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Department of the Treasury Internal Revenue Service

**Return of Private Foundation** or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

2011

For calendar year 2011 or tax year beginning	, aก	d ending			
Name of foundation			A E	mployer identification nu	mber
GO AND TELL, INC			L	93-1285	648
Number and street (or P O box number if mail is not delivered to street ad	idress)	Room/suite	BT	elephone number (see inst	ructions)
670 MASON WAY				541/779-2	2233
City or town, state, and ZIP code	<u></u>		CH	exemption application is pe	ending, check here
MEDFORD	OR S	97 <u>50</u> 1			
	al return of a former p	ublic charity	D 1.	Foreign organizations, che	ock here . 🕨 🔙
Final return Am	ended return		1 2	Foreign organizations mee	eting the 85% test.
Address change Nar	ne change		· -	check here and attach cor	_
H Check type of organization: Section 501(c)(3) exe	empt private foundatio	n	۱	private foundation status w	
Section 4947(a)(1) nonexempt charitable trust				private roundation status will the section 507(b)(1)(A), c	
I Fair market value of all assets at end   J Accounting		Accrual	ł	the foundation is in a 60-mi	
of year (from Part II, col. (c),		L Acciden		nder section 507(b)(1)(8), c	
line 16) ▶\$ 205,827 (Part I, column (		s. <i>)</i>	1	_	L
Part I Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net investm	ent	(c) Adjusted net	for charitable
the amounts in column (a) (see instructions) )	books	income		income	purposes (cash basis only)
1 Contributions, gifts, grants, etc., received (attach schedule)	207,478				
2 Check I if the foundation is not required to attach Sch. B					<del></del>
3 Interest on savings and temporary cash investments	0		0		<del></del>
4 Dividends and interest from securities	o	<del></del>	0		
5 a Gross rents			0		
h Net rental income of /loss)					
6 a Net gain or (loss) from sale of assets not on line 10	0				
b Gross sales price for all assets on line 6a					
6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2)			0		
8 Net short-term capital gain				0	
9 Income modifications					
10 2 Gross sales less returns and allowances	)				
b Less: Cost of goods sold	)				
c Gross profit or (loss) (attach schedule)	0				
11 Other income (attach schedule)	0		0	0	
12 Total. Add lines 1 through 11	207,478		0	0	
(g. 13 Compensation of officers, directors, trustees, etc.	0				
13 Compensation of onicers, directors, trustees, etc. 29 14 Other employee salaries and wages 15 Pension plans, employee benefits					
15 Pension plans, employee benefits					
16 a Legal fees (attach schedule)	0		0	<del></del>	0
D Accounting fees (attach/schedule)	0		0		
c Other professional lees (attach schedule)	0		0	0	0
17 Interes ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (					
18 Taxes (attach schedule) (see instructions)	0		0		0
19 Depreciation (attach schedule) and depletion	981		0	0	
20 Occupancy OCDEN UT.					<del></del>
21 Travel, conferences, and meetings	<del></del>				<del></del>
22 Printing and publications	670		0	0	670
23 Other expenses (attach schedule)	870				670
5 24 Total operating and administrative expenses.	1,651		0	o	670
Add lines 13 through 23	0			<del>-</del>	670 0
c Other professional fees (attach schedule)  17 Interest (1)  18 Taxes (attach schedule) (see instructions)  19 Depreciation (attach schedule) and depletion  20 Occupancy (2)  21 Travel conferences, and meetings  22 Printing and publications  23 Other expenses (attach schedule)  24 Total operating and administrative expenses.  Add lines 13 through 23  25 Contributions, gifts, grants paid  26 Total expenses and disbursements. Add lines 24 and 25.				<del> </del>	
24 1000 0250000 000 0000000000000000000000	1,651		0	0	670
27 Subtract line 26 from line 12:	205 50-			1	
2 Excess of revenue over expenses and disbursoments	205,827				
b Net investment income (if negative, enter -0-)	<b> </b>		0		
c Adjusted net income (if negative, enter -0-)				0	

