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OMB No 1545-0052

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

F	or ca	endar year 2011 or tax year beginning			, 2011	, and ending	3_		
	Name	of foundation					- 4	A Employer identif	cation number
_		ERS FAMILY FOUNDATION					\perp	77-010242	9
	Numb	er and street (or P O box number if mail is not deli	vered to stree	et address)		Room/suite	۱	B Telephone numb	er (see instructions)
							ì	() –
_	<u>315</u>	W. HUENEME ROAD					_		
	City o	r town, state, and ZIP code							
	C 7 M	NDTIIO CA 02012					ď	C If exemption application pending, check here	ation is
_		ARILLO, CA 93012		Initial return	of a former a	while charity	\dashv		.□
G	Cile	ck all that apply Initial return	<u> </u>	Initial return Amended re	-	oublic charity	′ ¦'	D 1 Foreign organiza	
		Address change		Name chang				2 Foreign organiza 85% test, check	here and attach
_	Cho	ck type of organization X Section 50	1/0//3) 04				\dashv	computation .	
ï	_	·· -		her taxable pr		tion	1		n status was terminated
+		ection 4947(a)(1) nonexempt charitable trust market value of all assets at end J Acc		nethod X C			\dashv		o)(1)(A), check here . P
١		, —— ,	Other (sp		asii Acc	iuai	'		in a 60-month termination
				(d) must be on	cash hasis)		- [under section 507(t)(1)(B), check here . ►
		Analysis of Revenue and Expenses (Th		(a) made bo on	oden badio)				(d) Disbursements
	aıı	total of amounts in columns (b), (c), and (d)	(a) K	evenue and	(b) Net inve		(c)	Adjusted net	for charitable
		may not necessarily equal the amounts in	exp	enses per books	incom	ne		income	purposes
_		column (a) (see instructions))							(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule) if the foundation is not required to							
	2	Check ► L attach Sch B	· 	1.		1.			лтси 1
	3	Interest on savings and temporary cash investments	-	409.		409.			ATCH 1 ATCH 2
	4	Dividends and interest from securities				403.			AICH Z
	l	Gross rents	·						
	i	Net rental income or (loss)		2,306.	-				
ne ne	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 30,000		2,300.					
Revenue	~	assets on line 6a	-			2 306			
Re	7	Capital gain net income (from Part IV, line 2)				2,306.			<u> </u>
	8	Net short-term capital gain							
	9 10 a	Income modifications · · · · · · · · · · · · · · · · · · ·							
	ь	Less Cost of goods sold .							
	С	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)							
	12_	Total. Add lines 1 through 11		2,716.		2,716.			
		Compensation of officers, directors, trustees, etc		0					
		Other employee salaries and wages							
ses	15	Pension plans, employee benefits							
ĕ	16a	Legal-fees (attach-schedule)							
Ä	ь	Accounting vees (affact) schedule)							
and Administrative Expen	С	Other professional fees (attach schedule) . *		4,915.		2,457.			2,458
rati	17	1115 NOV-2 1-2012 - 101							
ist	18	Taxes (attach schedule) (see instructions)	*	10.					
듣	19	Depreciation (attach schedule) and depletion							
ď	20	Occupar@GDEN.U.T							
Ď	21	Travel, conferences, and meetings							
a	22	Printing and publications							
ing	23	Other expenses (attach schedule) ATCH 5		140.		70.			70
Operating	24	Total operating and administrative expenses	i.						
be	[Add lines 13 through 23		5,065.		2,527.			2,528
O	25	Contributions, gifts, grants paid		24,745.					24,745
_	26_	Total expenses and disbursements Add lines 24 and 2	5	29,810.		2,527.			27,273
	27	Subtract line 26 from line 12							
	а	Excess of revenue over expenses and disbursements		-27,094.					
)	ь	Net investment income (if negative, enter -0-				189.			
_	<u>c</u>	Adjusted net income (if negative, enter -0-).							

For Paperwork Reduction Act Notice, see instructions.

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*ATCH 3 JSA ** ATCH 4

Form 990-PF (2011)

