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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
 THE MOYER FOUNDATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 2426 32ND AVE WEST NO 200

City or town, state or country, and ZIP + 4
 SEATTLE, WA 98199

D Employer identification number
 91-2065051

E Telephone number
 (206) 298-1217

G Gross receipts \$ 2,124,131

F Name and address of principal officer
 KEVIN SULLIVAN
 1617 JFK BLVD 580
 PHILADELPHIA, PA 19103

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527

J Website: WWW.MOYERFOUNDATION.ORG

K Form of organization Corporation Trust Association Other

L Year of formation 2000

M State of legal domicile WA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SUPPORT OF ORGANIZATIONS WHO MEET THE NEEDS OF CHILDREN WHO ARE IN SEVERE DISTRESS, WHETHER PHYSICAL, EMOTIONAL, OR FINANCIAL		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	17
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,437,772	1,245,800
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	66,345	54,581
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	-76,374
		1,504,117	1,224,007
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	850,722	616,178
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	597,335	691,049
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) 152,593		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	557,578	768,029
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,005,635	2,075,256
19 Revenue less expenses Subtract line 18 from line 12	-501,518	-851,249	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	3,962,566	2,732,842
	21 Total liabilities (Part X, line 26)	1,128,406	759,890
22 Net assets or fund balances Subtract line 21 from line 20	2,834,160	1,972,952	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: *****
 Date: 2012-06-11

KEVIN SULLIVAN EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: MATTHEW R MATSON
 Date: 2012-06-11
 Check if self-employed:

Preparer's taxpayer identification number (see instructions): P00775671
 EIN: 91-0605875
 Phone no: (206) 382-7777

Firm's name (or yours if self-employed), address, and ZIP + 4: PETERSON SULLIVAN LLP CPAs
 601 UNION ST STE 2300
 SEATTLE, WA 981012345

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission
THE MOYER FOUNDATION'S MISSION IS TO OFFER ENCOURAGEMENT, COMFORT, AND SUPPORT TO CHILDREN WHO ARE ENDURING A TIME OF PROFOUND DISTRESS - WHETHER PHYSICAL, EMOTIONAL, OR FINANCIAL, AND TO PROVIDE OPPORTUNITIES FOR ENHANCING OVERALL WELLNESS, STABILITY, AND QUALITY OF LIFE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,640,263 including grants of \$ 616,178) (Revenue \$)
THE MOYER FOUNDATION WAS ESTABLISHED IN JULY, 2000, BY CO-FOUNDERS JAMIE MOYER, MAJOR LEAGUE ALL STAR PITCHER AND HIS WIFE, KAREN THE MOYER FOUNDATION HAS THE LARGEST BEREAVEMENT CAMP IN THE COUNTRY, CAMP ERIN, CAMP MARIPOSA, A WEEKEND CAMP TO SUPPORT CHILDREN LIVING WITH SUBSTANCE ABUSE IN THEIR FAMILIES, PLUS PROVIDES GRANTS TO ORGANIZATIONS THAT HELP CHILDREN WHO ARE ENDURING SEVERE PHYSICAL, EMOTIONAL, OR FINANCIAL DISTRESS THE MOYER FOUNDATION IS A 501(C)(3) NON-PROFIT PUBLIC FOUNDATION IT IS GOVERNED THROUGH THE DIRECTION OF CO-FOUNDERS, KAREN AND JAMIE MOYER ALONG WITH A VOLUNTEER BOARD OF TRUSTEES IN ADDITION, TO ENSURE MINIMAL OVERHEAD EXPENSE, THE FOUNDATION HAS A CORE OF OVER 100 VOLUNTEERS PLUS NUMEROUS CAMP ERIN VOLUNTEERS, PROVIDING TECHNICAL EXPERTISE IN THE AREAS OF MARKETING, ACCOUNTING, LEGAL COUNSEL, PRINTING, DATABASE MANAGEMENT, AND MORE THE MOYER FOUNDATION'S MISSION IS TO OFFER ENCOURAGEMENT, COMFORT AND SUPPORT TO CHILDREN WHO ARE ENDURING A TIME OF PROFOUND DISTRESS - WHETHER PHYSICAL, EMOTIONAL, OR FINANCIAL, AND TO PROVIDE OPPORTUNITIES FOR ENHANCING OVERALL WELLNESS, STABILITY, AND QUALITY OF LIFE TO MEET IT'S BROADER MISSION, THE FOUNDATION PROVIDES GRANTS AND SUPPORT TO 501(C)(3) NON-PROFIT ORGANIZATIONS THROUGHOUT WASHINGTON STATE AND THE US ADDITIONALLY, THE MOYER FOUNDATION PROVIDES STARTUP AND OPERATING FUNDS FOR THE LARGEST NETWORK OF BEREAVEMENT CAMPS IN THE COUNTRY - FOR CHILDREN GRIEVING THE LOSS OF A LOVED ONE SCHEDULE I PROVIDES A LISTING OF MANY OF THE ORGANIZATIONS RECEIVING GRANTS FROM THE FOUNDATION DURING THE YEAR IN THE CURRENT YEAR, THE MOYER FOUNDATION SUPPORTED OVER 30 ORGANIZATIONS THROUGHOUT WASHINGTON STATE AND THE US