	7 11	Release Shoets Attached schedules and amounts in the description column	Beginning of year	End o	of year
لابا	كلي	Balance Sheets should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	0	906	908
	2	Savings and temporary cash investments			
	3	Accounts receivable   0			
		Less: allowance for doubtful accounts	ol	o	0
			<del>-</del>		<u> </u>
	•		o	o	G
	_	Less: allowance for doubtful accounts	<del></del> -		
	5	Grants receivable		<del></del>	
l	6	Receivables due from officers, directors, trustees, and other			_
	_	disqualified persons (attach schedule) (see instructions)	0	0	0
	7				_
	ŀ	Less: allowance for doubtful accounts	0	0	0
29	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Š	10 :	3 Investments—U.S. and state government obligations (attach schodule)	0	0	0
		b Investments-corporate stock (attach schedule)	O	0	0
1	ľ	c Investments—corporate bonds (attach schedule)	O	0	0
	11	Investments—land, buildings, and equipment: basis			
	''	Less: accumulated depreciation (attach schedule)	0		0
			Y		<u> </u>
	12	Investments—mortgage loans	0	0	
	13	Investments—other (attach schedule)			<u> </u>
	14	Land, buildings, and equipment: basis ► 205,902			
	1	Less: accumulated depreciation (attach schedule)   981	0	204,921	204,921
	15	Other assets (describe	0	0	0
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	o	205,827	205,827
	17	Accounts payable and accrued expenses			
	18	Grants payable			•
8	19	Deferred revenue			
Liabilities	1		0	0	
<u> </u>	20	Loans from officers, directors, trustees, and other disqualified persons	0		
===	21	Mortgages and other notes payable (attach schedule)		<u>_</u>	
_	22	Other liabilities (describe	0	0	
	23	Total liabilities (add lines 17 through 22)	0	0	
-	ł	Foundations that follow SFAS 117, check here ▶ 🗓			
ě	l	and complete lines 24 through 26 and lines 30 and 31.			
Balances	24	Unrestricted		205,827	
<u>=</u>	25	Temporarily restricted			
	20	Permanently restricted			
뎔			<del></del>		
جَ	}	Foundations that do not follow SFAS 117, check here	1	)	•
Net Assets or Fun		and complete lines 27 through 31.	ļ	ړ	
0	27	Capital stock, trust principal, or current funds			
뀰	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
88	29	Retained earnings, accumulated income, endowment, or other funds.			
<b>4</b>	30	Total net assets or fund balances (see instructions)	0	205,827	
3	31	Total liabilities and net assets/fund balances (see			
		instructions)	0	205,827	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
		net assets or fund balances at beginning of year-Part II, column (a), line	30 (must agree with		
•		of-year figure reported on prior year's return)		1 1	0
•		r amount from Part I, line 27a			205,827
_		i gariyani incili Fali I, illili 278		3	
3	UINE	r increases not included in line 2 (Itemize)			0
4		lines 1, 2, and 3		( 1	205,827
5		eases not included in line 2 (itemize)		5	0
6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, or	olumn (b), line 30	6	205,827

Form 990-PF (2011) GO AND 7				9	3-1285648 Page 3
Part IV Capital Gains an	d Losses for Tax on Inve	estment Inco			······································
	kind(s) of property sold (e.g., real est se; or common stock, 200 shs. MLC C		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			5 54		- <del> </del>
b					
<u>C</u>					
<u>d</u>			<del></del>	<del> </del>	
•	/A Decodation allowed	(a) Cost a	r other basis	/b) G	lin or (loss)
(e) Gross sales price	(f) Depreciation allowed (or allowable)	,	ense of sale		(1) minus (g)
<u>a</u> 0	0		0		
<u>b</u> 0	0		0		
<u>c</u> 0	0		0		
	0		0		<u></u>
	ring gain in column (h) and owne	d by the foundati	<u>_</u>	(D Codes (C	
(i) F.M.V. as of 12/31/89	(j) Adjusted basis as of 12/31/69	(k) Exce	88 of col. (i) 1. (j), if any	cal. (k), but n	ol. (h) gain minus ot less than -0-) or (from col. (h))
a 0	0		0		0
b 0	0		0	<del></del>	0
<b>c</b> 0	0		0		0
d 0	0		0		0
θ 0	0		0		0
2 Capital gain net income or		also enter in Pa enter -0- in Pa		2	0
3 Net short-term capital gain	<b>4 1 1 1 1 1 1 1 1 1 1</b>				
	line 8, column (c) (see instru			3	0
Part V Qualification Und	er Section 4940(e) for Re	educed Tax o	n Net Investm	ent income	
(For optional use by domestic p					9.)
	•		,		7
If section 4940(d)(2) applies, le	ave this part blank.				
Was the foundation liable for the if "Yes," the foundation does no				the base period?	Yes No
	ount in each column for each			making any entri	es.
(a)	(b)		(c)		(d)
Base period years  Calendar year (or tax year beginning in	Adjusted qualifying distribute	ns Net value	of noncharitable-use a	aseta i	stribution ratio dryided by col. (c))
2010	<del>"</del>			(60% (6	0.000000
2009					0.000000
2008				1	0.000000
2007					0.000000
2008					0.000000
2 Total of line 1, column (d)				. 2	0.000000
3 Average distribution ratio for	r the 5-year base period-di	vide the total or	line 2 by 5, or b	y	
the number of years the fou	indation has been in existent	e if less than 5	years	. 3	0.000000
4 Enter the net value of nonci	haritable-use assets for 2011	from Part X, li	ne5	. 4	0
5 Multiply line 4 by line 3				. 5	0
6 Enter 1% of net investment	income (1% of Part I, line 27	<b>7b)</b>		. 6	0
7 Add lines 5 and 6		•			0
• • • • • • • • • • • • • • • • • • • •					
8 Enter qualifying distribution: If line 8 is equal to or greate the Part VI instructions.	s from Part XII, line 4				1% tax rate. See