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Part	Attached scriedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f 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	3,533.	3,244.	3,244
3	Accounts receivable			
	Less allowance for doubtful accounts ▶			
4				
	Less allowance for doubtful accounts ▶			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			ATCH 6
"	disqualified persons (attach schedule) (see instructions)		480.	480
7		·	100.	
'	Less allowance for doubtful accounts			
١,				
Assets 01 0 8	Inventories for sale or use		-	
SS	Prepaid expenses and deferred charges	_·		
-1	a Investments - U S and state government obligations (attach schedule)			
	b Investments - corporate stock (attach schedule)			
11	c Investments - corporate bonds (attach schedule)			
12	` '			· · · · · · · · · · · · · · · · · · ·
13	Investments - other (attach schedule)	180,720.	153,435.	141,962
	equipment basis Less accumulated depreciation (attach schedule)			
145	(attach schedule)	53,730.	E2 720	E2 720
15	· · · · · · · · · · · · · · · · · · ·		53,730.	53,730
16	Total assets (to be completed by all filers - see the instructions Also, see page 1, item I)	237,983.	210,889.	199,416
17	Accounts payable and accrued expenses			
18	Grants payable			
<u>د</u> 19	Deferred revenue			
Liabilities 12 12 13	Loans from officers, directors, trustees, and other disqualified persons			
e 21	Mortgages and other notes payable (attach schedule)	· · · · · · · · · · · · · · · · · · ·		
3 22	Other liabilities (describe			
22	Other habilities (describe P)	· · · · · · · · · · · · · · · · · · ·		
23	Total liabilities (add lines 17 through 22)	0	0	
+==	· · · · · · · · · · · · · · · · · · ·			
	Foundations that follow SFAS 117, check here ► and complete lines 24 through 26 and lines 30 and 31.			
24 25	Unrestricted			
등 25	Temporarily restricted		<u>-</u> .	
昭 26	Permanently restricted			
Fund	Foundations that do not follow SFAS 117,			
리	check here and complete lines 27 through 31. ▶ X			
ව 27	Capital stock, trust principal, or current funds			
₽ 28	Paid-in or capital surplus, or land, bldg, and equipment fund	704,578.	704,578.	
Assets 5 2 8 2 8 2 8 2 8 2 9 9 9 9 9 9 9 9 9 9 9	Retained earnings, accumulated income, endowment, or other funds	-466,595.	-493,689.	
₹ 30	Total net assets or fund balances (see instructions)	237,983.	210,889.	
2 31	Total liabilities and net assets/fund balances (see	-		
_	ınstructions)	237,983.	210,889.	
Part	Analysis of Changes in Net Assets or Fund E		220,0001	
	tal net assets or fund balances at beginning of year - Part I		ust agree with	
				227 002
2 =-	d-of-year figure reported on prior year's return)	• • • • • • • • • • • • • • • • • • • •		237,983
2 00	ter amount from Part I, line 27a			-27,094
				242 655
	d lines 1, 2, and 3			210,889
5 De	creases not included in line 2 (itemize) ▶ tal net assets or fund balances at end of year (line 4 minus li		5	_
6 To	tal net assets or fund balances at end of year (line 4 minus li	ne 5) - Part II, column (b),	line 30 6	210,889

Part IV Capital Gains and Losses for Tax on Investment Income

•	describe the kind(s) of property sold (e	_	acquired P-Purchase	acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
	ick warehouse, or common stock, 200 s	siis WEC CO)	D-Donation	(mo, day, yr)	
	,ond				
<u>b</u>					
<u>c</u>		· · · · · · · · · · · · · · · · · · ·			
<u>d</u>		·			
<u>e</u>	(5 Degreesation allowed	(g) Cost or other basis		(h) Corp or (le	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(h) Gain or (lo (e) plus (f) min	
<u>a</u>					
b					
С					
d					
е					··-··
Complete only for assets	showing gain in column (h) and owner	d by the foundation on 12/31/69	(1)	Gains (Col (h) g	jain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less Losses (from co	
а					
b					
c					
d					
e					
2 Capital gain net income or	(not canital loce)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		2,306.
3 Net short-term capital gain	or (loss) as defined in sections 12			•	
If gain, also enter in Par	t I, line 8, column (c) (see instr	ructions) If (loss), enter -0- in			
•	<u></u>		3		0
Part V Qualification U	Inder Section 4940(e) for Red	duced Tax on Net Investment I	ncome		
(For optional use by domestic	private foundations subject to the	e section 4940(a) tax on net investi	ment inco	me)	
If "Yes," the foundation does	the section 4942 tax on the distrib not qualify under section 4940(e)	utable amount of any year in the b Do not complete this part , see the instructions before making	•		Yes X No
(a)			any emi	(d)	
Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution r (col (b) divided b	
2010	11,300.	249,642.		•	0.045265
2009	15,425.	243,604.			0.063320
2008	31,551.	337,840.			0.093390
2007	31,431.	410,968.			0.076480
2006	31,223.	406,999.			0.076715
2 Total of line 1, column (d)			2		0.355170
3 Average distribution ratio	for the 5-year base period - divide	the total on line 2 by 5, or by the			
number of years the found	dation has been in existence if less	than 5 years	3		0.071034
4 Enter the net value of non	charitable-use assets for 2011 fro	m Part X, line 5	4		243,644.
5 Multiply line 4 by line 3			5		17,307.
	nt income (1% of Part I, line 27b)		6		2.
	,,,				
7 Add lines 5 and 6			,		17 300
		n Part VI, line 1b, and complete t	7		17,309.

Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Х Х 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a b If "Yes," has it filed a tax return on Form 990-T for this year? 4 b Х Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that X Χ Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV 8a Enter the states to which the foundation reports or with which it is registered (see instructions) b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General Х 8 b Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete

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Χ

Х

and addresses

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?

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Part VIII	Information About Officers, Directors, Trustees, Foundation Mana and Contractors (continued)	gers, Highly Paid Employ	/ees,
3 Five h	ighest-paid independent contractors for professional services (see instru	ctions). If none, enter "NONE	"
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			(4, 550, 550, 550, 550, 550, 550, 550, 55
			·
Total number	r of others receiving over \$50,000 for professional services	. .	
Part IX-A	Summary of Direct Charitable Activities		
List the found organizations	lation's four largest direct charitable activities during the tax year. Include relevant statistical interaction and other beneficianes served, conferences convened, research papers produced, etc.	formation such as the number of	Expenses
1 NOT A	PPLICABLE		
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see instructions)		Amount
-	two largest program-related investments made by the foundation during the tax year on lines 1 and PPLICABLE		Amount
2			
All other prog	ram-related investments. See instructions		
3 NONE			
i otal. Add li	nes 1 through 3	<u></u>	

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Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreignsee instructions)	n foundations,	
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	157,107.
b	Average of monthly cash balances	1b	9,652.
С	Fair market value of all other assets (see instructions)	1c	80,595.
d		1d	247,354.
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		3	247,354.
4	Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
		4	3,710.
5	Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	243,644.
6	Minimum investment return. Enter 5% of line 5	6	12,182.
Pa	Text XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ► and do not complete this process.	part)	
1	Minimum investment return from Part X, line 6	1	12,182.
2 a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011 (This does not include the tax from Part VI)		
	Add lines 2a and 2b	2c	2.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	12,180.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	12,180.
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	12,180.
	rt XII 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	27,273.
b	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.	1b	
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)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	27,273.
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	2.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	27,271.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when cal qualifies for the section 4940(e) reduction of tax in those years	culating whether	the foundation

Pa	rt XIII Undistributed Income (see instruc	tions)			
	•	(a)	(b)	(c)	(d)
1	Distributable amount for 2011 from Part XI, Inne 7	Corpus	Years prior to 2010	2010	2011 12,180.
2	Undistributed income, if any, as of the end of 2011				
_	Enter amount for 2010 only				
	Total for pnor years 20 09 20 08 20 07				
3	Excess distributions carryover, if any, to 2011				
а	From 2006 11,278.				
ь	From 2007 11,447.				
С	From 2008 14,659.				
d	From 2009 3,245.				
	From 2010				
f	Total of lines 3a through e	40,629.			_
4	Qualifying distributions for 2011 from Part XII,				
	line 4 ▶ \$				
а	Applied to 2010, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required - see instructions)				
С	Treated as distributions out of corpus (Election required - see instructions)				
	Applied to 2011 distributable amount				12,180.
	Remaining amount distributed out of corpus	15,093.			,
5	Excess distributions carryover applied to 2011				
•	(If an amount appears in column (d), the same				
6	amount must be shown in column (a)) Enter the net total of each column as				
•	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	55,722.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b			· · · · · ·	<u> </u>
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has				
	been previously assessed				
d	Subtract line 6c from line 6b Taxable				
e	amount - see instructions				
•	4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2011 Subtract lines				
	4d and 5 from line 1. This amount must be distributed in 2012				
-	Amounts treated as distributions out of corpus				
7	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				}
8	Excess distributions carryover from 2006 not				
Ū	applied on line 5 or line 7 (see instructions)	11,278.			
9	Excess distributions carryover to 2012.				
-	Subtract lines 7 and 8 from line 6a	44,444.			
10	Analysis of line 9				
	Excess from 2007				
	Excess from 2008 14,659.				
С	Excess from 2009 3,245.				
	Excess from 2010				
e	Excess from 2011 15,093.		<u> </u>		<u> </u>
			1		Form 990-PF (201

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N/A

Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid During Recipient Name and address (home or business)	ng the Year or Appr	oved for F	uture Payment	<u> </u>
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTINUENT	
a Paid during the year				
ATTACHMENT 11				
	j			
	İ			
Total		<u> </u>		24,745.
Total	1		1	
b Approved for future payment				
			1	
			ţ	
		ĺ		
				1
				1
		1 .	<u>L </u>	
Total	<u> </u>	<u></u>	<u>► 3b</u>	<u> </u>

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ter gross amounts unless otherwise indicated	Unrelat	ed business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
· ·					(See instructions)
a b					
c					
d					
e					
f		 			
g Fees and contracts from government agencies					_
Membership dues and assessments					
Interest on savings and temporary cash investments			14	1.	
Dividends and interest from securities	-		14	409.	
Net rental income or (loss) from real estate	-	· - ····	 		- -
a Debt-financed property			 		
b Not debt-financed property					
Net rental income or (loss) from personal property . Other investment income	+	······································			
Gain or (loss) from sales of assets other than inventory			18	2,306.	
Net income or (loss) from special events				<u></u>	
Gross profit or (loss) from sales of inventory.					
Other revenue a					
b					
c					
d					
e	ļ				
Subtotal Add columns (b), (d), and (e)	1 1			2,716.	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities ine No. Explain below how each activities	ulations) to the Acc	complishment of E	xempt Purpo	oses) of Part XVI-A contribu	uted importantly to
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities	ulations) to the Acc	complishment of E	xempt Purpo	oses) of Part XVI-A contribu	uted importantly to
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Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ine No. Explain below how each activities	ulations) to the Acc	complishment of E	xempt Purpo	oses) of Part XVI-A contribu	uted importantly to
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ine No. Explain below how each activities	ulations) to the Acc	complishment of E	xempt Purpo	oses) of Part XVI-A contribu	uted importantly to
Total. Add line 12, columns (b), (d), and (e) re worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities ne No. Explain below how each activit	ulations) to the Acc	complishment of E	xempt Purpo	oses) of Part XVI-A contribu	uted importantly to
Total. Add line 12, columns (b), (d), and (e) re worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities ne No. Explain below how each activit	ulations) to the Acc	complishment of E	xempt Purpo	oses) of Part XVI-A contribu	uted importantly to
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activity	ulations) to the Acc	complishment of E	xempt Purpo	oses) of Part XVI-A contribu	uted importantly to
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcular XVI-B Relationship of Activities ne No. Explain below how each activity	ulations) to the Acc	complishment of E	xempt Purpo	oses) of Part XVI-A contribu	uted importantly to
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Total. Add line 12, columns (b), (d), and (e) re worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities ne No. Explain below how each activit	ulations) to the Acc	complishment of E	xempt Purpo	oses) of Part XVI-A contribu	uted importantly to
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ine No. Explain below how each activities	ulations) to the Acc	complishment of E	xempt Purpo	oses) of Part XVI-A contribu	uted importantly to
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ine No. Explain below how each activities	ulations) to the Acc	complishment of E	xempt Purpo	oses) of Part XVI-A contribu	uted importantly to

Part 2	XVII	Information R Exempt Organ		ansfers To and Trans	sactions	and Relations	ships With Non	chari	table	9
` In O	secti rganiz	on 501(c) of the Co ations?	ode (other than	engage in any of the foll section 501(c)(3) organizes a noncharitable exempt	zations) or	ın section 527, r			Yes	No
	a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash							1a(1)		Х
								1a(2)		Х
		ransactions								
				mpt organization				1b(1)		X
				able exempt organization.				1b(2)		Х
				assets				1b(3)		X
								1b(4)		X
(!) Loa	ins or loan guarantee	es					1b(5)		X
				hip or fundraising solicitations sts, other assets, or paid ei				1b(6) 1c		X
				es," complete the following					fair m	
				ices given by the reporting						
				gement, show in column						
(a) Line	no	(b) Amount involved	(c) Name of	noncharitable exempt organization	n (d) Description of transf	ers, transactions, and sha	ring arra	ngeme	nts
		N/A			N.	/A				
	_									
				· · · · · · · · · · · · · · · · · · ·						
						-				
		"								
		<u>-</u>								
d	escrib) of the Code (c	ffiliated with, or related to other than section 501(c)(es X] No
		(a) Name of organization		(b) Type of organiza	tion	(c) Description of relation	ship		
						•				
	1 7						- 46 - 6 - 4 1 1 - 4			
Sign	Under			imed this retum, including accompai taxpayer) is based on all information of			o me best of my knowled	ye and b	ener, it	is true,
_		Show S.	$\mathcal{V}_{\mathcal{A}}$	-1.11/11/12		D 0-6-0		S discus		
Here	Sign	ature of officer or trustee	- Poly-	Date	Title	DIRECTOR	with the p	reparer ns)? X	7 r	below
	5.9"		ι				(see insudedo	14) · [l ies [No.
De:d		Print/Type preparer's	name	Preparer's signature		Date	Check If	РПИ		
Paid		JASON A. FLASI	HBERG	1 Dalan		NOV 0.9	self-employed	P001	8785	57
Prepa		Firm's name ► HC	LTHOUSE CA	RLIN VAN TRIGT	LLP		Firm's EIN ▶ 95-4			
Use C	nly			SAND OAKS BLVD, S	TE 100					
		WE	STLAKE VIL	LAGE, CA		91362	Phone no 805-3	74-8	555	

0018642.0

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ATTACHMENT

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

	NET	INVESTMENT	INCOME	. 1.
REVENUE	AND	EXPENSES	PER BOOKS	1.
				
