |                        |                   |                       |                     |  |
|---|------------------------|-------------------|-----------------------|---------------------|--|
| Enter gross amounts unless otherwise indicated  | <del></del>            | iness income      | Excluded by section   | on 512, 513, or 514 | (e)  |
| -   | (a)<br>Business code   | (b)<br>Amount     | (c)<br>Exclusion code | (d)<br>Amount       | Related or exempt<br>function income<br>(See instructions) |
| 1 Program service revenue   |                        | 0                 |                       | 0                   |  |
| a<br>b  | -                      | 0                 | <del></del>           | 0                   |  |
|   | -                      | 0                 | <del></del>           | 0                   |  |
|   | -                      | 0                 |                       | 0                   |  |
|   |                        | 0                 |                       | 0                   |  |
| e   | -                      |                   |                       | 0                   |  |
| g Fees and contracts from government agencies   | -                      |                   |                       |                     |  |
| 2 Membership dues and assessments   |                        |                   | <u> </u>              |                     |  |
| 3 Interest on savings and temporary cash investments  |                        |                   | 14                    | 4,606               |  |
| 4 Dividends and interest from securities  |                        |                   |                       |                     |  |
| 5 Net rental income or (loss) from real estate  |                        |                   |                       | JE 18/2014          | والمراجعة المراجعة   |
| a Debt-financed property .  |                        |                   |                       |                     |  |
| b Not debt-financed property  |                        |                   | 16                    | 220,063             |  |
| 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                    | 1,744,053           |  |
| 9 Net income or (loss) from special events  |                        |                   |                       |                     |  |
| <b>10</b> Gross profit or (loss) from sales of inventory .  |                        |                   |                       |                     |  |
| 11 Other revenue a  |                        | 0                 |                       | 0                   |  |
| b   | -                      | 0                 |                       | 0                   |  |
| c   | _                      | 0                 |                       | 0                   |  |
| d   |                        | 0                 |                       | 0                   |  |
| e   |                        | 0                 | 72-94                 | 0                   | <del></del>  |
| 12 Subtotal Add columns (b), (d), and (e)   | STATE OF THE PERSON    |                   | _ XX 19404 v          | 1,968,722           |  |
| 1 ( Lotal Add line 17 columns (b) (d) and (e)   |                        |                   |                       | 13                  | 1 968 723  |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)   |                        |                   |                       | . 13                | 1,968,722  |
| (See worksheet in line 13 instructions to verify calculations )   | complishment           | of Exempt P       | urposes               | . 13                | 1,968,722  |
| (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to the Activities   |                        |                   |                       |                     | 1,968,722  |
| (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to the Activities   | ne is reported in coli | ımn (e) of Part X | VI-A contributed in   | mportantly to       |  |
| (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income | ne is reported in coli | ımn (e) of Part X | VI-A contributed in   | mportantly to       |  |
| (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income | ne is reported in coli | ımn (e) of Part X | VI-A contributed in   | mportantly to       |  |
| (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income | ne is reported in coli | ımn (e) of Part X | VI-A contributed in   | mportantly to       |  |
| (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income | ne is reported in coli | ımn (e) of Part X | VI-A contributed in   | mportantly to       |  |
| (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income | ne is reported in coli | ımn (e) of Part X | VI-A contributed in   | mportantly to       |  |
| (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income | ne is reported in coli | ımn (e) of Part X | VI-A contributed in   | mportantly to       |  |
| (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income | ne is reported in coli | ımn (e) of Part X | VI-A contributed in   | mportantly to       |  |
| (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income | ne is reported in coli | ımn (e) of Part X | VI-A contributed in   | mportantly to       |  |
| (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income | ne is reported in coli | ımn (e) of Part X | VI-A contributed in   | mportantly to       |  |
| (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income | ne is reported in coli | ımn (e) of Part X | VI-A contributed in   | mportantly to       |  |
| (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income | ne is reported in coli | ımn (e) of Part X | VI-A contributed in   | mportantly to       |  |
| (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income | ne is reported in coli | ımn (e) of Part X | VI-A contributed in   | mportantly to       |  |
| (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income | ne is reported in coli | ımn (e) of Part X | VI-A contributed in   | mportantly to       |  |
| (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income | ne is reported in coli | ımn (e) of Part X | VI-A contributed in   | mportantly to       |  |
| (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income | ne is reported in coli | ımn (e) of Part X | VI-A contributed in   | mportantly to       |  |
| (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income | ne is reported in coli | ımn (e) of Part X | VI-A contributed in   | mportantly to       |  |
| (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income | ne is reported in coli | ımn (e) of Part X | VI-A contributed in   | mportantly to       |  |
| (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income | ne is reported in coli | ımn (e) of Part X | VI-A contributed in   | mportantly to       |  |
| (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income | ne is reported in coli | ımn (e) of Part X | VI-A contributed in   | mportantly to       |  |
| (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income | ne is reported in coli | ımn (e) of Part X | VI-A contributed in   | mportantly to       |  |
| (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income | ne is reported in coli | ımn (e) of Part X | VI-A contributed in   | mportantly to       | 1,968,722  |
| (See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income | ne is reported in coli | ımn (e) of Part X | VI-A contributed in   | mportantly to       |  |