• Form 990-PF (2011) GO AND TELL, INC	93-1285648	3_ P	age 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—sec	instruction	ns)	
1 a Exempt operating foundations described in section 4940(d)(2), check here ► X and enter "N/A" on line 1.  Date of ruling or determination letter: APPLIED FOR (attach copy of letter if necessary—see instructions)			
	N/A		┼—
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	Ì		ł
of Part I, line 12, col. (b).			1
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		C	d
3 Add lines 1 and 2			+
4 Subtitle A (Income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5 Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0			
6 Credits/Payments:			
a 2011 estimated tax payments and 2010 overpayment credited to 2011 68 0	1		ì
b Exempt foreign organizations—tax withheld at source	1		ł
c Tax paid with application for extension of time to file (Form 8868) 6c 0	1		Ì
d Backup withholding erroneously withheld	l	_	ŀ
7 Total credits and payments. Add lines 6a through 6d	ļ		_
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	<del></del> -		+
9 Tax due, if the total of lines 5 and 8 is more than line 7, enter amount owed	<del> </del>		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶ 10 11 Enter the amount of line 10 to be: Credited to 2012 estimated tax ▶	<del> </del>		
	L		<u> </u>
Part VII-A Statements Regarding Activities	<del></del>	Tax	
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	
participate or intervene in any political campaign?	<u>1a</u>	╂	X_
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the		1	l
instructions for definition)?	<u>1b</u>	┼—	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	j	}	}
published or distributed by the foundation in connection with the activities.  C Did the foundation file Form 1120-POL for this year?	1c	1	x
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	· · · · <del>/ · ·</del>	+	┼^-
(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	İ	1	1
e Enter the reimbursament (if any) paid by the foundation during the year for political expenditure tax imposed		1	1
on foundation managers. > \$	j		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	1	x
If "Yes," attach a detailed description of the activities.			
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	l l	1	ł
of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	. 4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
If "Yes," attach the statement required by General Instruction T.		l	1
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		1	1
By language in the governing instrument, or		1	ļ
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions</li> </ul>	İ		
that conflict with the state law remain in the governing instrument?	· ·   6	X	Щ_
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Pa	m XV.   7	X	Ь
8 a Enter the states to which the foundation reports or with which it is registered (see instructions)	j	]	Į .
	}	1	1
b if the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney		[	[
General (or designate) of each state as required by General instruction G? if "No," attach explanation	<u>8b</u>	<u> </u>	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	Į	!	ł
or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"	_		
complete Part XIV	<del>9</del>	X	<del> </del>
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing	1		Ì
their names and addresses	170	ιX	1

Form	990-PF (2011) GO AND TELL, INC	<u>93-1285648</u>	P	ege 5
Part	t VII-A Statements Regarding Activities (continued)			
11 .	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	. 12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	L X	
	Website address >			
14	The books are in care of ▶ JOANN FJARLI Telephone no. ▶ 541/	779-2233		
	Located at ► 670 MASON WAY MEDFORD OR ZIP+4 ► 9750		• • • • • •	<u></u>
15	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in Ileu of Form 1041—Check here	1	1	<b>&gt;</b>
40	and enter the amount of tax-exampt interest received or accrued during the year	<del></del>	Yes	No
18	over a bank, securities, or other financial account in a foreign country?	. 16	1 1	X
	See the instructions for exceptions and filling requirements for Form TD F 90-22.1. If "Yes," enter the name of	·		
	the foreign country			l
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):	<u> </u>	1	
		No		}
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	_ }	)	}
		No	]	ŀ
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	No	l	Ì
		No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	····	)	
	for the benefit or use of a disqualified person)?	No		ŀ
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	_	]	
	if the foundation agreed to make a grant to or to employ the official for a period	_		Ì
	<del></del>	No	<b>j</b> [	
þ		}	)	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	_ · · <u>  1b</u>	<u> </u>	
	Organizations relying on a current notice regarding disaster assistance check here	ן נ		1
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	10		x
2	Taxes on faiture to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	1		
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011?	OND		
	If "Yes," list the years 20 , 20 , 20 , 20	<b>-</b>		
b		j	f i	[
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)		}	
	to all years listed, answer "No" and attach statement-see instructions.)	<u>2b</u>	N/A	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	ì		
	<b>▶</b> 20, 20, 20	j		
3 <b>a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business	a		
	enterprise at any time during the year?	₁ No		
þ	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation	1		
	or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved	1		
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine	ļ	<b>j</b>	
	if the foundation had excess business holdings in 2011.)	зь	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?	<u> </u>	<u>'~</u> ^	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable		1	
•	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?			x