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 1,640,263

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> <input checked="" type="checkbox"/>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i> <input checked="" type="checkbox"/>	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i> <input checked="" type="checkbox"/>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		
20b			

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include questions 1a through 14b regarding Form 1096, W-2G forms, employee reporting, foreign accounts, and charitable trusts.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (10); 1b Enter the number of voting members included in line 1a, above, who are independent (10); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (No); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (No); 14 Did the organization have a written document retention and destruction policy? (No); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (No); If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed WA, PA, FL, NY; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request; 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. WALTER THOMPSON, ONE PENN CENTER 1617 JFK BLVD 580, PHILADELPHIA, PA 19103, (267) 687-7724.

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMIE MOYER PRESIDENT	10 00	X		X				0	0	0
(2) KAREN MOYER VICE-PRESIDENT	25 00	X		X				0	0	0
(3) HERB BLACKINTON BOARD MEMBER	4 00	X						0	0	0
(4) BRAD BROTHERTON BOARD MEMBER	4 00	X						0	0	0
(5) SUSAN HANSEN BOARD CHAIR	4 00	X						0	0	0
(6) STAN HARRELSON BOARD MEMBER	4 00	X						0	0	0
(7) SHELLY HOLM SECRETARY	4 00	X		X				0	0	0
(8) JEFFREY KENT BOARD MEMBER	4 00	X						0	0	0
(9) DAVE ROBERTS BOARD MEMBER	4 00	X						0	0	0
(10) WILLIAM SAVOY TREASURER	4 00	X		X				0	0	0
(11) KEVIN SULLIVAN EXECUTIVE DIRECTOR	40 00			X				105,000	0	13,922

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c). Values: 105,000, 0, 13,922.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