Preparer

**Use Only** 

Curtis Robertson

Firm's name ► CURTIS ROBERTSON CPA PC

Firm's address ► 1200 Mira Mar Ave #91, Medford, OR 97504

| Part X   | Information Reg<br>Exempt Organiz  | _  | sfers To and Trans   | sactions a                     | nd Relationship                       | os With Nonchari   | table  |                      |                                 |
|--|--|--|--|--------------------------------|---------------------------------------|--|--|----------------------|---------------------------------|
| ın s   | the organization directly<br>ection 501(c) of the Cod<br>anizations?   | or indirectly e  |  |                                |                                       |  |  | Yes                  | No                              |
| (1)<br>(2)<br>b Oth<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>c Sha | nsfers from the reporting Cash Other assets er transactions. Sales of assets to a nor Purchases of assets fro Rental of facilities, equip Reimbursement arrange Loans or loan guarantee Performance of services ring of facilities, equipm   | ncharitable exim a noncharit<br>pment, or othe<br>ements<br>es<br>s or members<br>ent, mailing lis | empt organization able exempt organization assets  hip or fundraising solution | tion                           |                                       |  | 1a(1)<br>1a(2)<br>1b(1)<br>1b(2)<br>1b(3)<br>1b(4)<br>1b(5)<br>1b(6) |                      | X<br>X<br>X<br>X<br>X<br>X<br>X |
| valı<br>valı   | e answer to any of the a<br>e of the goods, other as<br>e in any transaction or s  | sets, or services sharing arrang   | ces given by the repor<br>gement, show in colum                                | ting foundati<br>nn (d) the va | on If the foundati                    | id always show the tool received less that other assets, or serv                   | air mark<br>in fair mark<br>rices rec                                | et<br>arket<br>eived | l <b>.</b>                      |
| (a) Line i   | <del>- ' '</del>   | <del>                                     </del>   | of noncharitable exempt org  | anization                      | (d) Description of tra                | insfers, transactions, and s   | sharing arra   | angeme               | ents                            |
|  |  |  |  |                                |                                       | <del>.</del>   |  |                      |                                 |
|  |  | )<br>)   |  |                                | <del></del>                           |  |  |                      |                                 |
|  |  |  |  |                                |                                       |  |  |                      |                                 |
|  |  |  |  |                                |                                       |  |  |                      |                                 |
|  |  | )  | ··· ·· ·· ·· ·· ·· ·· · · · · · · · ·  |                                | <del></del>                           |  |  |                      |                                 |
|  |  |  |  |                                |                                       |  |  |                      |                                 |
|  |  |  |  |                                |                                       |  |  |                      |                                 |
|  |  |  |  |                                |                                       |  |  |                      |                                 |
|  |  | )  | <del></del>  |                                |                                       |  |  |                      |                                 |
|  |  | )  |  |                                |                                       |  |  |                      |                                 |
|  |  |  |  |                                | **                                    |  |  |                      |                                 |
|  |  | 1  |  |                                |                                       |  |  |                      |                                 |
|  |  | ***  | ······································   |                                | · · · · · · · · · · · · · · · · · · · | ·  |  |                      |                                 |
|  | (  | ol   |  |                                | · · · · · · · · · · · · · · · · · · · |  |  |                      |                                 |
| -  | (  | )  | -  |                                |                                       |  |  |                      |                                 |
| des  | e foundation directly or<br>cribed in section 501(c)<br>es," complete the follow<br>(a) Name of organization   | of the Code (or<br>ring schedule   | ated with, or related to<br>other than section 501                             | (c)(3)) or in                  | re tax-exempt org<br>section 527?     | anizations X (c) Description of relat  | Yes  | No                   |                                 |
| MERIIN   | & JOANN FJARLI FOU   |  | 501(c)(3)  | - Sameadon                     | common o                              | directors & grantors   | Споттр   |                      |                                 |
| VILICE   | TO CONTRACT OF MILET I CO  | MUNITOR  | 301(0)(0)  | -                              | Common c                              | anectors & grantors  |  |                      |                                 |
|  | ····   | <del>,,,,</del>  |  |                                |                                       |  |  |                      |                                 |
|  |  | 1  |  | <del></del>                    |                                       |  |  |                      |                                 |
|  |  |  |  |                                |                                       |  |  |                      |                                 |
| Sign<br>Here   | Under penalties of perjury, I declare correct, and complete Declaration of the Complet | of preparer (other than  |  |                                |                                       | my knowledge and belief, it is to<br>May the IRS<br>with the prep<br>instructions) | discuss th   | n b <u>elow</u>      |                                 |
| Paid<br>Prepa  | Print/Type preparer's n  |  | Preparer's signature   | toon                           | Date 5/17/20                          | Check X if self-employed   | PTIN<br>P0129  | 8342                 |                                 |