			DESCRIPTION	WELLS FARGO

TOTAL

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	409.	409.
REVENUE AND EXPENSES PER BOOKS	409.	409.
		TOTAL
DESCRIPTION	DIVIDEND INCOME - RAINIER	

- OTHER PROFESSIONAL FEES PART I FORM 990PF,

NET INVESTMENT INCOME AND EXPENSES PER BOOKS REVENUE DESCRIPTION

TOTALS

PROFESSIONAL FEES

2,457. 2,457. 4,915. 4,915.

2,458.

2,458.

CHARITABLE PURPOSES

0018642.0

FORM 990PF, PART I - TAXES

REVENUE AND EXPENSES

DESCRIPTION

EXPENSES
PER BOOKS

STATE FILING FEE

10.

TOTALS

10.

S

ATTACHMENT

ATTACHMENT 5

FORM 990PF, PART I - OTHER EXPENSES

70. NET INVESTMENT INCOME

CHARITABLE <u>PURPOSES</u> 70.

70.

70.

140.

TOTALS

DESCRIPTION BANK CHARGES

REVENUE AND EXPENSES PER BOOKS

0018642.0

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TOTAL ENDING FMV - RECEIVABLES DUE FROM OFFICERS, ETC.

ATTACHMENT 6

<u>480.</u>

FORM 990PF, PART II - RECEIVABLES DUE FROM OFFICERS, ETC. BORROWER: RICHARD AND ELIZABETH ROGERS ORIGINAL AMOUNT: NONE. ENDING BALANCE DUE 480. ENDING FAIR MARKET VALUE 480. TOTAL BEGINNING RECEIVABLES DUE FROM OFFICERS, ETC. TOTAL ENDING BOOK - RECEIVABLES DUE FROM OFFICERS, ETC. 480.

FORM 990PF, PART II - OTHER INVESTMENTS

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RANIER EQUITY FUND

ENDING BOOK VALUE

ENDING FMV

153,435.

141,962.

TOTALS

153,435.

435.

36519A U575 11/8/2012 3:56:28 PM

ATTACHMENT 8

PART II - OTHER ASSETS FORM 990PE,

DESCRIPTION

ENDING BOOK VALUE

ENDING FMV

ARTIFACTS

53,730.

53,730.

53,730.

53,730.

TOTALS

V 11-6.1

ROGERS FAMILY FOUNDATION 77-0102429
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

· Kind of F			Desc			Or	Date acquired	Date sold
Gross sale	Depreciation	Cost or	FMV	Adj basis	Excess of	P	Gain	
price less expenses of sale	allowed/ allowable	other basis	as of 12/31/69	as of 1.2/31/69	FMV over adı basıs	Ш	or (loss)	<u>-</u> -
30,000.		1147.228 SH PROPERTY TY 27,694.	ARES RAINIE	R LARGE CAP			05/26/1998 2,306.	04/14/2011
FOTAL GAIN(L	oss)				• • • • •		2,306.	

, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER	PRESIDENT
FORM 990PE, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES		RD. 93012
FORM 990PF, F	NAME AND ADDRESS	RICHARD ROGERS 315 W. HUENEME RD. CAMARILLO, CA 93012

0	
0	
PRESIDENT	

0

EXPENSE ACCT
AND OTHER
ALLOWANCES

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS

COMPENSATION

0

0

0

CFO/SEC.

ELIZABETH ROGERS 315 W. HUENEME RD. 0

CAMARILLO, CA 93012			
RHODA MEYER 315 W. HUENEME RD.	DIRECTOR	0	0

CAMARILLO, CA 93012

0
0
0
GRAND TOTALS

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

N/A

EAR
THE
ING
all
AND CONTRIBUTIONS PAID DURING THE YEAR
TONS
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NTR
9
AN
ANTS
GRA
PART
PROPE
FORM

