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DLN: 93493317019802

# Form **990**

Department of the Treasury

#### **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)

2011

OMB No 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements

C Name of organization Luis Palau Association  Doing Business As  Number and street (or P O box if mail is not delivered to street address) Room/suite PO Box 50  City or town, state or country, and ZIP + 4 Portland, OR 97207  F Name and address of principal officer Luis Palau PO Box 50 Portland, OR 97207  S ▼ 501(c)(3)	93-07 E Teleph	713827 one nui 614-1 eceipts \$ return include a list	nber 500 15,150,900	
Doing Business As  Number and street (or P O box if mail is not delivered to street address) Room/suite PO Box 50  City or town, state or country, and ZIP + 4 Portland, OR 97207  F Name and address of principal officer Luis Palau PO Box 50 Portland, OR 97207  S 501(c)(3) 501(c)( ) (insert no ) 4947(a)(1) or 527  www.palau.org	E Teleph  (503)  G Gross r  H(a) Is this a group affiliates?  H(b) Are all affiliates  If "No," attach	614-1 eceipts \$ return include a list	nber 500 15,150,900 for	
Number and street (or P O box if mail is not delivered to street address)  City or town, state or country, and ZIP + 4 Portland, OR 97207  F Name and address of principal officer Luis Palau PO Box 50 Portland, OR 97207  S 501(c)(3) 501(c)( ) (insert no ) 4947(a)(1) or 527  www.palau.org	(503)  G Gross r  H(a) Is this a group affiliates?  H(b) Are all affiliates  If "No," attach	614-1 eceipts \$ return include a list	500 15,150,900 for	
PO Box 50  City or town, state or country, and ZIP + 4 Portland, OR 97207  F Name and address of principal officer Luis Palau PO Box 50 Portland, OR 97207  S ▼ 501(c)(3)	H(a) Is this a group affiliates?  H(b) Are all affiliates  If "No," attach	return include a list	15,150,900 for	
PO Box 50  City or town, state or country, and ZIP + 4 Portland, OR 97207  F Name and address of principal officer Luis Palau PO Box 50 Portland, OR 97207  S ▼ 501(c)(3)	H(a) Is this a group affiliates?  H(b) Are all affiliates  If "No," attach	return include a lıst	for	
Portland, OR 97207  F Name and address of principal officer  Luis Palau  PO Box 50  Portland, OR 97207  S ▼ 501(c)(3)	affiliates? <b>H(b) Are all affiliates</b> If "No," attach	include a lıst		
Portland, OR 97207  F Name and address of principal officer  Luis Palau  PO Box 50  Portland, OR 97207  S ▼ 501(c)(3)	affiliates? <b>H(b) Are all affiliates</b> If "No," attach	include a lıst		
F Name and address of principal officer Luis Palau PO Box 50 Portland, OR 97207  s   501(c)(3)  501(c)( )  (insert no )  4947(a)(1) or  527  ww palau org	affiliates? <b>H(b) Are all affiliates</b> If "No," attach	include a lıst		
Luis Palau PO Box 50 Portland, OR 97207  s	affiliates? <b>H(b) Are all affiliates</b> If "No," attach	include a lıst		
Portland, OR 97207  s	If "No," attach	a lıst		
ww palau org	If "No," attach	a lıst	d?	
ww palau org				
		ion nun		
n 🔽 Corporation 🗍 Trust 🦳 Association 🦳 Other ►				
	L Year of formation 19	78 <b>M</b>	State of legal domicile O	
mmary	•	•		
describe the organization's mission or most significant activities				
an Evangelism				
this box 🔭 if the organization discontinued its operations or disposed of	more than 25% of its	net as	sets	
r of voting members of the governing body (Part VI, line 1a)		з	1	
		4	1	
	<b> </b>	5	8	
	ľ	6	41,50	
	ľ	7a	•	
		7b		
	Prior Year		Current Year	
ributions and grants (Part VIII line 1h)		577	10,863,76	
			174,28	
· · · · · · · · · · · · · · · · · · ·				
			-11,11	
	-3/0,	585	-509,47	
	10,553,	753	10,517,46	
	401,	284	407,54	
fits paid to or for members (Part IX, column (A), line 4)		0		
•			5,126,74	
	22,	502	(	
		433	4,412,70	
	11160			
expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,168,			
nue less expenses Subtract line 18 from line 12	-614,6	559		
		559	9,946,989 570,473 End of Year	
	-614,6  Beginning of Curre	559 nt	570,47	
nue less expenses Subtract line 18 from line 12	-614,6 Beginning of Curre Year	559 nt 496	570,47 End of Year	
nue less expenses Subtract line 18 from line 12	-614,0  Beginning of Curre Year  10,466,0	559 nt 496 369	570,47  End of Year  11,059,90	
	this box F if the organization discontinued its operations or disposed of r of voting members of the governing body (Part VI, line 1a) r of independent voting members of the governing body (Part VI, line 1b)	this box   if the organization discontinued its operations or disposed of more than 25% of its r of voting members of the governing body (Part VI, line 1a)	this box if the organization discontinued its operations or disposed of more than 25% of its net as: r of voting members of the governing body (Part VI, line 1a)	

May the IRS discuss this return with the preparer shown above? (see instructions) . .

Par			ervice Accomp response to any qu		tIII	
1	Briefly describe the org	anızatıon's mıs	sion			
Chri	stian Evangelism					
2	Did the organization und the prior Form 990 or 99 If "Yes," describe these	90-EZ?		rvices during the	year which were not listed	on
3	Did the organization ceaservices?	ase conducting,	or make sıgnıfıcan	t changes in how	it conducts, any program	
	If "Yes," describe these	changes on Sc	hedule O			
4	expenses Section 501(	(c)(3) and 501(	c)(4) organizations	and section 494	ts three largest program se 7(a)(1) trusts are required r each program service rep	to report the amount of
4a	(Code	) (Expenses \$	1,718,763	including grants of	) (Rever	nue \$ 26,750 )
	throughout the Valley of the partnerships among church,	Sun This region-v corporate, and civ	wide campaign incorpoi ic leaders, and collabor	rated more than 450 ation among all deno	community service projects, mor minations The festival itself, hel	red to be a ground-shaking event e than 140,000 hours of service, d March 19-20, 2011, brought more than nd a handful of partner evangelists
4b	(Code	) (Expenses \$	786,429	including grants of s	7,866 ) (Reve	nue ¢ )
	together nearly 500 of Buru Festival on August 6-7, who person, with at least 8,000 Season of Service efforts in brought the Good News to haired a one-hour special fea	ndi's churches to sp ch proved to be on documented comm the weeks leading nundreds of childre aturing Andrew's ma	pread the ultimate mes ne of the largest evange nitments to Jesus Christ up to the festival Spe n through the work of I essage from the festiva	sage of hope-new life elistic campaigns in Bu t as a result of the ca cial affinity outreache Play For Hope, one of al And through a part	e in Jesus Christ The outreach cu irundi history An estimated 60,0 mpaign Dozens of community se is were held for women, prisoner four Alliance partner evangelists	di in August 2011 The events brought ulminated in the two-day Love Burundi 00 people heard the Good News in rvice projects were accomplished through is, and business leaders Sports clinics A national television network in Burundi the festival was broadcast live to 44 is be felt for generations to come
	(Code	) (Expenses \$	436,409	including grants of s	82,000 ) (Reve	nue \$
	the greater area of Provence number Yet, an unpreceder events Never before has Fra More than 13,000 people at from Palau, and many othe	e With an approxil nted partnership of ance seen a partne tended the festival r guest artists from ospel message rea	mate population of 1 5 30 churches represent ership like this one whe I at the beach, including i France and the United	nel for hundreds of ye million in the region ing less than 3,000 ac re the City of Marseill g musical performanc l Kingdom Hundreds o	ars, a breakthrough was made the forevence, active Christians in the ctive believers worked together the and the regional government sets by the Salem Baptist Gospel Coffindividuals made public decisions.	nis past June in the city of Marseille and the area comprise only a fraction of this o host the festival and surrounding showed their support as festival sponsors thoir from Chicago, a Gospel message ins for Jesus Christ in response to the padcast live on Enlace satellite TV to
	(Code	) (Expenses \$	265,703	including grants of s	) (Rever	nuo ¢
	Daily Radio BroadcastsLuis F	Palau's daily radio į	programs, including Rea	aching Your World (Er	nglish), Cruzada (Spanish), and L	uis Palau Responde (Spanish), still prove dividuals on 3,500 radio outlets in 48
	(Code	) (Expenses \$	478,720	including grants of s	) (Rever	νιο ¢ ,
	Fun in the Son Festival - Kii came together to proclaim t the more challenging neight recent flood The Palau tear kids Vietnam CampaignApril	ngston, JamaicaMa the Good News to r porhoods of Kingston also spent three 2011Luis Palau joindrew Palau, both	arch 2011Partnering wit more than 60,000 peop on Projects included re days at an orphanage ined with church leader had the opportunity to	h Jamaica Broilers Gro ole In the week leadi furbishing neighborho in the Blue Mountains to help pave the wo share the Good News	oup and dozens of local churches ng up to the festival, the Palau to od schools and rebuilding homes to, helping clean up facilities, repa ay for historic Easter celebrations	, Andrew Palau and several top musicians eam ministered in schools and some of of families who lost everything in a ir buildings, and ministering to the this past April in Vietnam Joined by his al occasions, focusing their efforts on Ho
	(Code Continente 2011Season of S	) (Expenses \$ ServiceGospel Move	4,375,112 ementsAlliance Ministrie	including grants of sesinstituto Biblico	317,680 ) (Reve	nue \$ 159,199 )
	Other pressure comme	. (December:	Schodula O \			
4d	Other program service (Expenses \$	5,119,535	including grants o	f\$	317,680 ) (Revenue \$	159,199)
4e	Total program service		8,061,13	<u> </u>		• •