(541) 857-7705

Firm's EIN ► 55-0811942

Phone no

5/17/2012

State

Foundation Status

Zip Code

Foreign Country

Amount

0

City

Relationship

Purpose of grant/contribution

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# Line 16b (990-PF) - Accounting Fees

FJARLI FOUNDATION

|    |   | 3,427                 | 1,713          | 0            | 1,714                        |
|----|---|-----------------------|----------------|--------------|------------------------------|
|    | ;   | Revenue and           |                |              | Disbursements for Charitable |
|    | Name of Organization or<br>Person Providing Service | Expenses per<br>Books | Net Investment | Adjusted Net | Purposes                     |
| -  | CURTIS ROBERTSON CPA, PC                            | 3.427                 | 1713           |              | 1 714                        |
| 7  |   |                       |                |              |                              |
| 3  |   |                       |                |              |                              |
| 4  |   |                       |                |              |                              |
| 5  |   |                       |                |              |                              |
| 9  |   |                       |                |              |                              |
|    |   |                       |                |              |                              |
| 8  |   |                       |                |              |                              |
| 6  |   |                       |                |              |                              |
| 10 |   |                       |                |              |                              |
|    |   |                       |                |              |                              |

## Line 18 (990-PF) - Taxes

FJARLI FOUNDATION

| Revenue         Disbursements           and Expenses         Net Investment lncome         Adjusted for Charitable for Charitable lncome         Purposes           58,958         58,958         A5,497         A5,497         A5,497         A5,497           104         104         A5,977         A34 |                          | 111,270        | 110,536        | 0                      | 734                        |
|--|--------------------------|----------------|----------------|------------------------|----------------------------|
| Net Investment Adjusted tor Charitable Income Purposes 8 58,958  |                          | Revenue        | •              | •                      | Disbursements              |
| 958 58,958<br>497 45,497<br>104 104<br>711 5,977   | Description              | <br>d Expenses | Net Investment | Adjusted<br>Net Income | tor Charitable<br>Purposes |
| 45,497<br>104<br>5,977   | operty                   | 58,958         | 58,958         |                        |                            |
| 5,977  | Tax on investment income | 45,497         | 45,497         |                        |                            |
| 5,977  | Other taxes              | 104            | 104            |                        |                            |
|  | 4 Payroll taxes          | 6,711          | 5,977          |                        | 734                        |
|  |                          |                |                |                        |                            |
|  |                          |                |                |                        |                            |
|  |                          |                |                |                        |                            |
|  |                          |                |                |                        |                            |
|  |                          |                |                |                        |                            |
|  |                          |                |                |                        |                            |