Table with 3 columns: Question, Yes, No. Questions 3, 4, 5 regarding compensation reporting and unrelated compensation.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a						
	b	Membership dues 1b						
	c	Fundraising events 1c	518,798					
	d	Related organizations 1d						
	e	Government grants (contributions) 1e						
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	727,002					
	g	Noncash contributions included in lines 1a-1f \$ <u>162,371</u>						
	h	Total. Add lines 1a-1f ▶	1,245,800					
Program Service Revenue	2a	_____ Business Code _____						
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f ▶						
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶	42,256			42,256		
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
	6a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss) ▶						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	24,925				
			(ii) Other					
			b	Less cost or other basis and sales expenses	12,600			
			c	Gain or (loss)	12,325			
	d	Net gain or (loss) ▶	12,325			12,325		
	8a	Gross income from fundraising events (not including \$ <u>518,798</u> of contributions reported on line 1c) See Part IV, line 18 a	783,646					
	b	Less direct expenses b	887,524					
c	Net income or (loss) from fundraising events ▶	-103,878			-103,878			
9a	Gross income from gaming activities See Part IV, line 19 a							
b	Less direct expenses b							
c	Net income or (loss) from gaming activities ▶							
10a	Gross sales of inventory, less returns and allowances a							
b	Less cost of goods sold b							
c	Net income or (loss) from sales of inventory ▶							
Miscellaneous Revenue		Business Code						
11a	EXPENSE REIMBURSEMENT	900099	27,504			27,504		
b	_____							
c	_____							
d	All other revenue							
e	Total. Add lines 11a-11d ▶		27,504					
12	Total revenue. See Instructions ▶		1,224,007	0	0	-21,793		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	606,178	606,178		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	10,000	10,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	118,922	59,461	23,784	35,677
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	454,616	312,252	106,009	36,355
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	22,276	14,437	5,041	2,798
9	Other employee benefits	30,305	19,641	6,858	3,806
10	Payroll taxes	64,930	42,081	14,694	8,155
11	Fees for services (non-employees)				
a	Management				
b	Legal	875		875	
c	Accounting	47,674		47,674	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	13,407		13,407	
g	Other				
12	Advertising and promotion	77,775	48,949	14,179	14,647
13	Office expenses	63,650	35,920	13,829	13,901
14	Information technology				
15	Royalties				
16	Occupancy	78,631	47,966	14,939	15,726
17	Travel	28,000	16,751	5,442	5,807
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	39,786	24,270	7,559	7,957
23	Insurance	7,625	4,650	1,450	1,525
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	UNCOLLECTIBLE PLEDGES	374,292	374,292		
b	MISCELLANEOUS	30,057	19,598	5,472	4,987
c	DUES AND SUBSCRIPTIONS	6,257	3,817	1,188	1,252
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,075,256	1,640,263	282,400	152,593
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	424,112	1	328,471
	2 Savings and temporary cash investments	53,416	2	25,285
	3 Pledges and grants receivable, net	1,733,271	3	797,727
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	54,473	8	56,466
	9 Prepaid expenses and deferred charges	24,264	9	18,009
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	397,067		
	b Less accumulated depreciation	207,676	220,800	10c 189,391
	11 Investments—publicly traded securities	1,441,234	11	1,306,497
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	10,996	15	10,996
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,962,566	16	2,732,842	
Liabilities	17 Accounts payable and accrued expenses	56,364	17	34,670
	18 Grants payable	1,066,042	18	725,220
	19 Deferred revenue	6,000	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,128,406	26	759,890
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	349,076	27	659,403
	28 Temporarily restricted net assets	2,485,084	28	1,313,549
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,834,160	33	1,972,952	
34 Total liabilities and net assets/fund balances	3,962,566	34	2,732,842	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,224,007
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,075,256
3	Revenue less expenses Subtract line 2 from line 1	3	-851,249
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,834,160
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-9,959
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,972,952

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization THE MOYER FOUNDATION

Employer identification number

91-2065051

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)
8 A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
a Type I b Type II c Type III - Functionally integrated d Type III - Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s)

Table with 2 columns: Yes, No. Rows for 11g(i), 11g(ii), 11g(iii).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col (i) listed in your governing document?, (v) Did you notify the organization in col (i) of your support?, (vi) Is the organization in col (i) organized in the U S?, (vii) Amount of support?.

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,504,249	1,395,247	2,659,070	1,437,772	1,245,800	9,242,138
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,504,249	1,395,247	2,659,070	1,437,772	1,245,800	9,242,138
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,412,069
6 Public Support. Subtract line 5 from line 4						7,830,069

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,504,249	1,395,247	2,659,070	1,437,772	1,245,800	9,242,138
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	78,907	54,781	25,200	66,345	42,256	267,489
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets					27,504	27,504
11 Total support (Add lines 7 through 10)						9,537,131
12 Gross receipts from related activities, etc. (See instructions)					12	569,690

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	82.100%
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	77.100%

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME OTHER INCOME

Additional Data

Software ID:

Software Version:

EIN: 91-2065051

Name: THE MOYER FOUNDATION

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization THE MOYER FOUNDATION

Employer identification number 91-2065051

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		144,336	44,964	99,372
d Equipment		201,919	136,286	65,633
e Other		50,812	26,426	24,386
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				189,391