Dart TV	Checklist	of Peguire	ed 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,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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? If "Yes," complete Schedule D, Part IV.	9		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>	10		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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	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? If "Yes," complete Schedule D, Part VII.	11b	Yes	
С	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? If "Yes," complete Schedule D, Part VIII.	11c		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? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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? If "Yes," complete Schedule F, Part I	14b	Yes	
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? If "Yes," complete Schedule F, Part II and IV	15	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</i> " <i>Yes,"</i> complete Schedule F, Part III and IV	16		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? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t 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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? If "Yes," complete Schedule J	23	Yes	
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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	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? If "Yes," complete Schedule L, Part $I$	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	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 $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2011)

•	,
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•		
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	· · · · · · · ·			
	<b>1a</b> 22			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
la	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
_	year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		Νo
b	·			
	If "Yes," enter the name of the foreign country ►			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		ЭD		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
_	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
u	74			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<b>,</b>		
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	7		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
_	facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other			
_	sources against amounts due or received from them )			
2-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12-		
		12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
u	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		
	allocated to each state	_Ju		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
-	13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
L	If "Ves " has it filed a Form 720 to report these payments? If "Ne " provide an explanation in Schedule O	4 41		

**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.

Se	ection A. Governing Body and Management			
			Yes	No
		1		
	Enterphy manner of outron manner of the manner of the control of the term.	1		
1a	Enter the number of voting members of the governing body at the end of the tax year	1		
b	Enter the number of voting members included in line 1a, above, who are independent			
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?	2	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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,	$\vdash$		No
8	or persons other than the governing body?			
а	year by the following The governing body?	8a	Yes	
a b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	H	162	
,	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)	$\overline{}$		
40-	Ded the consequence have been been been been as well be a 2	40-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
D	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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	12a	Yes	
ь	Were officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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?	16a		No.
h	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?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
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 Vpon request

- 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 David Jones

PO Box 50 Portland, OR 97207 (503) 614-1500

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

#### 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 organiza	tion nor any rel	ated or	ganız	atıo	ns c	ompe	nsat	ed any current or fo	ormer officer, direct	or, or trustee
<b>(A)</b> Name and Title	(B) Average hours per week (describe hours for	unles an dire	on (d than s per offic ector,	n one son er ar	e bo is bo nd a stee)	x, oth )		(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
	related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
(1) Dr Luis Palau CEO/Director	45 00	х		Х				162,656	0	98,244
(2) Simon Berry Director	1 00	х						0	0	0
(3) Scott Cahill Director	1 00	х						0	0	0
(4) Jack Cauwels Director	1 00	х						0	0	0
(5) Sam Friesen Director	1 00	х						0	0	0
(6) Robert Gluskin Director	1 00	Х						0	0	0
(7) David E Hall Director	1 00	Х						0	0	0
(8) David A Hentschel Director	1 00	х						0	0	0
(9) Gerald L Horn Director	1 00	х						0	0	0
(10) Wayne Huizenga JR Director	1 00	Х						0	0	0
(11) Ross M Lindsay III Director	1 00	х						0	0	0
(12) Mark R Neaman Director	1 00	Х						0	0	0
(13) David R Reisenbigler Director	1 00	х						0	0	0
(14) Frederic Sewell Director	1 00	х						0	0	0
(15) Richard Luebke Director	1 00	х						0	0	0
(16) John Southard Director	1 00	х						0	0	0
(17) Gail A Stockamp Director	1 00	Х						0	0	0

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

	(A) Name and Title	(B) Average hours per week (describe	unles an	on (d e tha	n on son er a	e bo ıs bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estima amount o compens from t organizati	ated f other sation the ion and
		hours for related organizations in Schedule O)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	relat organiza	I
(18) I Presid	Kevın Palau ent	45 00			х				153,145	0		103,315
	lohn Ogle President	45 00			х				165,250	0		46,223
	David Jones President	45 00			х				103,000	0		50,571
	lames WIlliams President	45 00			х				82,352	0		36,339
(22) I Direct	Keith Palau or	40 00					Х		107,874	0		29,186
1b	Sub-Total					-						
С	Total from continuation sheets t	to Part VII, Sec	tion A		•			<b>&gt;</b>	774 077			252.070
2	Total (add lines 1b and 1c) .  Total number of individuals (inclusion) freportable compens					• ted	• above	) who	774,277 o received more tha	0 n		363,878
3	Did the organization list any <b>form</b> on line 1a? <i>If "Yes," complete Sch</i>	edule J for such	ındıvıdı	ual		•	•	•		· · · <u>  :</u>	Yes	No No
•	organization and related organization									ch	4 Yes	
5	Did any person listed on line 1a services rendered to the organize										5	No
Se	ection B. Independent Cont											
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax you	the organizatio										
	Nan	<b>(A)</b> ne and business add	dress						Descr	(B) iption of services	(C Comper	
	Total number of independent conti \$100,000 of compensation from t			ot lır	nıted	l to	those	liste	d above) who receiv	ed more than		