AMOUNT	250	1,000	1,000.	250	9,000	670
PURPOSE OF GRANT OR CONTRIBUTION	TO SUPPORT THE SBAA STUDENT ART FUND	TO SUPPORT THE SANSUM CLINIC	TO HELP PROVIDE PATIENTS WITH BETTER MEDICAL. CARE	TO PROMOTE EDUCATION	TO HELP RESTORE BULDINGS & RENEW THE GROUNDS	TO PRESERBE THE ESTATE
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE	NONE	NONE	NONE	NONE	NONE
	501(C)(3)	501(C)(3)	501 (C) (3)	501 (C) (3)	501(C)(3)	501 (C) (3)
RECIPIENT NAME AND ADDRESS	SBAA STUDENT ART FUND	SANSUM CLINIC	CANCER CENTER OF SANTA BARBARA	CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS	LA CASA DE MARIA	FRIENDS OF ROBINSON GARDENS
	P O. BOX 91928	470 SOUTH PATTERSON AVENUE	300 WEST PUEBLO STREET	ONE UNIVERSITY DRIVE	800 EL BOSQUE ROAD	1008 ELDEN WAY
	SANTA BARBARA, CA 93190-1928	SANTA BARBARA, CA 93111	SANTA BARBARA, CA 93105	CAMARILLO, CA 93012	SANTA BARBARA, CA 93108	BEVERLY HILLS, CA 90210

77-0102429

ATTACHMENT 11 (CONT'D)

PURPOSE OF GRANT OR CONTRIBUTION	TO SUPPORT BHIKKHUNIS	TO HELP THE PRESERVATION, CONSERVATION 6 ENHANCEMENT OF THE NATURAL WORLD 6 ITS LIVING CREATURES THROUGH EDUCATION, RESEARCH 6 RECREATION	to support sexual assault victims	TO FURTHER EDUCATION 425	to support the garden club of santa barabra	TO PROMOTE EDUCATION 15,000
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT PURPOS	NONE 501(C)(3)	NONE 501 (C) (3) CREATION RECREATION	NONE TO SUE \$501 (C) (3)	NONE TO FUE 501 (C) (3)	NONE TO SUE 501(C)(3)	NONE TO PRG 501 (C) (3)
RECIPIENT NAME AND ADDRESS	ALLIANCE FOR BHIKKHUNIS P O BOX 1058 SANTA BARBARA, CA 93102	SANTA BARBARA 200 500 NINOS DRIVE SANTA BARBARA, CA 93103	THE RAPE FOUNDATION 1223 WILSHIRE BLVD , NO 410 SANTA MONICA, CA 90403	SPIRIT ROCK MEDITATION CENTER 500 SIR FRANCIS DRAKE BLVD WOODACRE, CA 94973	THE GARDEN CLUB OF SANTA BARBARA PO BOX 5773 SANTA BARBARA, CA 93150	OAKS CHRISTIAN 31749 LA TIENDA DRIVE

0018642 0

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

0018642 0

ATTACHMENT 11 (CONT'D)

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

89 S FAIR OAKS AVENUE PASADENA, CA 91105

LINEAGE DANCE

501 (C) (3) NONE

PURPOSE OF GRANT OR CONTRIBUTION

TO SUPPORT NONPROFIT ORGANIZATIONS

AMOUNT

150

24,745

TOTAL CONTRIBUTIONS PAID

SCHEDULE D (Form 1041)

Capital Gains and Losses

OMB No 1545-0092

Employer identification number

Department of the Treasury Internal Revenue Service Name of estate or trust

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

77-0102429 ROGERS FAMILY FOUNDATION Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less (f) Gain or (loss) for (a) Description of property (e) Cost or other basis (b) Date acquired (c) Date sold (d) Sales price the entire year Subtract (e) from (d) (Example 100 shares 7% preferred of "Z" Co) (mo , day, yr) (mo, day, yr) (see instructions) 1a **b** Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2010 Capital Loss Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (f) Gain or (loss) for (a) Description of property (Example 100 shares 7% preferred of "Z" Co) (b) Date acquired (c) Date sold (e) Cost or other basis the entire year Subtract (e) from (d) (d) Sales pnce (mo, day, yr) (mo,day,yr) (see instructions) 6a 2,306. 6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts Capital gain distributions Gain from Form 4797, Part I 10 10 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2010 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back 2,306. For Paperwork Reduction Act Notice, see the Instructions for Form 1041. Schedule D (Form 1041) 2011

chedule D (Form 1041) 2011				Page 2
Part III · Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	(3) Total
Caution: Read the instructions before completing this pa	art.	(see instr)	or trust's	(3) Total
Net short-term gain or (loss)	13			
4 Net long-term gain or (loss):				
a Total for year	4a			2,306.
b Unrecaptured section 1250 gain (see line 18 of the wrksht)	4b		_	<u> </u>
c 28% rate gain1	4c			
5 Total net gain or (loss). Combine lines 13 and 14a ▶ [2,306.
ote: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or ains, go to Part V, and do not complete Part IV If line 15, column (3), is a net loss, com				
Part IV Capital Loss Limitation			-	
6 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Par	t I, lin	e 4c, if a trust), the sm	naller of	
a The loss on line 15, column (3) or b \$3,000 ote: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1 arryover Worksheet in the instructions to figure your capital loss carryover				plete the Capital Loss
Part V Tax Computation Using Maximum Capital Gains Rates		,		
orm 1041 filers. Complete this part only if both lines 14a and 15 in colum	n (2)	are gains, or an am	ount is entered in	Part I or Part II and
nere is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more aution: Skip this part and complete the Schedule D Tax Worksheet in the ins Either line 14b, col (2) or line 14c, col (2) is more than zero, or Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero	than struct	zero ions if		
orm 990-T trusts. Complete this part only if both lines 14a and 15 are a form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and either line 14b, col. (2) or line 14c, col. (2) is more than zero.				
		11		
7 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	٠.	. 17		
8 Enter the smaller of line 14a or 15 in column (2)				
but not less than zero		_		
9 Enter the estate's or trust's qualified dividends				
from Form 1041, line 2b(2) (or enter the qualified				
dividends included in income in Part I of Form 990-T) 19		_		
0 Add lines 18 and 19				
1 If the estate or trust is filing Form 4952, enter the				
amount from line 4g, otherwise, enter -0 ▶ 21		<u> </u>	1 1	
2 Subtract line 21 from line 20 If zero or less, enter -0		. 22		
3 Subtract line 22 from line 17 If zero or less, enter -0		. 23		
4 Enter the smaller of the amount on line 17 or \$2,300		. 24		
5 Is the amount on line 23 equal to or more than the amount on line 24?				
Yes. Skip lines 25 and 26, go to line 27 and check the "No" box				
No. Enter the amount from line 23		. 25		
6 Subtract line 25 from line 24		. 26		
7 Are the amounts on lines 22 and 26 the same?				
Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 2	22	27		
8 Enter the amount from line 26 (If line 26 is blank, enter -0-)		. 28		
9 Subtract line 28 from line 27		29		
* * * * * * * * * * * * * * * * * * * *		-	30	
Multiply line 29 by 15% (15)Figure the tax on the amount on line 23 Use the 2011 Tax Rate			• • • • • • • • • • • • • • • • • • • •	
1 Figure the tax on the amount on line 23 Use the 2011 Tax Rate (see the Schedule Ginstructions in the instructions for Form 1041)			1 1	· · · · · · · · · · · · · · · · · · ·
2 Add lines 30 and 31				
3 Figure the tax on the amount on line 17 Use the 2011 Tax Rate				
(see the Schedule G instructions in the instructions for Form 1041) $_{\cdot\cdot\cdot}$				
4 Tax on all taxable income. Enter the smaller of line 32 or line 33 he	ere ar	nd on Form 1041, S	Schedule 34	

JSA 1F1220 2 000 Schedule D (Form 1041) 2011

Schedule D-1 (Form 1041) 2011

t II Long-Term Capital Gains a	(h) Data				
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (
1147.228 SHARES RAINIER LARGE CAP EQUITY	05/26/1998	04/14/2011	30,000.	27,694.	2,30
		31, 21, 2023			
·					
	 				
			<u>-</u>		

Name of estate-or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side Employer identification number

Form 8868

(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

If you are	filing for an Automatic 3-Month Extension, co	omplete on	Ily Part I and check this box			> X	<u>:</u>
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)							
Do not comp	plete Part II unles≱ou have already been gran	ted an auto	matic 3-month extension on a previously filed	Form	8868		
a corporation	ling (e-file) You can electronically file Form required to file Form 990-T), or an addition	al (not au	tomatic) 3-month extension of time You can	elect	tronically	file Fo	m
	uest an extension of time to file any of the						
	Transfers Associated With Certain Persona For more details on the electronic filing of the						ee
	tomatic 3-Month Extension of Time. Or			3111162	α Ινοπμ	TOIRS	_
							—
•	required to file Form 990-T and requesting ar		•				\neg
Part I only				• : •		▶∟	لــ
	porations (including 1120-C filers), partnerships	s, REMICS,	•				
to file income		terretrone	Enter filer's identify				ะทร
Type or Name of exempt organization or other filer, see instructions Employer identification number (E					∃IN) or		
print							
File by the	ROGERS FAMILY FOUNDATION		X 77-01024				
due date for	Number, street, and room or suite no. If a P.O. box	, see instruc	tions Social security nu	mber ((SSN)		
filing your return See	315 W. HUENEME ROAD	foreign add			-		_
instructions	City, town or post office, state, and ZIP code. For a	i loreigh add	ress, see liisti ucuoris				
E-4	CAMARILLO, CA 93012						
Enter the Re	turn code for the return that this application is f	or (file a se	parate application for each return)	• • •	• • • •	. 0 4	∐
A !! !!		D-4	Analization			D.4	
Application		Return	Application			Return	
Is For		Code	ls For			Code	_
Form 990		01	Form 990-T (corporation)			07	—
Form 990-BL		02	Form 1041-A			08	_
Form 990-EZ		01	Form 4720			09	—
Form 990-PF		04	Form 5227			10	_
	(sec 401(a) or 408(a) trust)	05	Form 6069			11	_
Form 990-T ((trust other than above)	06	Form 8870			12	_
Telephone	e No ► 805 987-8456		FAX No ►				7
_	nization does not have an office or place of bi					▶ ∟	لـ
	r a Group Return, enter the organization's fou	•	· · · · · · · 	$\overline{}$	_ If the		
	group, check this box	-	rt of the group, check this box	لـــا	and atta	ICU	
	names and EINs of all members the extension						
1 I reque: until	st an automatic 3-month (6 months for a corpo		red to file Form 990-1) extension of time anization return for the organization named abo	we T	he evter	neion ie	
	organization's return for	oxempt orge	2112ation retain for the organization named abt	,,,,	iic cxici	13101113	
	calendar year 20 11 or						
	tax year beginning	20	and ending	20			
	tax your bogittiming	,	, and chang	., 20 _			
	x year entered in line 1 is for less than 12 mon hange in accounting period	iths, check	reason Initial return Final retu	rn			
0 - 10 - 11		O. T. 1-2-	0000		ı		
	application is for Form 990-BL, 990-PF, 99 indable credits See instructions	BU-I, 4720	, or 6069, enter the tentative tax, less an	*			^
	application is for Form 990-PF, 990-T,	4720 00	6069 enter any refundable credits an	3a	1		0
	ed tax payments made Include any prior yea						0
	e due. Subtract line 3b from line 3a Include			3b	12		
	onic Federal Tax Payment System) See instru		ent with this form, it required, by using EFTF				0
	you are going to make an electronic fund v		with this Form 8868, see Form 8453-FO	3c		79-FO	
payment inst		awal	and 1 onn 0000, see 1 onn 0403-EO	und I	60		Ji
	ct and Paperwork Reduction Act Notice, see Instru	ctions.		For	m 8868	(Rev 1-20	12)
	•						,

Form 8868 (Rev. 1-2012)	Page 2
 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete o 	nly Part II and check this box ▶ X
Note. Only complete Part II if you have already been granted an automatic 3-month e	extension on a previously filed Form 8868
 If you are filing for an Automatic 3-Month Extension, complete only Part I (on pag 	
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file	the original (no copies needed).
	Enter filer's identifying number, see instructions
Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
Type or	
print ROGERS FAMILY FOUNDATION	X 77-0102429
Number, street, and room or suite no. If a P.O. box, see instructions	Social security number (SSN)
File by the due date for 315 W. HUENEME ROAD	
filing your City, town or post office, state, and ZIP code. For a foreign address, see instruction return. See	ns
instructions CAMARILLO, CA 93012	
Enter the Return code for the return that this application is for (file a separate applica	tion for each return) 0 4
Application Return Application	Return
Is For Code Is For	Code
Form 990 01	
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
STOP! Do not complete Part II if you were not already granted an automatic 3-mo	nth extension on a previously filed Form 8868.
The books are in the care of ▶ RICHARD ROGERS	
Telephone No ► 805 987-8456 FAX No ►	
If the organization does not have an office or place of business in the United States	s. check this box
If this is for a Group Return, enter the organization's four digit Group Exemption Nur	
for the whole group, check this box ▶ ☐ If it is for part of the group, c	
list with the names and EINs of all members the extension is for	
4 I request an additional 3-month extension of time until	11/15 , 20 12
5 For calendar year 2011, or other tax year beginning, 20	, and ending , 20
6 If the tax year entered in line 5 is for less than 12 months, check reason	Initial return Final return
Change in accounting period	
7 State in detail why you need the extension ADDITIONAL TIME IS REQUI	RED TO GATHER
INFORMATION FOR PREPARATION AND FILING FOR A COMPLETE	
TAX RETURN.	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter	r the tentative tax, less any
nonrefundable credits. See instructions	8a \$ 0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter a	any refundable credits and
estimated tax payments made Include any prior year overpayment allo	
amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a Include your payment with this form	n, if required, by using EFTPS
(Electronic Federal Tax Payment System) See instructions	8c \$ 0
Signature and Verification must be complet	ed for Part II only.
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules it is true, correct, and complete, and that I am authorized to prepare this form	-
Signature ► Title ► RHODA	. MEYER Date ▶
Olympia P 1110 P 1110 P1	Form 8868 (Rev 1-2012)