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Pa	rt VIIB Statements Regarding Activiti	es for Which Fom	<u> 14720 May Be R</u>	equired (continued)			
5a	During the year did the foundation pay or incur any	amount to:			_	1	
	(1) Carry on propaganda, or otherwise attempt to	o influence legislation (	section 4945(e))? .	<u>\</u> Yes \	< No		
	(2) Influence the outcome of any specific public	election (see section 4	955); or to carry		_	1	1
	on, directly or indirectly, any voter registration	n drive?	. <b></b>	···· [Yes [>	< No		ŀ
	(3) Provide a grant to an individual for travel, stu	dv. or other similar pur	poses?	Yes D	No		i
	(4) Provide a grant to an organization other than					1	
	in section 509(a)(1), (2), or (3), or section 49	_			No.	1	ļ
	(5) Provide for any purpose other than religious.				21 WO		
	educational purposes, or for the prevention of			[] v [5	X No		1
	If any answer is "Yes" to 5a(1)—(5), did any of the f	•			ا المارات		ļ
Ь						N/A	1
	Regulations section 53.4945 or in a current notice		=		-j ·   -	IWA	├─
	Organizations relying on a current notice regarding				<b>-</b>	1	
C	If the answer is "Yes" to question 5a(4), does the f	•		Г. Г	¬		ĺ
	tax because it maintained expenditure responsibilit	-		· · · · L Yes L	_  No	1	
	if "Yes," attach the statement required by Regulati					1	
6 <b>a</b>	Did the foundation, during the year, receive any fu				_		ŀ
	premiums on a personal benefit contract?		· · · · · · · ·	· · · L Yes L	< No ∣	1	
b	Did the foundation, during the year, pay premiums	, directly or indirectly, o	n a personal benefit	contract?	6b	<u> </u>	X
	if "Yes" to 6b, file Form 8870.						
7a	At any time during the tax year, was the foundation	a party to a prohibited	tax shelter transacti	on? Yes 🔀	No	1 :	
	If "Yes," did the foundation receive any proceeds of				7b		
	Information About Officers,					VAAR	_
	and Contractors	J. 1001010, 114011		aagoro, mgm, r a	=p.o	, 000,	
1	List all officers, directors, trustees, found	ation managers and	their compensa	tion (see instructions).		-	
<u> </u>							
		(b) Tille, and average	(c) Compensation	(d) Contributions to	(2) 5		
	(a) Name and address	(b) Tille, and average hours per week	(c) Compensation (if not paid, enter	(d) Contributions to employee benefit plans		nse acco	
<u> </u>	(a) Name and address	(b) Tille, and average	(c) Compensation	(d) Contributions to		nse acco illowance	
See		(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other		18
Sec	(a) Name and address	(b) Tille, and average hours per week	(c) Compensation (if not paid, enter	(d) Contributions to employee benefit plans and deferred compensation			18
Sec	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other a		0
Sec	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other		0
See	(a) Name and address	(b) Title, and average hours per week devoted to position .00	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	O other :		0
See	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other a		0
See	(a) Name and address	(b) Title, and average hours per week devoted to position .00	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Other :		0
	(a) Name and address  Attached Statement	(b) Title, and average hours per week devoted to position .00 .00	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	O other :		0
	(a) Name and address  Attached Statement  Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position .00 .00	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	O other :		0
	(a) Name and address  Attached Statement	(b) Title, and average hours per week devoted to position .00 .00	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	O other :		0
	(a) Name and address  Attached Statement  Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position .00 .00	(c) Compensation (if not paid, enter -0-)  0  0  0  one included on ii	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions)	O O O O O O O O O O O O O O O O O O O	illowance	0 0
	(a) Name and address  Attached Statement  Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (if not paid, enter -0-)  0  0  0  ose included on ii	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions)  (d) Contributions to employee benefit	O O O O O O O O O O O O O O O O O O O	illowance	0 0 0
	(a) Name and address  Attached Statement  Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position .00 .00 .00 .00 .00 .00	(c) Compensation (if not paid, enter -0-)  0  0  0  ose included on ii	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions)	O O O O O O O O O O O O O O O O O O O	illowance	0 0 0
	(a) Name and address  Attached Statement  Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (if not paid, enter -0-)  0  0  0  ose included on ii	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions)  (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O	illowance	0 0 0
	(a) Name and address  Attached Statement  Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (if not paid, enter -0-)  0  0  0  ose included on ii	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions)  (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O	illowance	0 0 0
	(a) Name and address  Attached Statement  Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (if not paid, enter -0-)  0  0  0  ose included on ii	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions)  (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O	illowance	0 0 0
	(a) Name and address  Attached Statement  Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position .00 .00 .00 .00 .00 .00 .00 .00 .00	(c) Compensation (if not paid, enter -0-)  0  0  0  ose included on ii	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions)  (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O	illowance	0 0 0
	(a) Name and address  Attached Statement  Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position .00 .00 .00 .00 .00 .00 .00 .00 .00	(c) Compensation (if not paid, enter -0-)  0  0  0  ose included on ii	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions)  (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O	illowance	0 0 0
	(a) Name and address  Attached Statement  Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position .00 .00 .00 .00 .00 .00 .00 .00 .00	(c) Compensation (if not paid, enter -0-)  0  0  0  ose included on ii	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions)  (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O	illowance	0 0 0
	(a) Name and address  Attached Statement  Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position .00 .00 .00 .00 .00 .00 .00 .00 .00	(c) Compensation (if not paid, enter -0-)  0  0  0  ose included on ii	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions)  (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O	illowance	0 0 0
	(a) Name and address  Attached Statement  Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position .00 .00 .00 .00 .00 .00 .00 .00 .00	(c) Compensation (if not paid, enter -0-)  0  0  0  ose included on ii	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions)  (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O	illowance	0 0 0
	(a) Name and address  Attached Statement  Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position .00 .00 .00 .00 .00 .00 .00 .00 .00	(c) Compensation (if not paid, enter -0-)  0  0  0  ose included on ii	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions)  (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O	illowance	0 0 0
	(a) Name and address  Attached Statement  Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position .00 .00 .00 .00 .00 .00 .00 .00 .00	(c) Compensation (if not paid, enter -0-)  0  0  0  ose included on ii	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions)  (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O	illowance	0 0 0
2 (a) NO	(a) Name and address  Attached Statement  Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	(c) Compensation (if not paid, enter -0-)  0  0  0  0  0  0  0  0  0  0  0  0  0	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred compensation	O O O O O O O O O O O O O O O O O O O	illowance	0 0 0