Form 99		•						Page <b>9</b>
Part \	<u>/##1</u>	Statement o	f Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ £	1a	Federated camp	paigns 1a	20,046				
Contributions, gifts, grants and other similar amounts	b	Membership du	es <b>1b</b>					
% G.€	С	Fundraising eve	ents <b>1c</b>	4,643,605				
≢ੁੱਛ	d	Related organiz	rations 1d					
E, S	e	Government grants	s (contributions) <b>1e</b>					
rtíon er s	f	All other contribution	ons, gifts, grants, and <b>1f</b>	6,200,112				
듩	g	Noncash contri	butions included in					
털	١.	lines 1a-1f \$	5 1a-1f	<b>.</b>	10,863,763			
<u>O</u> w	h	iotal. Add lines	S 1 a - 1 f	· · · •	10,803,703			
e II	2a	Other income		Business Code	102.025	402.025		
ever	b	Honorariums		900099	103,035 71,250	103,035 71,250		
or O⊈	c	- Ionoranama		900099	71,230	71,230		
rwo	d							
જુ	e							
Program Serwce Revenue	f	All other progra	ım service revenue					
ξ	_	Total Add lines	s 2a – 2f		174,285			
	д 3		ome (including dividen		174,263			
			aramounts)	<del>-</del>	101,692			101,692
	4	Income from inves	tment of tax-exempt bond	proceeds 🕨				
	5	Royalties			1,169			1,169
	 	C	(ı) Real 31,698	(11) Personal				
	6a b	Gross rents Less rental	17,826					
		expenses Rental income	13,872					
	c   .	or (loss)		<u> </u>	13,872			13,872
	d	Net rental incor	me or (loss)  (i) Securities	► (II) O ther	13,672			13,672
	7a	Gross amount from sales of assets other than inventory	3,912,640	(II) O tilei				
	b	Less cost or other basis and sales expenses	4,021,445	4,000				
	С	Gain or (loss)	-108,805	-4,000				
	d	Net gain or (los	s)		-112,805			-112,805
Other Revenue	8a	Gross income fi events (not incl \$ 4,643 of contributions See Part IV , lin	luding ,605 reported on line 1c)					
<u> </u>	 	1.00	a 	38,422				
흕	b   с		penses <b>b</b> loss) from fundraising	574,600 events ►	-536,178			-536,178
_	9a		rom gamıng actıvıtıes					
	b c		penses <b>b</b> (loss) from gaming acti	vities▶				
	10a	Gross sales of returns and allo		27,231				
	b	Less cost of go	oods sold <b>b</b>	15,567				
	С	_	loss) from sales of inv		11,664	11,664		
		Miscellaneous	s Revenue	Business Code				
	11a							
	b							
	d	ΔII other royon						
	e	Total. Add lines						
	12	Total revenue.	See Instructions .	•	10,517,462	185,949	0	-532,250

### 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)

<u>c</u>	heck if Schedule O contains a response to any question in this Part IX	<u></u>	<u> </u>	<u>l .</u>	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	193,022	193,022		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	9,597	9,597		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	204,927	204,927		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,001,095	798,856	77,921	124,318
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	395,030	228,796	38,001	128,233
7	Other salaries and wages	2,710,312	2,288,109	258,653	163,550
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	216,335	179,558	21,634	15,143
9	Other employee benefits	589,663	489,419	58,967	41,277
10	Payroll taxes	214,306	177,873	21,431	15,002
11	Fees for services (non-employees)				
 a	Management				
ь	Legal	14,676		14,676	
c	Accounting	45,085		45,085	
d	Lobbying	13,003		13,003	_
e	Professional fundraising See Part IV, line 17				-
f	Investment management fees	15,750		15,750	
g g	Other	431,737	327,810	33,922	70,005
12	Advertising and promotion	·	·	33,922	70,003
13		399,573	399,573	22.224	22.227
	Office expenses	333,240	276,589	33,324	23,327
14	Information technology	133,369	81,355	34,012	18,002
15	Royalties			20.470	
16	Occupancy	231,775	192,372	23,178	16,225
17	Travel	990,072	821,759	39,008	129,305
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24,036	19,949	2,404	1,683
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	223,475		223,475	
23	Insurance	124,639	103,450	12,464	8,725
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 )				
а	Festival production	957,840	957,840		
b	Printing	225,336	187,028	22,534	15,774
С	Miscellaneous	138,845			138,845
d	Radio/TV programs	123,254	123,254		
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	9,946,989	8,061,136	976,439	909,414
26	Joint costs. Check here ► ☐ 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	,,	,,-		·
				E o	rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1,178,750 719,006 1 1 1.327.038 1.546.392 2 3 2,303,551 2.977.369 16.307 10.714 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 6 7 8 9 72,596 9 216.948 Prepaid expenses and deferred charges . . . . . . 5,657,475 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 3,499,769 b Less accumulated depreciation . . . . . 2,324,567 10c 2,157,706 2,516,412 11 2,734,512 11 628,896 598,701 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 98,379 15 98,557 15 10,466,496 11,059,905 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 311,814 17 394,056 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 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 757,555 25 715,480 D . . . . 26 1,069,369 26 1,109,536 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 6,129,915 27 5,769,084 Unrestricted net assets . . . . 3,267,212 28 4,181,285 28 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 9.397.127 33 9.950.369 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 10.466.496 11.059.905

Ра	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		10.5	517,462
2	Total expenses (must equal Part IX, column (A), line 25)	2			946,989
3	Revenue less expenses Subtract line 2 from line 1	3		5	570,473
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,3	397,127
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-	-17,231
6		6		9,9	50,369
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	•	•	দ	
		_		Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th 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	e •	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were isson a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	sued			
За	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?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the recaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

#### OMB No 1545-0047

Inspection

#### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Luis Palau Association

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

**Public Charity Status and Public Support** 

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

**Employer identification number** 

								93-07138			
Part I			blic Charity Sta		_		•		structions	5	
_			e foundation becaus			-					
1			on of churches, or as				o)(1)(A)(i)	) <b>-</b>			
2			I in <b>section 170(b)(1</b>			•					
3 _			perative hospital se	_							
4			n organization operat ty, and state	ed in conjun	nction with a	a hospital des	cribed in <b>s</b>	ection 170(b)(	1)(A)(iii). I	Enter the	
5	=	-	erated for the benefit A)(iv). (Complete P	_	e or univers	ity owned or o	perated by	⁄ a government	cal unit desc	cribed in	
6				•	tal unit des	cribed in <b>sect</b>	ion 170(h)	(1)(A)(v)			
7 ~	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
			<b>A)(vi)</b> (Complete P	art II )							
8	A communi	ty trust	described in <b>section</b>	170(b)(1)(	<b>A)(vi)</b> (Co	mplete Part I	I)				
9	An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses										
lo $ abla$	acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III)  An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>										
.1	one or more the box tha a To  By checkin other than i section 509 If the organ check this	e publicit descri ype I g this be foundati 9 (a)(2) nization box	ganized and operated y supported organize besthe type of supported Type I:  Dox, I certify that the on managers and other certify the certify that the onderection of the certify the organical control of the certify the organical control of the certify the organical control of the certification of the c	ations descriorting organ I c organization ner than one	Tibed in section and Type II Is not contor more put from the IF	tion 509(a)(1 complete line I - Functiona crolled directl blicly support	) or sections of the section of the	n 509(a)(2) Sough 11h ed tly by one or n ations describ	d Typ nore disqua ed in sectio	509(a)(3) e III - Ot lified pers n 509(a)(	. Check her ons (1) or
<b>3</b>	following pe (i) a persor and (III) bel	ersons? In who di ow, the	rectly or indirectly c governing body of th er of a person descri	ontrols, eith e the suppo	er alone or rted organız	together with			11 <u>c</u> 11g	Yes y(i)	No
	(iii) a 35%	control	led entity of a perso	n described	ın (ı) or (ıı)	above?			<b>11</b> g	(iii)	
h	Provide the	followi	ng information about	the support	ed organıza	tion(s)					
(i) Name suppo organiz	e of rted	ted EIN lines 1- 9 above tion or IRC section document?		organization in organ		Is th organizat col (i) org	(vi) Is the rganization in I (I) organized in the U S ?		vii) ount of port?		
			(see instructions))	Yes	No	Yes	No	Yes	No		
otal											

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.)