## Line 23 (990-PF) - Other Expenses

FJARLI FOUNDATION

| Descri  1 Equipment repairs & licens  2 Misc expense  3 Dues & Subscriptions  4 Rental property Insurance  5 Rental property Utilities  6 Repairs & Maintenance  7 Advertising  8 Security  9 Office supplies  10 Office expenses | Description<br>Ircensing | Revenue and<br>Expenses<br>per Books<br>2,219 | Net Investment |              | Dishursements  |
|---|--------------------------|---|----------------|--------------|----------------|
| Equipment repairs & Misc expense  Musc expense  Dues & Subscription  Rental property Insu  Rental property Utilit  Repairs & Maintenar  Advertising  Security  Office supplies  Office expenses  Postage                          | cription<br>ansing       | Expenses<br>per Books<br>2,219                | Net Investment |              | 21121122122    |
| Equipment repairs & Misc expense  Misc expense  Dues & Subscription Rental property Insu Repairs & Maintenar Advertising Security Office supplies Office expenses Postage   | cription                 | per Books<br>2,219                            |                | Adjusted Net | for Charitable |
| Equipment repairs & Misc expense Dues & Subscription Rental property Insur Repairs & Maintenan Advertising Security Office supplies Office expenses Postage   | ensing                   | 2,219   | Income         | Income       | Purposes       |
| Misc expense Dues & Subscription Rental property Insur Repairs & Maintenan Advertising Security Office supplies Office expenses Postage   |                          |   | 2.219          |              |                |
| Dues & Subscription Rental property Insu Rental property Utilit Repairs & Maintenar Advertising Security Office supplies Office expenses Postage  |                          | •   |                |              |                |
| Rental property Insu<br>Rental property Utilit<br>Repairs & Maintenar<br>Advertising<br>Security<br>Office supplies<br>Office expenses<br>Postage   |                          | 260   | 260            |              |                |
| Rental property Utilit Repairs & Maintenar Advertising Security Office supplies Office expenses Postage   |                          | 4,631   | 4,631          |              |                |
| Repairs & Maintenar Advertising Security Office supplies Office expenses Postage  |                          | 9,758   | 9,758          |              |                |
|   |                          | 49,323  | 49,323         |              |                |
|   |                          | 1,356   | 1,356          |              |                |
|   |                          |   |                |              |                |
|   |                          | 2,154   | 1,077          |              | 1,077          |
|   |                          | 5,960   | 2,980          |              | 2,980          |
|   |                          | 379   | 379            |              |                |
| 12 Bank charges   |                          | 85  | 85             |              |                |
| 13  |                          |   |                |              |                |
| 14  |                          |   |                |              |                |

## 8868 Form

(Rev January 2012)

Department of the Treasury ☐Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