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,224,007
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,075,256
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-851,249
4	Net unrealized gains (losses) on investments	4	-109,959
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	100,000
9	Total adjustments (net) Add lines 4 - 8	9	-9,959
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-861,208

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,931,955
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-109,959
b	Donated services and use of facilities	2b	344,633
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	486,681
e	Add lines 2a through 2d	2e	721,355
3	Subtract line 2e from line 1	3	1,210,600
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,407
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	13,407
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	1,224,007

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,793,163
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	344,633
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	386,681
e	Add lines 2a through 2d	2e	731,314
3	Subtract line 2e from line 1	3	2,061,849
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,407
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	13,407
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	2,075,256

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
PART XI, LINE 8 - OTHER ADJUSTMENTS		REFUND OF GRANT 100,000
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES INCLUDED ON PAGE 9 LINE 8B 386,681 REFUND OF GRANT 100,000
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES INCLUDED ON PAGE 9 LINE 8B 386,681

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization THE MOYER FOUNDATION

Employer identification number

91-2065051

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Part V if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region or independent contractors, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for region/investments in region. Includes sub-totals and totals at the bottom.

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* Yes No

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization THE MOYER FOUNDATION

Employer identification number 91-2065051

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 DREAM CATCHERS (event type)	(b) Event #2 CELEBRITY STEAK OUT (event type)	(c) Other Events 9 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	322,162	185,035	795,247	1,302,444
	2 Less Charitable contributions	0	100,555	418,243	518,798
	3 Gross income (line 1 minus line 2)	322,162	84,480	377,004	783,646
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	52,627		30,944	83,571
	7 Food and beverages	34,090	8,026	73,269	115,385
	8 Entertainment	86,954		5,000	91,954
	9 Other direct expenses	89,225	20,526	486,863	596,614
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(887,524)
11 Net income summary Combine lines 3 and 10 in column (d) ▶				-103,878	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶				()	
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a
b An outside facility	13b

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
Attach to Form 990

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization THE MOYER FOUNDATION

Employer identification number 91-2065051

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: See Additional Data Table.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE MOYER FOUNDATION REQUIRES GRANTEEES TO SUBMIT POST GRANT PERIOD REPORTS ON USE OF THE FUNDS THESE REPORTS ARE REVIEWED TO DETERMINE THAT THE FUNDS WERE USED IN ACCORDANCE WITH THE GRANT