S	ection A. Public Support		1 1		, ,			
Cal	<b>endar year</b> (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	( <b>d)</b> 2010	<b>(e)</b> 20	011	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	16,052,91	5 13,113,805	11,705,936	10,440,677	10	,863,763	62,177,096
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 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a	16,052,91	5 13,113,805	11,705,936	10,440,677	10	,863,763	62,177,096
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							1,201,222
6	Public Support. Subtract line 5 from line 4							60,975,874
S	ection B. Total Support	·			l			
	endar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	<b>(e)</b> 20	11	<b>(f)</b> Total
7	A mounts from line 4	16,052,915	13,113,805	11,705,936	10,440,677	10	,863,763	62,177,096
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	225,196	97,920	83,565	138,976	1,049,839		1,595,496
9	similar sources  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	297,356	208,799	425,057	162,626		103,035	1,196,873
11	<b>Total support</b> (Add lines 7 through 10)							64,969,465
12	Gross receipts from related activity	ties, etc (See ins	tructions )			12		986,066
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	, thırd, fourth, or f	ifth tax year as a	501(c)(3	) organız	zation,
S	ection C. Computation of Pu							
14	Public Support Percentage for 201	l 1 (line 6 column	(f) divided by line	11 column (f))		14		93 850 %
15	Public Support Percentage for 201	LO Schedule A, Pa	art II, line 14			15		95 710 %
16a	<b>33 1/3% support test—2011.</b> If th and <b>stop here.</b> The organization qu				line 14 is 33 1/3%	or more	, check t	his box
b	<b>33 1/3% support test—2010.</b> If th	e organization did	d not check the box	k on line 13 or 16	a, and line 15 is	33 1/3%	or more,	
17a	box and stop here. The organization 10%-facts-and-circumstances test				ne 13 16a or 161	and line	14	<b>►</b> I
-, -	is 10% or more, and if the organiz	ation meets the "	facts and circumst	ances" test, che	ck this box and <b>st</b>	op here.	Explain	ted
h	organization  10%-facts-and-circumstances test			_				▶□
	15 is 10% or more, and if the organize Explain in Part IV how the organize	anızatıon meets th	ne "facts and circu	mstances" test,	check this box an	d <b>stop he</b>	ere.	,
18	supported organization  Private Foundation If the organization				-			<b>▶</b> □
	instructions			, -, - : = -	,			<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) 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 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> 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 (Form 990 or 990-EZ) 2011

#### **Additional Data**

Software ID: Software Version:

**EIN:** 93-0713827

Name: Luis Palau Association

#### Form 990, Special Condition Description:

#### **Special Condition Description**

4d. Other program services										
(Code	) (Expenses \$	265,703	ıncludıng grants of \$	) (Revenue \$	)					
Responde (Spanish		broadest-reach	n areas of our ministry on an	inglish), Cruzada (Spanish), and L annual basis These three progra						
(Code	) (Expenses \$	478,720	including grants of \$	) (Revenue \$	)					
(Code ) (Expenses \$ 478,720 including grants of \$ ) (Revenue \$ )  Fun in the Son Festival - Kingston, JamaicaMarch 2011Partnering with Jamaica Broilers Group and dozens of local churches, Andrew Palau and several top musicians came together to proclaim the Good News to more than 60,000 people. In the week leading up to the festival, the Palau team ministered in schools and some of the more challenging neighborhoods of Kingston. Projects included refurbishing neighborhood schools and rebuilding homes of families who lost everything in a recent flood. The Palau team also spent three days at an orphanage in the Blue Mountains, helping clean up facilities, repair buildings, and ministering to the kids Vietnam CampaignApril 2011Luis Palau joined with church leaders to help pave the way for historic Easter celebrations this past April in Vietnam. Joined by his son and fellow evangelist Andrew Palau, both had the opportunity to share the Good News of Jesus Christ openly on several occasions, focusing their efforts on Ho Chi, Minh City (population 7.1 million) and Hanoi (population 6.5 million)										
and several top mu the Palau team mir neighborhood scho orphanage in the B Palau joined with c fellow evangelist A	isicians came together to pro nistered in schools and some ols and rebuilding homes of fa lue Mountains, helping clean hurch leaders to help pave th ndrew Palau, both had the op	claim the Good of the more cha amilies who lost up facilities, re e way for histor portunity to sha	ring with Jamaica Broilers Gi News to more than 60,000 allenging neighborhoods of K t everything in a recent flood pair buildings, and ministering tic Easter celebrations this pare the Good News of Jesus	roup and dozens of local churches people In the week leading up to ingston Projects included refurbid The Palau team also spent three to the kids Vietnam Campaign post April in Vietnam Joined by his Christ openly on several occasion	the festival, shing e days at an April 2011Luis s son and					

DLN: 93493317019802

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

► 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.

**Supplemental Financial Statements** 

Name of the organization

Employer identification number

	Palau Association				oyer identifica	icion numbe	-1
Da	rt I Organizations Maintaining Donor A	dvised Eunds or Othe	r Similar Eu		)713827 Or Accounts	Comple	to if th
- C	organization answered "Yes" to Form 9		i Sillilai Fu	iius (	or Accounts	• Comple	te ii tii
		(a) Donor advised	funds	(	<b>b)</b> Funds and o	ther accou	nts
L	Total number at end of year						
!	Aggregate contributions to (during year)						
	Aggregate grants from (during year)						
	Aggregate value at end of year						
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the			r advı	sed	┌ Yes	
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be	l donor advisors in writing th	at grant funds i			┌ Yes	□No
	conferring impermissible private benefit	of the eventuation and	ranad IIVaali ta	Fo. 400	2 000 Dawt IV	•	1 140
	t II Conservation Easements. Complete			FORI	1 990, Part IV	7, line 7.	
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat  Preservation of open space	non or pleasure)	servation of an servation of a c	ertifie	d historic struc	-	a
	Complete lines 2a-2d if the organization held a qua easement on the last day of the tax year	lified conservation contribut	ion in the form	of a co	nservation		
	easement on the last day of the tax year		Г		Held at the	End of the	Vear
i i	Total number of conservation easements		F	2a	ricia at the	Liid Oi tile	1 Cui
	Total acreage restricted by conservation easements	•	F	2b			
	Number of conservation easements on a certified hi		(a)  -	2c			
			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
I	Number of conservation easements included in (c) a		L	2d			
	Number of conservation easements modified, transf	erred, released, extinguishe	d, or terminated	by th	e organization	during	
	the taxable year 🛌						
	Number of states where property subject to conserv	ation easement is located	<b>-</b>				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds		nspection, hand	ling of	violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conse	ervation easeme	ents di	uring the vear	-	
	Amount of expenses incurred in monitoring, inspect						
	►\$	ing, and emoreing conservat	tion easements	uuring	, the year		
	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requi	rements of sect	ion		┌ Yes	□ No
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organiza				and	,
ır	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical		r Otl	ner Similar	Assets.	
1	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	5 116, not to report in its re I for public exhibition, educa	venue statemer ation or researc	h ın fu			Ξ,
)	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education				•	
	(i) Revenues included in Form 990, Part VIII, line	L			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X						
	If the organization received or held works of art, his following amounts required to be reported under SFA			finan			
	Revenues included in Form 990, Part VIII, line 1				<b>▶</b> \$		
	railes meiadea in Form 550, rail viii, iiile i				r Ψ		

**b** Assets included in Form 990, Part X

Part	<b>Titl</b> Organizations Maintaining Co	llections of Ar	t, His	<u>stori</u>	cal Tr	<u>easu</u>	ires, or C	the	<u>r Similar As</u>	sets (	<u>continued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check ar	y of th	he fol	lowing	that ar	e a significa	ant u	se of its collect	ion	
а	Public exhibition		d	$\vdash$	Loan	orexc	hange prog	ams			
ь	Scholarly research		e	$\vdash$	Other	r					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and eval	ain ho	w the	v furth <i>e</i>	artha c	organization	'c av	emnt nurnose i	n	
7	Part XIV						_			"	
5	During the year, did the organization solicition assets to be sold to raise funds rather than t									┌ Yes	□ No
Par	t IV Escrow and Custodial Arrang	<b>ements.</b> Compl	ete ıf	the	organ	ızatıor					1 110
	Part IV, line 9, or reported an an										
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interm	ediary	/ for c	ontribu	itions (	or other ass	ets r		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follov	vıng t	able		_				
									An	nount	
С	Beginning balance						-	1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							<b>1f</b>			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?	<b>,</b>						┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	1									
Pa	rt V Endowment Funds. Complete	f the organizatio	n ans	swer	ed "Ye	s" to	Form 990,				
		(a)Current Year	(b	<b>)</b> Prior	Year	<b>(c)</b> Tw	o Years Back	(d)	Three Years Back	<b>(e)</b> Four	Years Back
1a	Beginning of year balance							_			
b	Contributions										
С	Investment earnings or losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment										
ь	Permanent endowment 🕨										
c	Term endowment ►										
3a	Are there endowment funds not in the posse	ssion of the organiz	zation	that	are held	d and a	dministere	d for	the		
	organization by									Yes	No
	(i) unrelated organizations		•						3a(		<del></del>
	(ii) related organizations								3a(	_	<del> </del>
	If "Yes" to 3a(II), are the related organizatio							•	3t	<b>)</b>	
4	Describe in Part XIV the intended uses of th					1.0					
Pali	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa								
	Description of property				Cost or Is (Inves		(b)Cost or o basis (oth		(c) Accumulated depreciation	(d) E	Book value
1a	Land						378	,000			378,000
Ь	Buildings						3,235	,327	1,550,43	38	1,684,889
c	Leasehold improvements										
d I	Equipment						2,044	,148	1,949,33	31	94,817
e	Other										
	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colu	mn (B	), line	10(c).)	)		•			2,157,706
	· · · · · ·	·							Schedule D	(Form	