| Electronic filling (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T) or an additional (not automatic) 3-month extension of time To You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part for Part II with the exception of Form 8870, Information Return for Transfers Associated With Cartian Personal Benefit Contracts, which must be sent to the IRS in paper formst control of the form visit www.ins.gov/efile and click on e-file for Charlies & Nonprofits.    Part   | <ul><li>If you</li></ul>   | are filing for an Automatic 3-Month Extensi<br>are filing for an Additional (Not Automatic)<br>omplete Part II unless you have already be  | 3-Month  | Extension, complete only Part II (  | on pag                    |                                      |                          |                                       | . ► X<br>8868.     |
|--|--|--|--|---|---------------------------|--------------------------------------|--------------------------|---------------------------------------|--------------------|
| A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only  I of the corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Enter filer's identifying number, see instructions  Type or Name of exempt organization or other filer, see instructions  Filer by the Complete Institution or Security number (EIN) or Filer by the Name of exempt organization or suite no If a P O box, see instructions  Filer by the Name of exempt organization or suite no If a P O box, see instructions  Filer by the Name of exempt organization or suite no If a P O box, see instructions  Filer by the Name of exempt organization or suite no If a P O box, see instructions  Form 900 MASON  City, town or post office, state, and 2IP code For a foreign address, see instructions  MEDFORD  Code  Form 900 Town organization organization is for (file a separate application for each return).  Q4  Application  Is For  Code  Form 990-B.  Q5  Form 990-B.  Q6  Form 990-B.  Q7  Form 990-T (corporation)  Q7  Form 990-T (corporation)  Q8  Form 990-T (see. 401(a) or 408(a) trust)  Q8  Form 990-T (see. 401(a) or 408(a) trust)  Q9  Form 990-T (see. 401(a) or 408(a) trust)  Q9  Telephone No  54/1/7/9-2233  FAX No. 5  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the organization does not have an office or place of business in the United States, check this box  If this is for the whole group, check this box.  If this is for the organization named above. The extension is for the whole group, check this box.  If this is for the organization for Form 90-B. 190-PF, 990-T, 4720, or 6069, enter the tentative tax, less any and ending  If the tax year beginning  If the tax year entered in line 1 is for less than 12 months, check reason Institution Institut | a corpora<br>8868 to re<br>Return fo   | ition required to file Form 990-T), or an additi<br>equest an extension of time to file any of the<br>r Transfers Associated With Certain Persona  | ional (not a<br>forms liste<br>al Benefit C        | automatic) 3-month extension of time<br>d in Part I or Part II with the exception<br>Contracts, which must be sent to the | e You<br>on of I<br>IRS i | i can elec<br>Form 887<br>n paper fo | tro<br>'0, I             | nically<br>Informa<br>nat (see        | file Form<br>ation |
| A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only  All other corporations (including 1120-C filers), partmerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.    Enter filer's identifying number, see instructions   | Part I   | Automatic 3-Month Extension of 3   | Fime. Onl  | y submit original (no copies need   | ded).                     |                                      |                          |                                       |                    |
| All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income fax returns.    Enter filer's identifying number, see instructions  | A corpora  |  |  |   |                           | and com                              | nple                     | ete                                   |                    |
| All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income fax returns.    Type or print print   Name of exempt organization or other filer, see instructions   Employer demification number (EIN) or FJARLI FOUNDATION   X 57-1186466   |  | •  |  |   |                           |                                      |                          |                                       | ▶ X                |
| Type or print   Name of exempt organization or other filer, see instructions   Employer identification number, see instructions   Employer identification number (EN) or print   FJARLI FOUNDATION   ST-1186486   Social security number (SN)   G70 MASON   Social security number (SN)   G70 MASON   Social security number (SN)   G70 MASON   G70    | All other  |  | rships, RE   | MICs, and trusts must use Form 70   | 04 to i                   | request a                            | n e                      | xtensic                               | on of              |
| Type or print   FJARLI FOUNDATION   S.7-1186466   S.7-1186460   S.7-118  | time to file   | e income tax retums.   |  |   |                           | •                                    |                          |                                       |                    |
| FJARLI FOUNDATION  |  |  |  |   |                           |                                      |                          |                                       |                    |
| Number, street, and room or suite no. If a P O. box, see instructions   Ground Scorial security number (SSN)   | Type or  | Name of exempt organization or other filer, se   | e instruction                                      | ns  |                           | nployer ider                         | itific                   | ation nun                             | nber (EIN) or      |
| due date for filling your return Sec   | print  |  | · · · · · · · · · · · · · · · · · · ·              |   | -                         |                                      |                          |                                       |                    |
| filing your return See instructions    City, town or post office, state, and ZIP code   For a foreign address, see instructions   MEDFORD   OR 97501   | due data for   |  |  |   |                           |                                      | (SSN)                    |                                       |                    |
| Enter the Return code for the return that this application is for (file a separate application for each return).  Application  | filing your 670 IVIASON  |  |  |   |                           |                                      |                          |                                       |                    |
| Enter the Return code for the return that this application is for (file a separate application for each return).    Application   Return   Application   Security   Code   Is For   Code |  |  | For a foreig                                       | n address, see instructions   |                           |                                      |                          |                                       |                    |
| Application Is For Code Is For Code Is For Code Is For Code Form 990-T (corporation)   | instructions   | MEDFORD  |  |   |                           | OR 9                                 | <u>)75</u>               | 01                                    |                    |
| S For   Code   Is For   Code   Is For   Code   Is For   Code   Form 990  | Enter the  | Return code for the return that this application   | on is for (fil                                     | e a separate application for each re  | turn)                     |                                      |                          |                                       | 04                 |
| Form 990   | _ ' <u>`</u>   |  |  |   |                           |                                      | Return                   |                                       |                    |
| Form 990-BL 02 Form 1041-A 08 Form 990-EZ 01 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12  • The books are in the care of ▶ JOANN FJARLI  • Telephone No ▶ 541/779-2233 FAX No. ▶ 16 the organization does not have an office or place of business in the United States, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this for part of the group, check this box If this is for the whole group, check this box If this for part of the group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is and attach a list with the names and EINs of all members the extension is for the group, check this box If this is and attach a list with the names and EINs of all members the extension required to file Form 990-T) extension of time until 11/15/2012 to file the exempt organization return for the organization named above. The extension is for the organization's return for Intervention   | Is For Code Is For   |  |  |   |                           |                                      |                          |                                       | Code               |
| Form 990-EZ  |  |  |  |   |                           |                                      |                          | 07                                    |                    |
| Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above)  • The books are in the care of ▶ JOANN FJARLI  Telephone No ▶ 541/779-2233 FAX No. ▶ • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for the whole group, check this box. • If this is for the whole group, check this box. • If the organization is for all members the extension is for  1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15/2012 • to file the exempt organization return for the organization named above. The extension is for the organization's return for  ■ X calendar year 2011 • Tax year beginning • And ending  If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return  Change in accounting period  3a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$ 18,599  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit  5b Sanace due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  3c \$ 0   | Form 990-BL 02 Form 1041-A   |  |  |   |                           |                                      | 08                       |                                       |                    |
| Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (trust other than above)  O6 Form 8870  12  Telephone No  541/779-2233  FAX No.  6  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  11/15/2012  If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Change in accounting period  If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  O 12   | Form 990-EZ 01 Form 4720   |  |  |   |                           |                                      | 09                       |                                       |                    |
| The books are in the care of    JOANN FJARLI  Telephone No    541/779-2233   |  |  |  |   |                           |                                      |                          |                                       |                    |
| The books are in the care of ▶ JOANN FJARLI  Telephone No ▶ 541/779-2233 FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box ▶ ☐  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐  If this is for the whole group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for  1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until ☐ 11/15/2012 ☐, to file the exempt organization return for the organization named above. The extension is for the organization's return for ▶ X calendar year 2011 or  ▶ ☐ tax year beginning ☐, and ending ☐  2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period  3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  |  |  |  |   |                           |                                      |                          |                                       |                    |
| Telephone No ▶ 541/779-2233  FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box  If this is is for the whole group, check this box  If this is and attach a list with the names and EINs of all members the extension is for  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  11/15/2012  Interest of the exempt organization return for the organization named above. The extension is for the organization's return for  It is for the organization's return for  It is for the organization's return for  It is for the organization's return for  Interest of the organization named above. The extension is for the organization's return for  Interest of the organization named above. The extension is for the organization's return for  Interest of the organization named above. The extension is for the organization's return for  Interest of the organization named above. The extension is for the organization's return for  Interest of the organization named above. The extension is for the organization named above. The extension  Interest of the organization named above. The extension  Interest of the organization named above. The extension  Interest of the organization named above. The extension  Interest of the organization named above. The extension  Interest of the organization named above. The extension  Interest of the organization named above. The extension  Interest of the organization named above. The extension  Interest of the organization named above. The extension  Interest of the organization named above. Interest of the organization named above. The extension  Interest of the organization named above. The organization named above. The organization named above. The organization named above. The organization named above. The organization named above. The orga  | Form 990   | 0-1 (trust other than above)   | 06   | Form 8870   |                           |                                      |                          |                                       | 12                 |
| If the tax year entered in line 1 is for less than 12 months, check reason Initial return Change in accounting period  If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Initial return  Final return  Final return  Final return  Final return  Final return  Final return  Final return  Final return  Final return  Final return  Final return  Sa \$ 18,599   | Teleph If the c If this if for the whist with the until is for the until is for the until is for the until is for the until is for the until is for the until is for the until is for the unit is for the unit is for the unit | none No ► 541/779-2233  organization does not have an office or place is for a Group Return, enter the organization' nole group, check this box ►  ne names and EINs of all members the extendates an automatic 3-month (6 months for a il, to file the or the organization's return for | s four digit If it is for p sion is for corporatio | ss in the United States, check this be Group Exemption Number (GEN) _ eart of the group, check this box                   | sion o                    | I                                    | <br><br><br><br><br><br> | and                                   | d attach a         |
| nonrefundable credits. See instructions.  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  3a \$ 18,599  79,975  2b \$ 79,975  |  | ne tax year entered in line 1 is for less than 1.<br>Change in accounting period   | 2 months,  | check reason Initial return   | ss an                     |                                      | <br>nn                   | · · · · · · · · · · · · · · · · · · · | ·                  |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  3b \$ 79,975  |  |  | JJ 1, 7/20   | , or soot, enter the terrative tax, les   | oo an                     |                                      | ,                        | s                                     | 18 599             |
| estimated tax payments made. Include any prior year overpayment allowed as a credit  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  3b \$ 79,975   |  |  | 20, or 6069  | enter any refundable credits and  |                           | -   30                               | $\dagger$                | <del>-</del>                          |                    |
| EFTPS (Electronic Federal Tax Payment System). See instructions.  3c   \$ 0  | esti   | mated tax payments made. Include any prior   | r year over  | payment allowed as a credit   |                           |                                      | <u>↓</u>                 | \$                                    | 79,975             |
|  |  |  |  |   | y usin                    | ~                                    |                          |                                       | _                  |
|  |  |  |  |   | rm 907                    |                                      |                          |                                       |                    |