Software ID:
Software Version:
EIN: 91-2065051
Name: THE MOYER FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH NETWORK 9894 E 121ST STREET FISHERS, IN 46037	35-0953467	501(C)(3)	25,000				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS 1777 F STREET SUITE 600 WASHINGTON, DC 50103	92-0152268	501(C)(3)	100,000				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
GOOD SAMARITAN HOSPICE 3500 BROOKTREE ROAD STE 320 WEXFORD, PA 15090	25-1818793	501(C)(3)	25,000				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
THE COMMUNITY HOSPICE FOUNDATION 295 VALLYE VIEW BLVD RENSSELAER, NY 12144	14-1608931	501(C)(3)	7,500				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
CORNERSTONE OF HOPE 1430 LOCUST AVE DES MOINES, IA 50309	05-0623289	501(C)(3)	10,000				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
HOSPICE OF ANCHORAGE 500 W INTERNATIONAL AIRPORT RD C ANCHORAGE, AK 99518	92-0018009	501(C)(3)	10,000				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
CHRISTIAN WORKS FOR CHILDREN 6320 LBJ FREEWAY DALLAS, TX 75240	75-1246028	501(C)(3)	12,500				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
CAMP MAGIK 3377 RIDGEWOOD ROAD NW ATLANTA, GA 30327	58-2568545	501(C)(3)	10,000				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
HOSPICE CARE OF BOULDER & BROOMFIELD COUNTY 2594 TRAILRIDGE DR E LAFAYETTE, CO 80026	84-0748577	501(C)(3)	12,500				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
ROBERTA'S HOUSE 5719 YORK ROAD BALTIMORE, MD 21212	26-0517415	501(C)(3)	12,500				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
HENRY FORD HOSPICE ONE FORD PLACE DETROIT, MI 48202	23-7383042	501(C)(3)	10,000				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
VNA OF SOUTHEASTERN MASSACHUSETTS 502 BEDFORD STREET FALL RIVER, MA 02720	04-2105745	501(C)(3)	7,500				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
HOSPICE OF KONA PO BOX 4130 KAILUA KONA, HI 96745	99-0246297	501(C)(3)	10,000				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
HOSPICE OF NORTHERN ILLINOIS 4215 NEWBURG ROAD ROCKFORD, IL 61108	36-3041850	501(C)(3)	10,000				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
FERNSIDE 4380 MALSARY ROAD SUITE 300 CINCINNATI, OH 45242	31-1179234	501(C)(3)	7,500				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
KANSAS CITY HOSPICE 9221 WARD PARKWAY 100 KANSAS CITY, MO 64114	43-1724085	501(C)(3)	12,500				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
WILLOW CENTER INC PO BOX 1361 LEWISTON, ID 83501	82-0517414	501(C)(3)	10,000				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
STEPPING STONES OF HOPE 4000 N 7TH STREET 108 PHOENIX, AZ 85014	42-1556863	501(C)(3)	10,000				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
OUR HOUSE GRIEF SUPPORT CENTER 1663 SAWTELLE BLVD 300 LOS ANGELES, CA 90025	33-0529915	501(C)(3)	10,000				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
SAN DIEGO HOSPICE 4311 THIRD AVE SAN DIEGO, CA 92103	95-6336024	501(C)(3)	7,500				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPICE CARE OF SOUTHEAST FLORIDA 309 SE 18TH STREET FORT LAUDERDALE, FL 33316	59-2120945	501(C)(3)	10,000				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
KARA INC 457 KINGSLWY AVENUE PALO ALTO, CA 94301	94-3431483	501(C)(3)	7,500				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
MARGARET ANN'S PLACE 912 N HAWLEY ROAD MILWAUKEE, WI 53213	39-1944951	501(C)(3)	12,500				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
PROVIDENCE HOSPICE OF SEATTLE 425 PONTIUS AVENUE NORTH NO 300 SEATTLE, WA 98109	91-2077378	501(C)(3)	7,500				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
HOSPICE BY THE BAY 17 E SIR FRANCIS DRAKE BLVD LARKSPUR, CA 94939	94-2890791	501(C)(3)	7,500				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
ANNIE'S HOPE - THE BEREAVEMENT CENTER FOR KIDS 1333 W LOCKWOOD SUITE 104 ST LOUIS, MO 63122	43-1801433	501(C)(3)	10,000				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
SPENCER HOSPICE FOUNDATION 3401 W SUNFLOWER AVE SANTA ANA, CA 92704	86-1098602	501(C)(3)	12,500				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
SUNCOAST HOSPICES 5771 ROOSEVELT BLVD CLEARWATER, FL 33760	59-1744006	501(C)(3)	7,500				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
UNIVERSITY OF PENN WISSAHICKON HOSPITAL 150 MONUMENT ROAD BALA CYNWYD, PA 19004	23-2152662	501(C)(3)	7,500				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
FAIRVIEW RIDGES HOSPITAL 2450 RIVERSIDE AVENUE MINNEAPOLIS, MN 55454	41-0991680	501(C)(3)	10,000				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
THE WENDT CENTER FOR LOSS & HEALING 4201 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20008	52-1095105	501(C)(3)	10,000				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
GOOD GRIEF CENTER PO BOX 4564 WENATCHEE, WA 98807	91-1981457	501(C)(3)	10,000				THE ESTABLISHMENT AND OPERATION OF CAMP ERIN
YOUTH EASTSIDE SERVICES 17719 PACIFIC AVE S PMB 401 SPANAWAY, WA 98387	84-1633143	501(C)(3)	60,000				THE ESTABLISHMENT AND OPERATION OF CAMP MARIPOSA
OAKLAWN PSYCHIATRIC CENTER 2600 OAKLAND AVE ELKHART, IN 46517	35-1070041	501(C)(3)	30,000				THE ESTABLISHMENT AND OPERATION OF CAMP MARIPOSA
JEWISH FAMILY & CHILDREN'S SERVICES 2688 FRUITVILLE RD SARASOTA, FL 34237	59-2693318	501(C)(3)	30,000				THE ESTABLISHMENT AND OPERATION OF CAMP MARIPOSA
FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE N J1-105 SEATTLE, WA 98109	23-7156071	501(C)(3)	14,829				PROVIDE SUPPORT TO ORGANIZATIONS THAT SHARE A COMMON INTEREST
SIDE BY SIDE - UNIVERSITY PRESBYTERIAN CHURCH 4540 15TH AVE NE SEATTLE, WA 98105	91-1669740	501(C)(3)	7,920				PROVIDE SUPPORT TO ORGANIZATIONS THAT SHARE A COMMON INTEREST
RYPIEN FOUNDATION 926 WEST SPRAGUE AVE SPOKANE, WA 99201	20-1144723	501(C)(3)	9,700				PROVIDE SUPPORT TO ORGANIZATIONS THAT SHARE A COMMON INTEREST
OTHERS UNDER 5000			21,229				PROVIDE SUPPORT TO ORGANIZATIONS THAT SHARE A COMMON INTEREST