GO AND TELL, INC		33-1203040 Page /
Part VIII Information About Officers, Directors, Trustees, Four and Contractors (continued)	ndation Managers, Highly Paid	Employees,
3 Five highest-paid independent contractors for professional services (see Inst	nuctions) if none enter "NONE "	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(5), (1)	(d) companiazioni
		0
		0
		0
		0
		_
Table with a state of athere are dising over \$50,000 for professional continue		0
Total number of others receiving over \$50,000 for professional services	<u> ▶ </u> ]	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statisti	ical information such se	
the number of organizations and other beneficiaries served, conferences convened, research papers		Expenses
1 Christian radio broadcasting operating costs in southern Oregon		
		670
2		
		· · · · · · · · · · · · · · · · · · ·
3		
		<del></del>
4		
	,	
Part IX-B Summary of Program-Related Investments (see instru	uctions)	<del></del>
Describe the two largest program-related investments made by the foundation during the tax year on li		Amount
1 Investment in a radio broadcasting tower, equipment, and office and studio of	***************************************	
······································		
		205,902
2		
All other program-related investments. See instructions.		
3		
		0
Total. Add lines 1 through 3		205.902

Form 990-PF (2011)

Par	<del></del>	foundation	ns,
<u>.</u>	See instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.	<del>                                      </del>	
•	purposes		
a	Average monthly fair market value of securities	1a	0
ь	Average of monthly cash balances	1b	2,000
c	Fair market value of all other assets (see instructions)	1c	208,000
d	Total (add lines 1s, b, and c)	10	210,000
	Reduction claimed for blockage or other factors reported on lines 1a and		
•	1c (attach detailed explanation)	<b>!</b> !	
2	Acquisition indebtedness applicable to line 1 assets	7 2	
3	Subtract line 2 from line 1d	3	210,000
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		
•	instructions)	4	3,150
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	206,850
6	Minimum investment return. Enter 5% of line 5	6	10,343
<u> </u>	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	·	
	foundations and certain foreign organizations check here 🕨 🗵 and do not complete this part.)	_	
1	Minimum investment return from Part X, line 6	1	0
2a	<b>↓</b>		
b		51	
C	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	0
Par	t XII Qualifying Distributions (see instructions)		
_			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1.1	
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	670
b	Program-related investments—total from Part IX-B	1b	205,902
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1 _ 1	
	purposes	2	<del></del>
3	Amounts set aside for specific charitable projects that satisfy the:	1 1	
а	Suitability test (prior IRS approval required)		
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	206,572
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1 1	
	income. Enter 1% of Part I, line 27b (see Instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	208,572
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four	dation	

Form 9	90-PF (2011) GO AND TELL, INC			93-1	285648 Page 9
Part	XIII Undistributed Income (see instructions)				N/A
1	Distributable amount for 2011 from Part XI,	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
	line 7				0
2	Undistributed income, if any, as of the end of 2011:		•		
a	Enter amount for 2010 only		0	0	
	Total for prior years: 20, 20, 20				
3	Excess distributions carryover, if any, to 2011:				
a	From 2006 0				
D	From 2007				
6	From 2009			,	
d	From 2010				
•	Total of lines 3a through e	0		'	
4	Qualifying distributions for 2011 from Part	<del>=================================</del>			
•	XII, line 4: > \$0				
а	Applied to 2010, but not more than line 2s			0	
	Applied to undistributed income of prior years				
_	(Election required—see instructions)		o	,	
c	Treated as distributions out of corpus (Election				
_	required—see instructions)	0	·		
d	Applied to 2011 distributable amount				0
e	Remaining amount distributed out of corpus	.0			
5	Excess distributions carryover applied to 2011	0			0
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
b	Prior years' undistributed income. Subtract	-			
	line 4b from line 2b		0		
C	Enter the amount of prior years' undistributed				
	Income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)		•		
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
	amount—see instructions		0		
8					•
	4a from line 2a Taxable amount—see				
_	instructions			0	
f	Undistributed income for 2011. Subtract				
	lines 4d and 5 from line 1. This amount must				
_	be distributed in 2012				0
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by			j	
_	section 170(b)(1)(F) or 4942(g)(3) (see instructions) .				
8	Excess distributions carryover from 2006				
_	not applied on line 5 or line 7 (see instructions)	0			
9	Excess distributions carryover to 2012.	_	Ì		
46	Subtract lines 7 and 8 from line 6a	0	] I		
10	Analysis of line 9:		7,575-		
a	Excess from 2007		j	ļ	
D		ĺ			
C	Excess from 2009				
đ	Excess from 2010	1	ĺ	ſ	