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other (A) Cash surrender value of life insurance	303,650	F
(A) Cush suiteffuel value of the insurance	303,030	'
(B) Annuity contracts with insurance companies	295,051	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	0.00/1.02	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line :	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
		·
Total ( column ( c) chean oqual ( chin col) ( c) mic col)	no 15	
Part IX Other Assets. See Form 990, Part X, III  (a) Descrip		(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	( <b>b)</b> A mount	
Federal Income Taxes	(=)	
Deferred compensation	598,701	
Gift annuity obligations	116,779	
	1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	715,480	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,517,462
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,946,989
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	570,473
4	Net unrealized gains (losses) on investments	4	5
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-17,236
9	Total adjustments (net) Add lines 4 - 8	9	-17,231
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	553,242
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	n
1	Total revenue, gains, and other support per audited financial statements	1	20,597,527
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 9,507,129		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 572,931		
e	Add lines 2a through 2d	2e	10,080,065
3	Subtract line <b>2e</b> from line <b>1</b>	3	10,517,462
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
C	Add lines 4a and 4b	4c	(
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	10,517,462
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1 1	20,044,285
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses	1	
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	10,097,296
3	Subtract line <b>2e</b> from line <b>1</b>	3	9,946,989
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b   4a		
b	Other (Describe in Part XIV) 4b	]	
c	Add lines <b>4a</b> and <b>4b</b>	4c	C
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18 )	5	9,946,989
Pa	rt XIV Supplemental Information		

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

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 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
Description of Uncertain Tax Positions Under FIN 48	Part X	The financial statement effects of a tax position taken or expected to be taken are recognized in the financial statements when it is more likely than not, based on the technical merits, that the positions will be sustained upon examination. Interest and penalties, if any, are included in expenses in the statement of activities as of December 31, 2011, the Association had no uncertain tax positions that qualify for recognition or disclosure in the financial statements.
Part XI, Line 8 - Other Adjustments		Change in the value of annuities -17,236
Part XII, Line 2d - Other Adjustments		Change in the value of annuities -17,236 Special event expenses 574,600 Cost of goods sold 15,567
Part XIII, Line 2d - Other Adjustments		Special event expenses 574,600 Cost of goods sold 15,567

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DLN: 93493317019802

OMB No 1545-0047

SCHEDULE F (Form 990)

► Complete if the organization answered "Yes" to Form 990,

Department of the Treasury Internal Revenue Service

3a Sub-total

to Part I

**b** Total from continuation sheets

c Totals (add lines 3a and 3b)

Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Statement of Activities Outside the United States

Open to Public **Inspection** 

Name of the organization

**Employer identification number** 

Luis	Palau Association				93-0713827							
Pa	"Yes" to Form 990, Pa			<b>he United States.</b> C	omplete if the organize	ation answered						
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?											
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States											
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed	)								
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region of independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(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						
	South America	0	3	Program Service	Evangelistic outreach	119,046						
	Central America and the Caribbean	0	1	Program Service	Evangelistic outreach	72,114						
	East Asia and the Pacific	0	0	Program Service	Evangelistic outreach	315,526						
	Europe (Including Iceland & Greenland)	1	4	Grants to recipients located in region		108,982						
	Sub-Saharan Africa	0	0	Program Service	Evangelistic outreach	510,319						
	South Asia	0	0	Grants to recipients located in region		88,079						
	Sub-Saharan Africa	0	0	Grants to recipients located in region		7,866						
	Europe (Including Iceland & Greenland)	1	4	Program Service	Evangelistic outreach	143,891						

12

0

1,365,823

1,365,823

Use Part V if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			South Asia	Food, clothing, and education for orphans	88,079	Wire transfer			
			Sub-Saharan Africa - Angola,	Eyeglasses		Wire transfer and check			
			Europe (Including Iceland & Greenland) -	Christian evangelism	108,982	Wire transfer			
	Enter total nu	mbor of rociny	ant organizations lis	ted above that are r	ocognized as charit	us by the foreign o	country recognized	25	
2	tax-exempt by	the IRS, or f	or which the grante	e or counsel has pro	vided a section 501	.(c)(3) equivalency	letter	as . 🕨	3
3	Enter total nui	mber of other	organizations or en	tities					0
								Schedule F	(Form 990) 2011

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . . . . . .

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1		
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						1	dula E (Earry 000) 2011

### 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)	Γ	Yes	굣	Νo
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)	Г	Yes	굣	Νo
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)	Г	Yes	[ত	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)	Г	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)	Г	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).	Г	Yes	ন	Νo

Schedule F (Form 990) 2011

Part V	Supr	lemen	tal In	forma	tio
	Jupp				

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information

<u>information.</u>		
Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants		Schedule F, Part I, Line 2 Follow-up visits and phone calls are
Outside the U S		made to monitor program progress and accomplishments LPA
		has also done occasional field audits, receives regular ministry
		reports, and in come cases, have board representation
Method Used to Acccount for		Schedule F, Part I, Line 3 Foreign expenditures were accounted
Expenditures		for based on the accrual method of accounting using expense
		reports, receipts, and other appropriate documentation
-		
-		
		Schedule E (Form 990) 2011

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DLN: 93493317019802

OMB No 1545-0047

Open to Public Inspection

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Department of the Treasury Internal Revenue Service

SCHEDULE G

(Form 990 or 990-EZ)

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.

Name of the organization **Employer identification number** Luis Palau Association 93-0713827 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply e Solicitation of non-government grants Mail solicitations f ☐ Solicitation of government grants Internet and e-mail solicitations Phone solicitations g | Special fundraising events ☐ In-person solicitations 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? **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 (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes 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

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1  Naples P.C. (event type)	(b) Event #2  Coronado P.C.  (event type)	(c) O ther Events  3 (total number)	(d) Total Events (Add col (a) through col (c))
星	1	Gross receipts	1,754,122	1,334,357	1,593,548	4,682,027
Revenue	2	Less Charitable contributions	1,754,122	1,334,357	1,555,126	4,643,605
<u> </u>	3	Gross income (line 1 minus line 2)			38,422	38,422
	4	Cash prizes				
မာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
<u>Š</u>	7	Food and beverages	147,308	87,962	201,369	436,639
Direct	8	Entertainment				
ā	9	Other direct expenses .	40,200	24,039	73,722	137,961
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(574,600)
	11	Net income summary Combine III	nes 3 and 10 in column (	d)		-536,178
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue	1		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
		Gross revenue				
Expenses		Cash prizes				
	4	Rent/facility costs				
Direct		Other direct expenses				
	6	Volunteer labor	Г Yes Г No	Г Yes Г No	Г Yes	l
	7	Direct expense summary Add lines	s 2 through 5 ın column (	d)		( )
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> ▶ </u>	
9 a b	Is th	er the state(s) in which the organiza ne organization licensed to operate No," Explain	gaming activities in eac	n of these states?		
10a b		e any of the organization's gaming l 'es," Explain	icenses revoked, susper	nded or terminated during	the tax year?	· · 「Yes 「No

Sche	dule G (Form 990 or 990-EZ) 20	11		Page <b>3</b>
11	Does the organization operate g	aming activities with nonmembers? .		· Fyes Fno
12	Is the organization a grantor, be	neficiary or trustee of a trust or a men	nber of a partnership or other entity	
	formed to administer charitable	gamıng?		· Fyes FNo
13	Indicate the percentage of gami	ng activity operated in		
а			13a	
b	·		13b	
14	Provide the name and address o records	f the person who prepares the organiza	ation's gaming/special events books and	
	Name 🟲			
	Address ►			
45-	December of the control of the contr	arkens ak sankla a klassid as arke 600 as alka sankla		
15a	_	ntract with a third party from whom the	e organization receives gaming	F., F.,
h				·   Yes   No
_		ned by the third party 🟲 \$		
c	If "Yes," enter name and addres			
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation	<b>▶</b> \$		
	Description of services provided	i <b>▶</b>		
17 a	Director/officer  Mandatory distributions  Is the organization required und	Employee	Independent contractor	
	retain the state gaming license?			$\Gamma_{\text{Yes}}$ $\Gamma_{\text{No}}$
ь			to other exempt organizations or spent	1 165 1 110
		t activities during the tax year 🕨 💲		
Pai	Complete this part to instructions.)	provide additional information for	responses to quuestion on Schedule (	3 (see
	Identifier	ReturnReference	Explanation	
	lanation for Gross Receipts and ount Retained	Schedule G Part I, Line 2b, Columns (iv) and (vi)	The professional fundraiser listed on Sched valuable consulting/training services but d directly raise or handle funds for Luis Palau result, it is not possible to calculate the dir to their services This explains the \$0 in co (\$15,000) in column VI	id not actually I Association As a Tect reciepts related

nn V I		
	Schedule G (Form 990 or 990-EZ) 2011	

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Schedule I (Form 990)

#### Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2011

DLN: 93493317019802

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Luis Palau Association

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Inspection
Employer identification number

93-0713827

Part I General Inform	ation on Grant	s and Assistance					
Does the organization main the selection criteria used	to award the grant	s or assistance?			bility for the grants or as	sistance, and	✓ Yes
Describe in Part IV the org	ganızatıon's proced	ures for monitoring the i	ise of grant funds in the	United States			
Form 990, Part IV	/, line 21 for any	recipient that receiv	ed more than \$5,000	0. Check this box if	es. Complete if the or	eived more than \$5,0	000. Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AC Portland5055 N Greeley Portland,OR 97217	45-2474481	501(c)(3)	5,000				School improvements
(2) Compassion ConnectPO Box 808 Fairview, OR 97024	26-2304524	501(c)(3)	14,290				Christian community outreach
(3) ECFA440 W Jubal Early Dr 130 Winchester, VA 22601	93-0744698	501(c)(3)	5,000				Christian NP accountability commission
(4) Highland Christian Center 7600 NE Glisan Street Portland, OR 97213	32-0125054	501(c)(3)	5,000				Christian community outreach
(5) King of Kings4960 S Gilbert Rd Ste 1-511 Chandler, AZ 85249	71-0999102	501(c)(3)	11,000				Christian evangelism
(6) Multnomah Biblical Seminary8435 NE Gilsan Street Portland, OR 97220	93-0398802	501(c)(3)	5,000				Biblical seminary & missionary evangelism
(7) NorthWest CommunityfestPO Box 30722 Bellingham, WA 98228		501(c)(3)	6,920				Christian evangelism
(8) NYC Leadership Center 46-04 31st Ave 2nd Floor Long Island, NY 11103	20-8991671	501(c)(3)	25,000				Christian evangelism
(9) Oregon Campus Compact PO Box 751-ORCC Portland,OR 97207	72-1574586	501(c)(3)	10,000				Christian community outreach
(10) Southlake Foursquare Church1555 SW Borland Road West Linn, OR 97068	93-0801086	501(c)(3)	10,000				Christian community outreach
(11) US BankImago Dei Community1302 SE Ankeny Portland,OR 97214	93-1277176	501(c)(3)	14,851				Christian community outreach
(12) Walking On Water5928 Balfour Ct Ste C Carlsbad, CA 92008	33-0737301	501(c)(3)	20,400				Christian evangelism

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, lir	ne 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Outreaches/Dental Clinics	2	6,747			
(2) Evangelism Training	1	1,000			
(3) School Supplies for Homeless Students	1	850			
(4) Relief for fire damage to home	1	1,000			

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	Part I, Line 2	Schedule I, Part I, Line 2 Follow-up visits and phone calls are made to monitor program progress and accomplishments LPA
Grants in the U S		has also done occasional field audits, receives regular ministry reports, and in come cases, have board representation

Schedule I (Form 990) 2011

Software ID: Software Version:

**EIN:** 93-0713827

Name: Luis Palau Association

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AC Portland5055 N Greeley Portland, OR 97217	45- 2474481	501(c)(3)	5,000				School Improvements
Compassion ConnectPO Box 808 Fairview, OR 97024	26- 2304524	501(c)(3)	14,290				Christian community outreach

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECFA440 W Jubal Early Dr 130 Winchester, V A 22601	93- 0744698	501(c)(3)	5,000				Christian NP accountability commission
Highland Christian Center7600 NE Glisan Street Portland, OR 97213	32- 0125054	501(c)(3)	5,000				Christian community outreach

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
King of Kings4960 S Gilbert Rd Ste 1- 511 Chandler, A Z 85249	71- 0999102	501(c)(3)	11,000				Christian evangelism
Multnomah Biblical Seminary8435 NE Gilsan Street Portland, O R 97220	93- 0398802	501(c)(3)	5,000				Biblical seminary & missionary evangelism

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NorthWest CommunityfestPO Box 30722 Bellingham, WA 98228		501(c)(3)	6,920		26.)		Christian evangelism
NYC Leadership Center46-04 31st Ave 2nd Floor Long Island, NY 11103	20- 8991671	501(c)(3)	25,000				Christian evangelism

# 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>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Oregon Campus CompactPO Box 751-ORCC Portland, OR 97207	72- 1574586	501(c)(3)	10,000				Christian community outreach
Southlake Foursquare Church 1555 SW Borland Road West Linn, OR 97068	93- 0801086	501(c)(3)	10,000				Christian community outreach

# 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>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
US BankImago Dei Community1302 SE Ankeny Portland, OR 97214	93- 1277176	501(c)(3)	14,851		ourer)		Christian community outreach
Walking On Water 5928 Balfour Ct Ste C Carlsbad, CA 92008	33- 0737301	501(c)(3)	20,400				Christian evangelism

DLN: 93493317019802

OMB No 1545-0047

**Schedule J** 

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization Luis Palau Association

(Form 990)

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

93-0713827

Pa	rt I Questions Regarding Compensation						
			Yes	Νo			
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items						
	First-class or charter travel  Housing allowance or residence for personal use						
	▼ Travel for companions						
	Tax idemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)						
b	<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes				
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply  Compensation committee  Written employment contract						
	✓ Independent compensation consultant ✓ Compensation survey or study						
	Form 990 of other organizations  A pproval by the board or compensation committee						
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization						
а	a Receive a severance payment or change-of-control payment?						
b	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?						
c	c Participate in, or receive payment from, an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III						
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.						
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of						
а	The organization?	5a		No			
b	Any related organization?	5b		Νo			
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of						
а	The organization?	6a		Νo			
b	Any related organization?	6b		Νo			
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No			
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9					

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) Dr Luis Palau	(1) (11)	159,692 0	0 0	2,964 0	20,673 0	77,571 0	260,900 0	o 0	
(2) Kevin Palau (	(1) (11)	147,920 0	0	5,225 0	20,067 0	83,248 0	256,460 0	0 0	
	(I)	163,381 0	0 0	1,869 0	16,735 0	29,488 0	211,473 0	0 0	
(4) David Jones	(1) (11)	64,420 0	0	38,580 0	10,431 0	40,140	153,571 0	0	

## Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
		First class airfare is allowed for the president, and not considered taxable compensation due to a bona fide business purpose. The board has reviewed this determination and approved. Travel expenses for companions of listed individuals is considered taxable if determined to be personal in nature. When a bona fide business purpose is established this travel expense is not included in taxable compensation. Pursuant to Internal Revenue Code Section 107, ministerial housing allowances are provided for qualifying ministerial employees.

Schedule J (Form 990) 2011

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DLN: 93493317019802

OMB No 1545-0047

**Transactions with Interested Persons** 

Schedule L

(Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization Luis Palau Association **Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) (a) Name of disqualified person 1 (b) Description of transaction Corrected? Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . . . . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to (g)Written (e) In Approved or from the (a) Name of interested person and (c)Original default? by board or (d)Balance due agreement? organization? principal amount purpose committee? Τо From Yes No Yes No Yes No Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c) A mount of grant or type of assistance and the organization

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organı	arıng of zatıon's nues?
	organization			Yes	No
(1) Andrew Palau	Son of Board Member	151,228	Employment		No
(2) Anne Scofield	Niece of Board Member	71,749	Employment		No
(3) Katie Bredemeier	Daughter of VP	22,059	Employment		Νo
(4) David Palau	Son of President	637	Employment		Νo
(5) Matilde Palau	Sister of Board Member/CEO	12,297	Employment		No

### Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier | Return Reference | Explanation

Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493317019802

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

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

**NonCash Contributions** 

Name of the organization Luis Palau Association

Employer identification number

					93-0713827			
Pai	Types of Property			•				
4	Aut. Maules of sub	(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	Method of d contributio	determi		
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
5	Clothing and household goods	Х		500	Fair Market Value			
5	Cars and other vehicles	Х	2	3,985	Fair Market Value			
7	Boats and planes							
3	Intellectual property							
•	Securities—Publicly traded .	Х	26	555,146	Stock Market Value	e		
)	Securities—Closely held stock .							
1	Securities—Partnership, LLC, or trust interests							
2	Securities—Miscellaneous							
3	Qualified conservation contribution—Historic structures							
1	Qualified conservation contribution—Other							
5	Real estate—Residential .							
5	Real estate—Commercial							
7	Real estate—O ther							
8	Collectibles	Х	1	12,514	Faır Market Value			
9	Food inventory							
)	Drugs and medical supplies .							
1	Taxıdermy							
2	Historical artifacts							
3	Scientific specimens							
1	Archeological artifacts							
5	O ther <b>▶</b> ()							
5	O ther ▶()							
7	O ther ▶()							
В	O ther ▶ ()							
9	Number of Forms 8283 received for which the organization compl				29			
							Yes	No
0a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
b	If "Yes," describe the arrangeme	ent in Part 1	II					
1	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
2a	Does the organization hire or us contributions?	e third part	es or related organizations	to solicit, process, or sell	non-cash	22-	V 2.5	
L		·		· · ·	· ·	32a	Yes	
	If "Yes," describe in Part II	<b>.</b>	n anlumn (n) fru - tuur - fru	was a subject of a subject of the su	) .o. abaal			
3	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a	) із спескеа,			

### 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
Method for Determining Number of Contributors	Part I, Column (b)	The number of contributions reported is the number of contributions made, not the number of items contributed
Third Party Use		The organization uses iDonate to process tangible non-cash assets like cars, timeshares, boats, and other items

Schedule M (Form 990) 2011

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DLN: 93493317019802

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.

2011
Open to Public Inspection

Name of the organization Luis Palau Association	Employer identification number
	93-0713827

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 2	The CEO, Luis Palau, is the father of Kevin Palau, the president
	Form 990, Part VI, Section B, line 11	The Form 990 is prepared by an independent CPA firm it is also reviewed by the finance team and then emailed to the board for review before it was filed with the Internal Revenue Service
	Form 990, Part VI, Section B, line 12c	The board is aware of all transactions and is constantly monitoring them for potential conflicts of interest
	Form 990, Part VI, Section B, line 15	Salaries for officers are set by the independent compensation committee of the board of directors. The compensation committee reviews comparability data, determines the salary increases for officers and communicates the decision to ministry management. The process and decisions are documented in the board minutes.
	Form 990, Part VI, Section C, line 19	These documents are available upon request
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 5 Change in the value of annuities -17,236 Total to Form 990, Part XI, Line 5 -17,231
Explanation of Responsibility	Form 990, Page 12, Part XI, Line 2c	The organization has a committee that assumes responsibility for oversight of the audit of its financial statements and selection of an independent accountant. This process has not changed since the prior year.

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DLN: 93493317019802

**Related Organizations and Unrelated Partnerships** 

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Luis Palau Association

(Form 990)

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► See separate instructions.

► Attach to Form 990.

				93-071	3827			
Part I Identification of Disregarded Entities (Comple	ete if the organizatio	n answered "Yes"	' on Form 990,	Part IV, line 33	.)			
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets		<b>(f)</b> Direct controlling entity		
(1) Livin It LLC PO Box 50 Portland, OR 97207	Extreme sports evangelism	OR	8,786	0	N/A			
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the		f the organization	answered "Ye	s" on Form 990,	, Part I	V, line 34 becaus	se it had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code sectio	n Public charity sta (if section 501(c)		<b>(f)</b> Direct controlling entity	Section 5 conti	<b>g)</b> 12(b)(13 rolled ization
							Yes	No
							_	
							+	
For Privacy Act and Paperwork Reduction Act Notice, see the Instructio	ns for Form 990.	Cat No 50	)135Y	<b>I</b>	•	Schedule R (F	Form 990)	2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country) (d) Direct controlling entity		(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	dominant income Share of total income scluded from tax der sections 512-		(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or aging	<b>(k)</b> Percentage ownership	
							Yes	No		Yes	No		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership

(6)

(2) (3) (4)	Pa	rt V	Transactions With Related Organizations (Complete if the organization answered "Yes'	' on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)							
a Receipt of (1) interest (iii) annuities (iii) revalties (iv) renk from a controlled entity  b (iii), grant, or capital contribution to related organization(s)  c (iii), grant, or capital contribution from related organization(s)  d Loans or loan guarantees to or for related organization(s)  E Loans or loan guarantees by related organization(s)  f Sale of assets to related organization(s)  p Purchase of assets from related organization(s)  1 Lease of facilities, equipment, or other assets from related organization(s)  1 Lease of facilities, equipment, or other assets from related organization(s)  1 Performance of services or membership or fundraising solicitations for related organization(s)  1 Performance of services or membership or fundraising solicitations by related organization(s)  1 Performance of services or membership or fundraising solicitations by related organization(s)  1 Performance of services or membership or fundraising solicitations (s)  1 Performance of services or membership or fundraising solicitations (s)  1 Performance of services or membership or fundraising solicitations (s)  1 Performance of services or membership or fundraising solicitations (s)  1 Performance of services or membership or fundraising solicitations (s)  1 Performance of services or membership or fundraising solicitations (s)  2 Performance of services or membership or fundraising solicitations (s)  3 Performance of services or membership or fundraising solicitations (s)  4 Performance of services or membership or fundraising solicitations (s)  5 Performance of services or membership or fundraising solicitations (s)  6 Performance of services or membership or fundraising solicitations (s)  7 Performance of services or membership or fundraising solicitations (s)  8 Performance of services or membership or fundraising solicitations (s)  9 Performance of services or membership or fundraising solicitations (s)  9 Performance of services or membership or fundraising solicitations (s)  9 Performance of services or membership		Note.	omplete line 1 if any entity is listed in Parts II, III or IV				Yes	No					
b Gift, grant, or capital contribution to railated organization(s) c Gift, grant, or capital contribution from related organization(s) d Lans or loan guarantees to refer related organization(s) e Loans or loan guarantees by related organization(s) f Sale of assets to related organization(s) g Purchase of assets from related organization(s) l Exchange of assets from related organization(s) l Exchange of assets from related organization(s) l Exchange of assets from related organization(s) l Lease of facilities, equipment, or other assets to related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) n Sharing of paid employees with related organization(s) n Sharing of paid employees with related organization(s) n Reimbursement paid to related organization(s) for expenses p Reimbursement paid to related organization(s) for expenses p Reimbursement paid by related organization(s) for expenses U Content transfer of cash or property from related organization(s)  2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds  2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds  2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds  (4)  Name of other organizations  (5)  Name of other organizations  (6)  Name of other organizations  (7)  Name of other organizations  (8)  Name of other organizations  (9)  Name of other organizations  (10)  Name of other organizations  (11)  Name of other organizations  (12)  Name of other organizations  (13)	10	uring th	e tax year, did the orgranization engage in any of the following transactions with one or more related organi	zations listed in Parts	s II-IV?								
c Gift, grant, or capital contribution from related organization(s) d Lans or loan guarantees to a fibr related organization(s) e Loans or loan guarantees by related organization(s) f Sale of assets to related organization(s) f Sale of assets to related organization(s) g Purchase of assets for related organization(s) h Exchange of assets with related organization(s) i Lease of facilities, equipment, or other assets to related organization(s) i Lease of facilities, equipment, or other assets from related organization(s) ii Lease of facilities, equipment, or other assets from related organization(s) ii Lease of facilities, equipment, or other assets from related organization(s) ii Lease of facilities, equipment, or other assets in form related organization(s) iii Lease of facilities, equipment, or other assets in form related organization(s) iii Lease of facilities, equipment, or other assets in form related organization(s) iii Lease of facilities, equipment, or other assets in form related organization(s) iii Lease of facilities, equipment, or other assets in form related organization(s) iii Lease of facilities, equipment, or other assets in form related organization(s) iii Lease of facilities, equipment, or other assets in form related organization(s) iii Lease of facilities, equipment, or other assets in form related organization(s) iii Lease of facilities, equipment, or other assets in facilities in facil	а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity											
d Loans or loan guarantees to or for related organization(s)  e Loans or loan guarantees by related organization(s)  f Sale of assets to related organization(s)  g Purchase of assets from related organization(s)  i Lease of facilities, equipment, or other assets to related organization(s)  j Lease of facilities, equipment, or other assets from related organization(s)  k Performance of services or membership or fundrasing solicitations for related organization(s)  k Performance of services or membership or fundrasing solicitations for related organization(s)  k Performance of services or membership or fundrasing solicitations for related organization(s)  m Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)  n Shanng of paid employees with related organization(s)  In I	b												
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f Sale of assets to related organization(s) g Purchase of assets from related organization(s) h Exchange of assets with related organization(s) i Lease of facilities, equipment, or other assets from related organization(s) j Lease of facilities, equipment, or other assets from related organization(s) k Performance of services or membership or fundraising solicitations for related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s) o Reimbursement paid to related organization(s) for expenses p Reimbursement paid to related organization(s) for expenses q Other transfer of cash or property for related organization(s) r Other transfer of cash or property from related organization(s)  2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds  (4)  (4)  (4)  (5)  (6)  (6)  (7)  (8)  (9)  (9)  (9)  (1)  (1)  (1)  (1)  (2)  (3)	d												
g Purchase of assets from related organization(s) h Exchange of assets with related organization(s) i Lease of facilities, equipment, or other assets from related organization(s)  j Lease of facilities, equipment, or other assets from related organization(s) k Performance of services or membership or fundraising solicitations by related organization(s) ii Performance of services or membership or fundraising solicitations by related organization(s) iii ii III ii III	е												
g Purchase of assets from related organization(s) h Exchange of assets with related organization(s) i Lease of facilities, equipment, or other assets from related organization(s)  j Lease of facilities, equipment, or other assets from related organization(s) k Performance of services or membership or fundraising solicitations by related organization(s) ii Performance of services or membership or fundraising solicitations by related organization(s) iii ii III ii III													
h Exchange of assets with related organization(s)  i Lease of facilities, equipment, or other assets from related organization(s)  j Lease of facilities, equipment, or other assets from related organization(s)  k Performance of services or membership or fundraising solicitations for related organization(s)  l Performance of services or membership or fundraising solicitations by related organization(s)  m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  n Sharing of paid employees with related organization(s)  n Reimbursement paid to related organization(s) for expenses  n Reimbursement paid to related organization(s) for expenses  n Reimbursement paid by related organization(s) for expenses  n Other transfer of cash or property to related organization(s)  1 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds  (a)    Instruction   In	f	Sale of assets to related organization(s)											
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j Lease of facilities, equipment, or other assets from related organization(s)  k Performance of services or membership or fundraising solicitations for related organization(s)  l Performance of services or membership or fundraising solicitations by related organization(s)  m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  n Sharing of paid employees with related organization(s)  o Reimbursement paid to related organization(s) for expenses  o Reimbursement paid by related organization(s) for expenses  q Other transfer of cash or property to related organization(s)  r Other transfer of cash or property from related organization(s)  2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds    Cather   Cath	h	Excha	nge of assets with related organization(s)			1h							
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m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  n Sharing of paid employees with related organization(s)  o Reimbursement paid to related organization(s) for expenses  io Other transfer of cash or property to related organization(s)  f Other transfer of cash or property from related organization(s)  if I D	k	Perfor	nance of services or membership or fundraising solicitations for related organization(s)			1k							
n Sharing of paid employees with related organization(s)  e Reimbursement paid to related organization(s) for expenses  p Reimbursement paid by related organization(s) for expenses  q Other transfer of cash or property to related organization(s)  r Other transfer of cash or property from related organization(s)  1	- 1	Performance of services or membership or fundraising solicitations by related organization(s)											
o Reimbursement paid to related organization(s) for expenses  p Reimbursement paid by related organization(s) for expenses  q Other transfer of cash or property to related organization(s)  r Other transfer of cash or property from related organization(s)  2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds  (a)  Name of other organization  (b)  Transaction  Transaction  (c)  Method of determining amount involved  Method of determining amount involved  (1)  (2)  (3)  (4)	n	<b>S</b> harır	g of facilities, equipment, mailing lists, or other assets with related organization(s)			1m							
p Reimbursement paid by related organization(s) for expenses  q Other transfer of cash or property to related organization(s)  r Other transfer of cash or property from related organization(s)  2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	n	Sharır	g of paid employees with related organization(s)			1n							
p Reimbursement paid by related organization(s) for expenses  q Other transfer of cash or property to related organization(s)  r Other transfer of cash or property from related organization(s)  2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds													
q Other transfer of cash or property to related organization(s)  r Other transfer of cash or property from related organization(s)  2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds    Columbia	0	Reimb	ursement paid to related organization(s) for expenses			10							
The important of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds    Columbia   Method of determining amount involved   Method of determining amoun	р	Reimb	ursement paid by related organization(s) for expenses			1р							
The important of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds    Columbia   Method of determining amount involved   Method of determining amoun													
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds  (a)  (b)  (c)  Amount involved  Method of determining amount involved  (1)  (2)  (3)  (4)	q	O ther transfer of cash or property to related organization(s)											
(a) Name of other organization (1) (2) (3) (4)	r	r Other transfer of cash or property from related organization(s)											
(a) Name of other organization (1) (2) (3) (4)													
Transaction type(a-r) Amount involved Method of determining amount involved (1) (2) (3) (4)	_2	Ifthe	nswer to any of the above is "Yes," see the instructions for information on who must complete this line, inc		onships and transact								
(1) (2) (3) (4)				Transaction		Method of determi		ount					
(4)	(1)			τγρα(α τγ		mivoive.							
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	742												
(5)	(4)												
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## Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate allocations?		(i) (j Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		eral or aging ener?	<b>(k)</b> Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

# Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011