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization THE MOYER FOUNDATION

Employer identification number

91-2065051

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining contribution amounts. Rows include Art-Works of art, Art-Historical treasures, Art-Fractional interests, Books and publications, Clothing and household goods, Cars and other vehicles, Boats and planes, Intellectual property, Securities-Publicly traded, Securities-Closely held stock, Securities-Partnership, LLC, or trust interests, Securities-Miscellaneous, Qualified conservation contribution-Historic structures, Qualified conservation contribution-Other, Real estate-Residential, Real estate-Commercial, Real estate-Other, Collectibles, Food inventory, Drugs and medical supplies, Taxidermy, Historical artifacts, Scientific specimens, Archeological artifacts, Other (), Other (), Other (), Other ().

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

Table with 3 columns: Question, Yes, No. Rows include 30a (During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years...), 31 (Does the organization have a gift acceptance policy...), 32a (Does the organization hire or use third parties...), 33 (If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II).

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	THE ORGANIZATION UTILIZES AN INVESTEMENT BROKER TO RECEIVE PUBLICLY TRADED SECUTIRIES AND SELL ON THE OPEN MARKET AS SOON AS POSSIBLE AFTER RECEIPT OF THE SECURITIES, SO AS TO MINIMIZE THE FLUCTUATIONS IN MARKET PRICE OF THE SECURITIES

Schedule M (Form 990) 2011

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
THE MOYER FOUNDATION

Employer identification number

91-2065051

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	THE FOUNDERS JAMIE AND KAREN MOYER ARE MARRIED
	FORM 990, PART VI, SECTION A, LINE 8B	THE FOUNDATION DOES NOT HAVE COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE FORM 990 IS EMAILED TO EACH BOARD MEMBER AND DISCUSSED AT THE BOARD MEETING FOLLOWING ITS COMPLETION
	FORM 990, PART VI, SECTION B, LINE 12C	AS ISSUES ARE PRESENTED TO THE BOARD THEY ARE INDIVIDUALLY REVIEWED TO DETERMINE IF A CONFLICT OF INTEREST HAS ARISEN OR WILL ARISE
	FORM 990, PART VI, SECTION B, LINE 15A	COMPARABLE EXECUTIVE SALARIES ARE PROVIDED TO THE BOARD BY AN INDEPENDENT PARTY THE BOARD THEN REVIEWS THE EXECUTIVE DIRECTOR'S SALARY AND DETERMINES COMPENSATION
	FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION'S FORMS 990 ARE AVAILABLE THROUGH THE STATE OF WASHINGTON'S CHARITY NAVIGATOR OR GUIDESTAR ONLINE SERVICES THE FOUNDATION'S OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -109,959 REFUND OF GRANT 100,000 TOTAL TO FORM 990, PART XI, LINE 5 -9,959
	FORM 990, PART XII, LINE 2C	THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR