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### Form **990-PF**

Department of the Treasury

### **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

OMB No 1545-0052

2011

		evenue Service			n may be	able to use a cop	y of this return t	o satisfy state r	eporting requirements	
Fo	cale	endar year 2011, o	r tax year beginnin	g			,	2011, and en	dlng	, 20
	-	f foundation							A Employer identif	cation number
ΑT	CH	LEY FOUND	ATION CHAR	ITA	ABLE	TRUST			94-3197730	
			box number if mail is not	delive	ered to st	reet address)		Room/suite	B Telephone number	er (see instructions)
4 (	)54	EAST 130	0 NORTH						(208)652-35	60
City	or t	own, state, and ZIF	code						C If exempt application	is pending, check here
AS	TH	ON ID 834:	20							_
G	Chec	k all that apply:	Initial return	)		Initial returi	n of a former	public charity	D 1. Foreign organiz	zations, check here
			Final return		ſ	Amended re	eturn		2. Foreign organization	ons meeting the 85%
			Address ch	ange	· [	Name chan	ge		test, check here ar	nd attach computation
Н	Chec	k type of organizat	ion: X Section 5	01(c)	)(3) exe	mpt private for	ındatıon		E If private foundation terminated under	on status was
	Sect	on 4947(a)(1) none	exempt charitable tru	st	Oth	ner taxable priv	ate foundatio	n	507(b)(1)(A), chec	
ΙF	aır m	arket value of all as	ssets at end of	JA	ccounti	ng method	X Cash	Accrual	1	
y	ear (f	rom Part II, col (c)	, line 16)	Γ	Other	(specify)	_	•	F If the foundation is termination under	
<b>▶</b> \$			281,208	(Parl	t I, colu	mn (d) must be	e on cash bas	sis )	507(b)(1)(B), chec	
Pε	ırt I	Analysis of Reve	nue and Expenses		(a) B	evenue and				(d) Disbursements
			ints in columns (b), necessarily equal th	e		penses per	1 ' '	vestment	(c) Adjusted net	for charitable purposes
		amounts in colum	n (a) (see instructions).	)	·	books	""	, ine	income	(cash basis only)
	1		grants, etc., received			83,809				
	2	Check ▶ If the f	oundation is <b>not</b> required to Sch. B	ed	- ANT -		'		····	
	3		nd temp. cash investmen		-,					
	4	Dividends and int	terest from securities			7,619		7,619		
	5 8	a Gross rents		. [						······································
_		Net rental income or (loss)						."	<i>//</i>	
R E	6 6		sale of assets not on line	10		4,403	1			
v	ו	Gross sales price for all assets on line 6a	12,176						11111	, , , , , , , , , , , , , , , , , , , ,
E	7		me (from Part IV, line 2).	-	·····			4,403		
N	8	Net short-term ca	apıtal gaın ,	. ["	***************************************				0	
U E	9	Income modificati	ions	. [					0	
_	10 a	Gross sales less		o [	<del></del>				-	
	ļ	Less Cost of goods sold			***************************************					
	,	_	ss) (attach schedule	)						
	11	Other income (att	ach schedule)	. [						
	12		through 11	<u></u> Γ		95,831		12,022	0	
P	13	Compensation of offi directors, trustees, e	tc	. Т		0			<del></del>	
E	14	Other employee s	alanes and wages	. [						
R	15	Pension plans, en	alaries and wages	7	_				•	
A		Logarices (anac)	Goriedale)		)	1				
1.	t	Accounting fees	attach schedule) .		$\supset$ $\cup$	)				
N G	c	: Other professioກໍລິ	l tees (attach scholluje	1) 2		1				
&	17	Interest		. [	S					
A	18	Taxes (attach sche	dule) (see Instruction) # ]	117	<u>, , , , , , , , , , , , , , , , , , , </u>	23		23		
D	19	Depreciation (attack	ch sch ) and depletion	$\mathbf{x}_{\mathbf{k}}$	-1	·				
М	20	Occupancy		. [	_					
N	21	Travel, conference	es, and meetings			<del></del>				
E	22	Printing and publi	cations							
Х	23	Other expenses (a	attach schedule)							
P E	24	Total operating a	and administrative			. —				
E N		• •	nes 13 through 23			23		23	0	0
S E	25	Contributions, gift	s, grants paid			77,400				77,400
S	26	Total exp. & disburse	ments. Add lines 24 and	25		77,423		23	0	77,400
	27	Subtract line 26 fr								
	a	Excess of revenuend and disbursement				18,408				
	b		ncome (if neg , enter -	)-)			1:	1,999		
	c	Adjusted net inco	ome (if neg , enter -0-)							<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>

For Paperwork Reduction Act Notice, see the Instructions.

Form **990-PF** (2011)

P	art I	Balance Sheets description column should be for	Beginning of year		of year
_	1	end-of-year amounts only (See inst )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash non-interest-bearing	2,611	3,412	3,412
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less. allowance for doubtful accts. ▶			
	4	Pledges receivable ▶		Anne Anna Anna Anna Anna	· · · · · · · · · · · · · · · · · · ·
		Less allowance for doubtful accts ▶	[		
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	-	disqualified persons (attach schedule) (see the instructions).			
Α	7	Other notes and loans receivable (attach schedule)			
S		Less allowance for doubtful accounts			
S E	8	Inventories for sale or use			
Ī	9	Prepaid expenses and deferred charges			<del> </del>
S	10a	Investments U S and state govt. obligations (attach schedule)			
		Investments corporate stock (attach schedule) .#2.	227,213	244,491	277,796
		Investments corporate bonds (attach schedule)		211/131	211,130
	11	Investments land, buildings,			1 11 11 11 11 11 11 11 11 11 11 11 11 1
		Less accumulated depreciation			
	12	(attach schedule)		<u> </u>	
	13	Investments other (attach schedule)		<del></del>	<del>                                     </del>
	14	Land, buildings, and equipment basis		<del></del>	
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers see the	·	<del></del>	<del></del>
		instructions. Also, see page 1, item I)	229,824	247,903	281,208
T	17	Accounts payable and accrued expenses	223,021	217,303	201,200
ļ	18	Grants payable			•
A B	19	Deferred revenue	<del></del>		
Ł	20	Loans from officers, directors, trustees, and other disqualified persons	<del></del>		
T	21	Mortgages and other notes payable (attach schedule)	<del> :                                  </del>	·	
1	22	Other liabilities (describe )			
E S	23	Total liabilities (add lines 17 through 22)	0	0	
Ť		Foundations that follow SFAS 117, check here .	<u> </u>		•
	•	and complete lines 24 through 26 and lines 30 and 31.			
ΝĒ	24	<u> </u>			
EN	25	Unrestricted			
ABALA	26	Bornoon on the reactive and			
ŜΒ	20	Foundations that do not follow SFAS 117, ck. here			}
S A		and complete lines 27 through 31.			
ΪĀ	27	_			
TA SC	20	Capital stock, trust principal, or current funds			
O E R S		Paid-in or capital surplus, or land, bldg , and equipment fund	220 024	0.45.000	
Rs	29	Retained earnings, accumulated income, endowment, or other funds.	229,824	247,903	
	30	Total net assets or fund balances (see the instructions)	229,824	247,903	
<u></u>		Total liabilities and net assets/fund balances (see the inst.)	229,824	247,903	
		Analysis of Changes in Net Assets or Fund Bala			
1		net assets or fund balances at beginning of year Part II, column	· · · -		200 20:
•					229,824
2		amount from Part I, line 27a		2	18,408
3		r increases not included in line 2 (itemize) ▶		3	
4				4	248,232
5		eases not included in line 2 (itemize) ► SEE ATTACHMEN		5	329
6	Total	net assets or fund balances at end of year (line 4 minus line 5)	Part II, column (b), line 3	06	247,903

(a) List and describe t	he kind(s) of property sold (e.g., rea	l estate,	(b) How acquired	(c) Date acquire	
	ouse, or common stock, 200 shs. MI	_C Co.)	D Donation	(mo., day, yr.)	(mo., day, yr.)
<del></del>	#4		ļ		
<u>b</u>	<del> </del>	<del> </del>			
<u>c</u> d		<u> </u>	<u> </u>		
<del></del>			<del> </del>		<del></del>
e	(0.5)	T	<u> </u>		<del></del>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or o plus expens			ain or (loss) s (f) minus (g)
a .					
b					<del></del>
C .					
d					
е					
Complete only for assets sho	owing gain in column (h) and owned	by the foundation of	on 12/31/69	• • • • • •	ol (h) gain minus
(I) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col (j	``'		ot less than -0-) <b>or</b> (from col. (h))
a					
b					
С					
d					
е					
2 Capital gain net income or (n	et capital loss) If gain, al	so enter in Part I, lin	e 7		4 402
O. Not alread towns are delicited as	<b></b>		"e'	2	4,403
• •	r (loss) as defined in sections 1222(5 e 8, column (c) (see the instructions		_		
If (loss), enter -0- in Part I, Iii			···   ···	3	•
	ne 8 Jnder Section 4940(e) for R		Not Investor	- 1	0
	section 4942 tax on the distributable qualify under section 4940(e). Do no			od?	Yes X No
1 Enter the appropriate amoun	it in each column for each year, see	the instructions befo	ore making any e	ntries	
(a)	(b)		(c)		(d)
Base period years Calendar year (or tax year beg in)	Adjusted qualifying distribution		let value of ritable-use assets	(00)	listribution ratio b) divided by col (c))
2010	35,00		209,54		0.167027
2009	43,91		171,85	··· +· ·-· · · · · · ·	0.25552
2008	7,13		142,84		0.049949
2007	8,27		175,47	<del>  </del>	0.047129
2006	28,59		167,28		0.170930
			<del> '</del>		
2 Total of line 1, column (d) .				2	0.690562
` '	the 5-year base period divide th		5. or by the numb	<del></del>	
	peen in existence if less than 5 years	-	-	. 3	0.138112
		art V lina E			265,197
4 Enter the net value of nonch	aritable-use assets for 2011 from Pa	art, ille 5		. 4	
	aritable-use assets for 2011 from Pa				36,627
5 Multiply line 4 by line 3				5	
5 Multiply line 4 by line 3	ncome (1% of Part I, line 27b)			5	36,627
<ul> <li>Multiply line 4 by line 3</li> <li>Enter 1% of net investment i</li> <li>Add lines 5 and 6</li> </ul>	ncome (1% of Part I, line 27b)			5	36,627 120

P	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 see the in	structi	ons)	
1 a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1			
	Date of ruling or determination letter: (attach copy of letter if necessary see inst.)			
k	Domestic foundations that meet the section 4940(e) requirements in Part V, check		:	120
	here ▶ X and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%			
	of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			0
3	Add lines 1 and 2			120
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
5	Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0-	<del></del>		120
6	Credits/Payments:			
a	, p y = 11 - 12 - 13 - 13 - 13 - 13 - 13 - 13 -			
b	, 3			
d				
7	Total credits and payments. Add lines 6a through 6d			^
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached			0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			120
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpald			120
11	Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ Refunded ▶ 11			
	rt VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or	T'	Yes	No
	intervene in any political campaign?	1a	<u> </u>	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for			
	definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published			-,-,-
	or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c	N/A	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶ \$ 0 (2) On foundation managers . ▶ \$ 0			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers ▶ \$0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	L	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 of			
4	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	N/A	X
ь 5	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	7.4	X
•	If "Yes," attach the statement required by General Instruction T.	-		Λ
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
•	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	x	:
7	Did the foundation have at least \$5,000 in assets at any time during the yr? If "Yes," complete Part II, col. (c), & Part XV	7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see the instructions)			
	▶ID			
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	8ь	A\N	:
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		, - 1	
	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete			
	Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			
	and addresses	10		_X