	990-PF (2011) GO AND TELL, INC	_ 1A	d Dod 141 4 -	uselia - O	93-1285	648 Page 10
	A XIV Private Operating Foundations (Se			uestion 9)	<del></del>	<del></del>
1 a	If the foundation has received a ruling or determinate foundation, and the ruling is effective for 2011, enter the foundation of the ruling is effective for 2011.			. ▶		··
	Check box to indicate whether the foundation is a p	rivate operating foun	dation described in	n section	X 4942(j)(3) or	4942(j)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		4-1 7-4-1
	income from Part I or the minimum investment return from Part X for each	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	year listed	0				0
b	85% of line 28	o	0	0	0	0
_	Qualifying distributions from Part XII,					
	line 4 for each year listed	206,572				206,572
d	Amounts included in line 2c not used directly				!	
	for active conduct of exempt activities			· 	<u> </u>	0
е	Qualifying distributions made directly for active conduct of exempt activities.	1			ļ l	
	Subtract line 2d from line 2c	208,572	o	o	ا	206,572
3	Complete 3a, b, or c for the	200,572			<del>-</del>	200,512
_	alternative test relied upon:					
а	"Assets" alternative test—enter:	204 024			İ	204 024
	(1) Value of all assets	204,921			<del> </del>	204,921
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	204,921				204,921
t	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in Part X, line 6 for each year listed				1	0
_	"Support" alternative test—enter:			<del></del>	<del> </del>	<u>_</u>
·	(1) Total support other than gross				1	
	investment income (interest,	1			1 (	
	dividends, rents, payments on securities loans (section				}	
	512(a)(5)), or royalties)					0
	(2) Support from general public	<u>-</u>		<u> </u>		<u></u>
	and 5 or more exempt organizations as provided in			:	ľ	
	section 4942(j)(3)(B)(iii)	ĺ			Í	o
	(3) Largest amount of support					
	from an exempt organization				<u> </u>	0
	(4) Gross investment income					. 0
Pa	rt XV Supplementary Information (Con	plete this part	only if the fou	ndation had \$5	,000 or more in	
	assets at any time during the yea	r—see instructi	ons.)			
1	Information Regarding Foundation Manage	ers:				
a	List any managers of the foundation who have cont				the foundation	
	before the close of any tax year (but only if they have	re contributed more t	han \$5,000). (See	section 507(d)(2).)		
<del></del>		<del></del>				
t	<ul> <li>List any managers of the foundation who own 10% ownership of a partnership or other entity) of which</li> </ul>		•		ortion of the	
	Conseisable of a particularity of other entity) of which	416 IOGINGROII 1185 E	10 % or dicates un	raidof.		
2	Information Regarding Contribution, Grant	Gift Loan Scho	Jamein etc. Pr	oorame:		
•	Check here  if the foundation only makes	•	• - •	_		
	unsolicited requests for funds. If the foundation mail					
	other conditions, complete items 2a, b, c, and d.	, <b>,</b> , , , , , , , , , , , , , , , , ,	,,			
a	The name, address, and telephone number of the p	erson to whom appli	cations should be	addressed:		
_	The form in which applications about he submitted	and information and	materials they sha	wild to always		
	The form in which applications should be submitted	and information and	materials they sho	ouid include:		
	Any submission deadlines:	<del>-</del>				
d	<ul> <li>Any restrictions or limitations on awards, such as by factors:</li> </ul>	geographical areas,	, cnantable fields, i	kinds of institutions,	or other	
	1000444					

3 ·	Grants and Contributions Paid During th	e Year or Approved	for Future F	Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient		
a	Paid during the year			▶ 3a	
ь	Total	T	<u> </u>	<u> </u>	

nter gross amounts unless otherwise indicated.	Unrelated but	siness income	Excluded by section	n 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemi function income (See instructions
		0		Ö	
		0		0	
	-	Ö		0	
		0		0	
		0		0	· · · · · · · · · · · · · · · · · · ·
•	<del></del>	Ö		0	
g Fees and contracts from government agencies	— <del> </del>	<u>-</u>		<u>`</u>	<del> </del>
•		<del> </del>	<del> </del>	<del></del>	<del> </del>
2 Membership dues and assessments			<del></del>		<del> </del>
3 Interest on savings and temporary cash investments .					<del> </del>
4 Dividends and interest from securities			<del> </del>		
5 Net rental income or (loss) from real estate:			<del> </del>		<del> </del>
a Debt-financed property		ļ	ļ		ļ. ———
b Not debt-financed property			<del> </del>	ļ <del></del>	
6 Net rental income or (loss) from personal property			<u></u>	ļ	<u> </u>
7 Other investment income			ļ		
8 Gain or (loss) from sales of assets other than inventory .			<u> </u>	0	ļ
9 Net income or (loss) from special events				ļ	<u> </u>
D Gross profit or (loss) from sales of inventory					<u> </u>
1 Other revenue; a		0		0	<u> </u>
b		0	<u> </u>	0	<u> </u>
c		0		0	
d		0		0	
		0		0	
2 Subtotal. Add columns (b), (d), and (e)		0		0	
art XVI-B Relationship of Activities to the A line No. Explain below how each activity for which income the accomplishment of the foundation's exem	Accomplishment ome is reported in col	umn (e) of Part X	VI-A contributed in		ections )
▼ the accomplishment of the foundation's exem					
		<del></del>			
			<del></del>		
	<del></del>				
	·			<del></del>	·
			<del></del>		

Form 990-PF	OO AND II						93-128		Pag	e 13	
Part XVII	Information Reg	arding Trai	nsfers To and Tra	nsactions a	ind Re	lationships W	ith Nonchari	table			
	Exempt Organiz								·		
ın sect	e organization directly tion 501(c) of the Cod zations?								Yes	No	
a Transf	ers from the reporting	foundation to	o a nonchantable ex	empt organiza	ation of						
(1) Ca	ash	• •						1a(1)		X	
(2) Ot		1a(2)	<u> </u>	X							
	transactions: iles of assets to a nor							15/41			
	•	•	1b(1) 1b(2)	<del></del>	X						
	irchases of assets fro ental of facilities, equi							1b(3)	1	X	
• •	embursement arrange							1b(4)		X	
(5) Lo	ans or loan guarante	es .						1b(5)		X	
	erformance of services						•	1b(6)		X	
	ig of facilities, equipm	-						1c		<u> </u>	
value	answer to any of the a of the goods, other as in any transaction or s	sets, or servi	ces given by the rep	ortina founda	tion. If the	he foundation re he goods, other	ceived less that assets, or serv	in fair m ices rec	arket eived	ł. 	
(a) Line no	(b) Amount involved	<del></del>	of nonchantable exempt of	organization	(d) De	scription of transfers	transactions, and	haring arr	angem	ents	
	<del> </del>	0			+						
	<del></del>	<u> </u>			<del> </del>						
	<del></del>		<del></del>		1						
	(										
		)			<b></b>		<del></del>	<del></del>			
	<u> </u>	<u> </u>			<del> </del>						
	<del></del>	) )			<del> </del>						
	<del></del>	) 			<del> </del>		<del></del>				
	<del></del>				<del> </del>						
<del></del>	<del></del>	<u> </u>			<b></b>						
	<del></del>	)[		·	<del> </del>		<del></del>				
descri	foundation directly or bed in section 501(c) s," complete the follow (a) Name of organization	indirectly affil of the Code ( ing schedule	other than section 5			527?		Yes	No		
FJARLI FO	DUNDATION		private foundation	<del>                                     </del>			common director				
MERLIN &	JO ANN FJARLI FO	UNDATION, I	<del>\</del>			common director					
							<del></del>				
<del></del>											
<del></del>		<b>Dati</b>	1			I may be the best of any and	index and but it is a con-				
-م!	nder ponactos of perjury, i declare priect, and complete. Declaration of						neuge and betief, it is the	e,			
Sign	Sign							discuss thi			
Here	John 7	Gathi	17/19/12	_ (G	rev.		with the prep instructions)?			V (SCC No	
	Signature of officer or truste	eV .	Date	Title							
Paid	Print/Type preparer's r	ame	Preparer's signature	4		Date	Chort [V]	PTIN			
	Curtis Robertson		Lut Work	ello		7/16/2012	Check X if self-employed	P0129	8342		
Prepare	Euroja nama	URTIS ROBE	RTSON CPA PC					5-08119			
Use Oni	V		Ave #91, Medford, C	OR 97504				1) 857-7			

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

OMB No 1545-0047

▶Attach to Form 990, Form 990-EZ, or Form 990-PF.

**Employer Identification number** 

GO AND TELL, INC	<u>-</u>	93-1285648						
Organization type (check	one):	" " · · · · · · · · · · · · · · · · · ·						
Filers of:	Section:							
Form 990 or 990-EZ	501(c)( ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private for	oundation						
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private found	ation						
	501(c)(3) taxable private foundation							
Check if your organization is covered by the General Rule or a Special Rule.  Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.								
General Rule								
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,00 one contributor. Complete Parts I and II.	0 or more (in money or						
Special Rules								
sections 509(a)(1)	e)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi) and received from any one contributor, during the ye 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ,	ar, a contribution of the greater						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year								
990-EZ, or 990-PF), but it n	nat is not covered by the General Rule and/or the Special Rules does not nust answer "No" on Part IV, line 2, of its Form 990; or check the box on 0 0-PF, to certify that it does not meet the filing requirements of Schedule B	line H of its Form 990-EZ or on						

Name of organization
GO AND TELL, INC

Employer identification number 93-1285648

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
1	The Fjarli Foundation 670 Mason Way Medford OR 97501 Foreign State or Province: Foreign Country:	\$ 202,478	Person Payroil Noncash (Complete Part II if there is a noncash contribution.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
2	The Fjarli Foundation 670 Mason Way Medford OR 97501 Foreign State or Province: Foreign Country	\$ 5,000	Person Payroll Oncash Occash (Complete Part II if there is a noncash contribution.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
3	Foreign State or Province: Foreign Country:	\$ <u>0</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
. 4	Foreign State or Province: Foreign Country:	\$ <u>0</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
5	Foreign State or Province: Foreign Country:	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
6	Foreign State or Province: Foreign Country:	\$ <u>o</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)						

Name of organization

Employer identification number

93-1285648 GO AND TELL, INC Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I Broadcasting equipment ...1... 202,478 various (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I (a) No. (c) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) No. (c) (b) (d) FMV (or estimate) from **Date received** Description of noncash property given (see instructions) Part I (a) No. (C) (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

· GO AND T	ELL, INC			93-1285648							
Part III	Exclusively religious, charitable, etc.,	individual co	ntributions to section (	501(c)(7), (8), or (10) organizations							
	total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.										
	For organizations completing Part III, enter the total of exclusively religious, charitable, etc.,										
	contributions of \$1,000 or less for the ye			structions.) > \$							
	Use duplicate copies of Part III if additional space is needed.										
(a) No. from Part I	(b) Purpose of gift	(0	e) Use of gift	(d) Description of how gift is held							
		••••••									
	(e) Transfer of gift										
	- 4 1	710 . 4	Deletionet								
	Transferee's name, address, and	ZIP + 4	4 Relationship of transferor to transferee								
	For. Prov. Country			***************************************							
(a) No.	For. Prov. Country		<u> </u>								
from Part I	(b) Purpose of gift	(c	) Use of gift	(d) Description of how gift is held							
		(e) T	ransfer of gift	<del></del>							
	Transferee's name, address, and	ZIP + 4	Relations	ip of transferor to transferee							
	***************************************			***************************************							
				4							
<del></del>	For. Prov. Country										
(a) No. from Part I	(b) Purpose of gift	(0	e) Use of gift	(d) Description of how gift is held							
		}									
		/22.7		I							
	1	(8) (	ransfer of gift								
	Transferee's name, address, and	7ID + 4	Polational	in of transferes to transferes							
	transferee's name, address, and	<u> </u>	Relationship of transferor to transferee								
				***************************************							
				***************************************							
	For Prov. Country			***************************************							
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held							
Part I		·									
			•••••								
		(e) T	ransfer of glft								
	Tennafama's name address and	71D + #	Dalatia-ah	in of transforms to terralisms							
	Transferee's name, address, and	<u> </u>	Relauorish	Relationship of transferor to transferee							
		•••••									
		•••••									
	For, Prov. Country			••••••							
	TOTAL CONTINUE										

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

Open to Public Department of the Treasury Attach to Form 990 or 990-EZ. Inspection Name of the organization **Employer Identification number** GO AND TELL, INC 93-1285648 SEE ATTACHED

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

						Ţ			-		<u> </u>	
		Explanation										
	0		0	0	0			0	0	0		
		Expense										
	0	Benefits		0	0			0	0	0		
	0	Compensation	1	0	0			0	0	0		
רמוו			-	2	3	4	5	9	7	8	6	10

#### GO AND TELL, INC. EIN: 93-1285648 Form 990-PF Return of Private Foundation

#### Schedule O - Supplemental Information

Go and Tell, Inc. ("Go and Tell") is an Oregon nonprofit corporation established on January 12, 2000. Go and Tell was formed to own and operate a small Christian broadcasting station in Medford, Oregon. It took approximately ten (10) years for the Board of Directors of Go and Tell to obtain the required licensing and permits for a radio station. During this period, Go and Tell had no income, no expenses, no assets and no liabilities.

Go and Tell filed for tax-exempt status shortly after formation requesting tax-exempt status as a charitable organization described in IRC §501(c)(3) and classification as a public charity for income tax purposes. Go and Tell lost its exemption for failure to file returns for a period of three consecutive years.

The Board of Directors of Go and Tell, Inc. retained Carol P. Schaner of Gordon & Rees LLP, exempt organization counsel, to prepare a new Form 1023 Application for Recognition of Exemption for Go and Tell. After reviewing the funding sources of Go and Tell, counsel recommended that Go and Tell re-apply for tax-exempt status as a charitable organization described in IRC §501(c)(3) and private operating foundation described in IRC §4942(j)(3). The Board of Directors worked closely with counsel in connection with the preparation and filing of the new Form 1023 Application for Recognition for Exemption, which is currently pending with the Internal Revenue Service.