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ATCHLEY FOUNDATION CHARITA

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Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		1	
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	<u></u>	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person		ľ	
	had advisory privileges? If "Yes," attach statement (see instructions)	12	<u>.</u>	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ►N/A			
14	The books are in care of ▶SEE ATTACHMENT #5 Telephone no. ▶			
	Located at ► ZIP+4 ►			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 Check here		<del></del>	<b>•</b>
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		х
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the		•	
	foreign country >			
Dar	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>	***	
e <u>sar</u>	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)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		-	l
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes 🗓 No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(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			
	after termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			•
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b		ĺ
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2011?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d			
_	and 6e, Part XIII) for tax year(s) beginning before 2011?			
	If "Yes," list the years ▶ 20 , 20 , 20			
ь	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
_	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			1
	to all years listed, answer "No" and attach statement see instructions) N/A	2b	1	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
_	▶ 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
- Ou	enterprise at any time during the year? Yes X No			
ь	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation			
-	or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved			l
	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			1
	If the foundation had excess business holdings in 2011) $N/A$	3ь	Ì	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	†	Х
ча b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable			<del>                                     </del>
, ,	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	1	x
	harbon and the rot again tomoton the training and an area and at the training and a second at the second and a second and			

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Pari	990 <b>V</b> I	P-PF (2011) ATCHLEY FOUNDATION I-B Statements Regarding Activ	vities for Which	Form 4720 May Be	Required (continue		- age C
5 a		ring the year did the foundation pay or incur		101111 4720 III.dy Do	Troquire (some		T
Ja		Carry on propaganda, or otherwise attemp	•	on (section 4945(e))?	Yes X	No	
					🗀 🗀		
	(2)	• • •	•		🗌 Yes 🛚 🕅	No	
	400	on, directly or indirectly, any voter registra			· · · 🖂 🖂	No	
	(3)	•			Tres M	INO	
	(4)	5					1 1
		in section 509(a)(1), (2), or (3), or section			, ∐ Yes ⊠	No	1
	(5)	Provide for any purpose other than religiou		• • • • • • • • • • • • • • • • • • • •			
		educational purposes, or for the preventio				No	1 1
b		ny answer is "Yes" to 5a(1)-(5), did any of t				,_	
	Reg	gulations section 53.4945 or in a current not	ice regarding disaster	assistance (see instruction	ons)?	/ <u>A</u> 5b	<u> </u>
	Org	ganizations relying on a current notice regard	ding disaster assistanc	ce check here	<b>&gt;</b>	• 📙 📗	1 1
С	If th	ne answer is "Yes" to question 5a(4), does the	ne foundation claim ex	emption from the tax			
	bec	cause it maintained expenditure responsibilit	y for the grant?		N/A Yes	No	
		Yes," attach the statement required by Regu					
6a	Dıd	the foundation, during the year, receive an	y funds, directly or ind	irectly, to pay premiums			
					Yes 🛚	No	
b		I the foundation, during the year, pay premit			t contract?	6b	
_		Yes" to 6b, file Form 8870.	•				
7a		any time during the tax year, was the founda	ation a party to a prohi	bited tax shelter transact	non? ☐ Yes 🏻	No	
		Yes," did the foundation receive any procee				' . F	, [
Par		41 000	Directors, Truste	es. Foundation Ma	anagers, Highly P	aid Empl	oyees,
		m. moment rises a masse,	,				
		and Contractors			• • • • •	-	• ,
	List		on managers and the				
1	List	t all officers, directors, trustees, foundati	(b) Title, and avg	oir compensation (see in	nstructions). (d) Contributions to employee benefit plan	(e) Exper	nse account,
		t all officers, directors, trustees, foundati (a) Name and address	(b) Title, and avg	oir compensation (see i	nstructions). (d) Contributions to	(e) Exper	
		t all officers, directors, trustees, foundati	(b) Title, and avg	oir compensation (see in	nstructions). (d) Contributions to employee benefit plan	(e) Exper	nse account,
		t all officers, directors, trustees, foundati (a) Name and address	(b) Title, and avg	oir compensation (see in	nstructions). (d) Contributions to employee benefit plan	(e) Exper	nse account,
		t all officers, directors, trustees, foundati (a) Name and address	(b) Title, and avg	oir compensation (see in	nstructions). (d) Contributions to employee benefit plan	(e) Exper	nse account,
		t all officers, directors, trustees, foundati (a) Name and address	(b) Title, and avg	oir compensation (see in	nstructions). (d) Contributions to employee benefit plan	(e) Exper	nse account,
		t all officers, directors, trustees, foundati (a) Name and address	(b) Title, and avg	oir compensation (see in	nstructions). (d) Contributions to employee benefit plan	(e) Exper	nse account,
		t all officers, directors, trustees, foundati (a) Name and address	(b) Title, and avg	oir compensation (see in	nstructions). (d) Contributions to employee benefit plan	(e) Exper	nse account,
		t all officers, directors, trustees, foundati (a) Name and address	(b) Title, and avg	oir compensation (see in	nstructions). (d) Contributions to employee benefit plan	(e) Exper	nse account,
		t all officers, directors, trustees, foundati (a) Name and address	(b) Title, and avg	oir compensation (see in	nstructions). (d) Contributions to employee benefit plan	(e) Exper	nse account,
SEF	Co.	t all officers, directors, trustees, foundati (a) Name and address	(b) Title, and avg hours per week devoted to position	or compensation (see in (c) Compensation (if not paid, enter -0-)	nstructions).  (d) Contributions to employee benefit plar and deferred comp.	(e) Exper	nse account,
SEF	Co.	t all officers, directors, trustees, foundati  (a) Name and address  ATTACHMENT #6  mpensation of five highest-paid employe	(b) Title, and avg hours per week devoted to position	or compensation (see in (c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plan and deferred comp.  ee instructions).	(e) Exper	nse account,
SEF	Cor If n	t all officers, directors, trustees, foundati  (a) Name and address  ATTACHMENT #6  Impensation of five highest-paid employer one, enter "NONE."	(b) Title, and avg hours per week devoted to position  es (other than those  (b) Title, and avg	(c) Compensation (see in (c) Compensation (if not paid, enter -0-)	ee instructions).  (d) Contributions to employee benefit plan and deferred comp.  ee instructions).	(e) Experother a	nse account, allowances
SEF	Cor If n	t all officers, directors, trustees, foundati (a) Name and address  ATTACHMENT #6  mpensation of five highest-paid employence, enter "NONE."	(b) Title, and avg hours per week devoted to position	or compensation (see in (c) Compensation (if not paid, enter -0-)	ee instructions).  (d) Contributions to employee benefit plans and deferred comp.  (d) Contributions to employee benefit plans and deferred	(e) Experother a	nse account, allowances
SEF	Con If n	t all officers, directors, trustees, foundati  (a) Name and address  ATTACHMENT #6  Impensation of five highest-paid employer one, enter "NONE."	(b) Title, and avg hours per week devoted to position  es (other than those (b) Title, and avg hours per week	(c) Compensation (see in (c) Compensation (if not paid, enter -0-)	ee instructions).  (d) Contributions to employee benefit plan and deferred comp.  ee instructions).	(e) Experother a	nse account, allowances
SEF	Con If n	t all officers, directors, trustees, foundati  (a) Name and address  ATTACHMENT #6  Impensation of five highest-paid employer one, enter "NONE."	(b) Title, and avg hours per week devoted to position  es (other than those (b) Title, and avg hours per week	(c) Compensation (see in (c) Compensation (if not paid, enter -0-)	ee instructions).  (d) Contributions to employee benefit plans and deferred comp.  (d) Contributions to employee benefit plans and deferred	(e) Experother a	nse account, allowances
SEF	Con If n	t all officers, directors, trustees, foundati  (a) Name and address  ATTACHMENT #6  Impensation of five highest-paid employer one, enter "NONE."	(b) Title, and avg hours per week devoted to position  es (other than those (b) Title, and avg hours per week	(c) Compensation (see in (c) Compensation (if not paid, enter -0-)	ee instructions).  (d) Contributions to employee benefit plans and deferred comp.  (d) Contributions to employee benefit plans and deferred	(e) Experother a	nse account, allowances
SEF	Con If n	t all officers, directors, trustees, foundati  (a) Name and address  ATTACHMENT #6  Impensation of five highest-paid employer one, enter "NONE."	(b) Title, and avg hours per week devoted to position  es (other than those (b) Title, and avg hours per week	(c) Compensation (see in (c) Compensation (if not paid, enter -0-)	ee instructions).  (d) Contributions to employee benefit plans and deferred comp.  (d) Contributions to employee benefit plans and deferred	(e) Experother a	nse account, allowances
SEF	Con If n	t all officers, directors, trustees, foundati  (a) Name and address  ATTACHMENT #6  Impensation of five highest-paid employer one, enter "NONE."	(b) Title, and avg hours per week devoted to position  es (other than those (b) Title, and avg hours per week	(c) Compensation (see in (c) Compensation (if not paid, enter -0-)	ee instructions).  (d) Contributions to employee benefit plans and deferred comp.  (d) Contributions to employee benefit plans and deferred	(e) Experother a	nse account, allowances
SEF	Con If n	t all officers, directors, trustees, foundati  (a) Name and address  ATTACHMENT #6  Impensation of five highest-paid employer one, enter "NONE."	(b) Title, and avg hours per week devoted to position  es (other than those (b) Title, and avg hours per week	(c) Compensation (see in (c) Compensation (if not paid, enter -0-)	ee instructions).  (d) Contributions to employee benefit plans and deferred comp.  (d) Contributions to employee benefit plans and deferred	(e) Experother a	nse account, allowances
SEF	Con If n	t all officers, directors, trustees, foundati  (a) Name and address  ATTACHMENT #6  Impensation of five highest-paid employer one, enter "NONE."	(b) Title, and avg hours per week devoted to position  es (other than those (b) Title, and avg hours per week	(c) Compensation (see in (c) Compensation (if not paid, enter -0-)	ee instructions).  (d) Contributions to employee benefit plans and deferred comp.  (d) Contributions to employee benefit plans and deferred	(e) Experother a	nse account, allowances

Form 990-PF (2011) ATCHLEY FOUNDATION CHARITA	94-3197730	Page 7
Part VIII Information About Officers, Directors, Trustees, Fo	oundation Managers, High	nly Paid Employees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see		<del></del>
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant st of organizations and other beneficiaries served, conferences convened, research papers produced		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see the	instructions)	· · · · · · · · · · · · · · · · · · ·
Describe the two largest program-related investments made by the foundation dur	· <del>- · · · · · · · · · · · · · · · · · ·</del>	Amount
1	ing the tax year off lines 1 and 2.	Amount
2		

Form **990-PF** (2011)

All other program-related investments. See the instructions

TWF 990

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3

Total. Add lines 1 through 3 11 990PF7

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations,	
	see the instructions )	·	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
_	purposes.		
a		1a	266,224
b	, , , , , , , , , , , , , , , , , , , ,	1b	3,012
C		1c	<del></del>
d		1d	269,236
е			
_	1c (attach detailed explanation)	1	
2	Acquisition indebtedness applicable to line 1 assets,	2	
3	Subtract line 2 from line 1d	3	269,236
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		
_	the instructions)	4	4,039
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4,	5	265,197
6	Minimum Investment return. Enter 5% of line 5	6	13,260
Pa	rt XI Distributable Amount (see the instructions) (Section 4942(J)(3) and (J)(5) private operating		
	foundations and certain foreign organizations check here  and do not complete this part)	1 . 1	
1	Minimum investment return from Part X, line 6	1	13,260
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011. (This does not include the tax from Part VI )	4	
c	Add lines 2a and 2b	2c	120
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	13,140
4	Recoveries of amounts treated as qualifying distributions	4	12 240
5	Add lines 3 and 4	6	13,140
6	Deduction from distributable amount (see the instructions)		<del></del>
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	_	12 140
	line 1	7	13,140
Pa	rt XII Qualifying Distributions (see the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	77,400
b	Program-related investments total from Part IX-B	1b	7.7.200
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
ь	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	77,400
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see the instructions)	5	120
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	77,280
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	ne founda	
	qualifies for the section 4940(e) reduction of tax in those years		

Pa	t XIII Undistributed Income (see	the instructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2011 from Part XI,	Corpus	Years prior to 2010	2010	2011
	line 7	· · · · · · · · · · · · · · · · · · ·			13,140
2	Undistributed income, if any, as of the end of 2011	***************************************	***************************************	· · · · · · · · · · · · · · · · · · ·	
í	Enter amount for 2010 only				1
_	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2011			***************************************	
á	From 2006				
	From 2007				
	From 2008				
	From 2009	ļ			
	From 2010				
	Total of lines 3a through e	71 600			
4	,	71,620			
4	Qualifying distributions for 2011 from Part XII,				
_	Ine 4 > \$ 77,400				
	Applied to 2010, but not more than line 2a				
K	Applied to undistributed income of prior years				
_	(Election required see the instructions)				
(	Treated as distributions out of corpus				
	(Election required see the instructions)				
	Applied to 2011 distributable amount				<del></del>
	Remaining amount distributed out of corpus	77,400			
5	Excess distributions carryover applied to 2011 .	13,140			13,140
	(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:				
	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	135,880		****	***************************************
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				•
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				
C	Subtract line 6c from line 6b. Taxable				
	amount see the instructions				
e	Undistributed income for 2010. Subtract				
	line 4a from line 2a. Taxable amount			ļ	
	see the instructions				
f	Undistributed income for 2011. Subtract				
	lines 4d and 5 from line 1. This amount				
	must be distributed in 2012				
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed				
	by section 170(b)(1)(F) or 4942(g)(3) (see				
	the instructions) ,				
8	Excess distributions carryover from 2006				
	not applied on line 5 or line 7 (see the	İ		1	
	instructions)	_			
9	Excess distributions carryover to 2012.				
	Subtract lines 7 and 8 from line 6a	135,880			
10	Analysis of line 9:	,,,,,,			
а	Excess from 2007				
	Excess from 2008				
	Excess from 2009. 23,480				
	Excess from 2010 35,000				
	Excess from 2011 . 77,400				
_		5	5	1	

JVA

NONE

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

The name, address, and telephone number of the person to whom applications should be addressed.

The form in which applications should be submitted and information and materials they should include

Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

ATCHLEY FOUNDATION CHARITA Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year SEE ATTACHMENT #8 77,400 Approved for future payment

TWF 990

Total

▶ 3b

	mounts unless otherwise indicated	Unrelated	business income	Excluded b	y section 512, 513, or 514	(e)
	Ī	(a)	(b)	(c)	(d)	Related or exempt
		Business	Amount	Excl	Amount	function income (See the
l Program s	service revenue	code		code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	instructions)
a	ļ l			†		
b				† · <del> </del>	,	
c				+ - +		
d				† †	<del>- · · · · · · · · · · · · · · · · · · ·</del>	
e			<del></del>	+		
<u>,                                    </u>	· · · · · · · · · · · · · · · · · · ·			+ +		
d Ecos 8	contracts from government agencies		<del></del> ,-	+		·· <del>-</del> ·· · · ·
	hip dues and assessments			┼		_ <del></del>
				1		· · · · · · · · · · · · · · · · · · ·
	savings and temporary cash investments			111	5 65 6	
	and interest from securities.		······································	14	7,619	······································
	income or (loss) from real estate		***************************************	<del>  </del>		
	inanced property		<u> </u>	<del>                                     </del>		
	bt-financed property , .			<del>                                     </del>		
	come or (loss) from personal property			<b>  </b>		
	estment income ,			L		·
	s) from sales of assets other than inventory			14	4,403	
	e or (loss) from special events					
Gross pro	fit or (loss) from sales of inventory					
Other reve	enue: a					
b			-			
С						· · · · · · · · · · · · · · · · · · ·
d						
е						
Subtotal A	Add columns (b), (d), and (e)		0		12,022	(
	d line 12, columns (b), (d), and (e)				13	12,022
	et in line 13 instructions to verify calculat					
	Relationship of Activities to		nplishment of Fx	rempt Pr	irposes	-
ina Na	Explain below how each activity for w	hich income is i	ronartad in caliimn (a)			antly to the
ine No. ▼	Explain below how each activity for w accomplishment of the foundation's ex	hich income is i xempt purpose:	reported in column (e) s (other than by provid	ding funds t	or such purposes). (Se	antly to the ee the instructions)

ra	IL XVI	Information Exempt Org		ansfers to and tra	ansactions a	ind Relatio	nships With Noi	ncharit	able	
1	Did the			age in any of the following	ng with any other	organization	described in section	J	Yes	No
-				(3) organizations) or in s		-			1.55	-110
а				oncharitable exempt or		ing to politica	organizations:			
_		· · ·	-	· · · · · · · · · · · · · · · · · · ·	garnzanon or.			10/1)		v
		Al 4 :				•		1a(1)	-	<u>X</u>
_			• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •		1a(2)		
ь		transactions.								
				ot organization				1b(1)	L	<u>X</u>
				exempt organization .				1b(2)		X
				ssets				1b(3)		X
								1b(4)		X
								1b(5)		X
			-	or fundraising solicitatioi				1b(6)		X
С				other assets, or paid emp				1c		X
ď	goods or sha	, other assets, or sen ring arrangement, sh	vices given by the ow in column (d) t	mplete the following sch- reporting foundation. If t he value of the goods, o	the foundation re other assets, or s	ceived less the ervices receiv	an fair market value ii ed.	n any trai	nsactio	n
(a) L	ne no. (	b) Amount involved	(c) Name of nor	ncharitable exempt orgai	nization (d) Des	cription of transf	ers, transactions, and sha	ring arrang	ements	
2 a	Is the f	oundation directly or	Indirectly affiliated	with, or related to, one	or more tax-exe	mpt organizat	ions described in			
				501(c)(3)) or in section	527?			Yes	X	No
b		" complete the follow				<del></del>				
	(	<ul> <li>a) Name of organiza</li> </ul>	ation	(b) Type of orga	nization		(c) Description of rela	tionship		
	Ur	nder penalties of perjury, ilief, it is true, correct, an	I declare that I have e d co <del>mpl</del> ete, Declaration	xamined this return, including on of preparer (other than tax	g accompanying sch (payer) is based on a	edules and state Ill information of	ements, and to the best of which preparer has any k	my knowl nowledge.	edge and	1
Sigr Here	1	Signature of officer	Celeble	9   4/30 ,	17 Intle	1	May the IR with the pr	S discuss	this retu own belo	rn w
		Print/Type prepare		Preparer's agnature		Date	Check If	PTIN		
Paid		1 ~	ENDIMAN	RM Sehnend	_		012 self-employed	1000	0269	<b>3</b> 3
•	arer	Firm's name ▶ SC		SUTTON & S.		LLC	Firm's EIN ▶ 20 - 0			
Jse	Only	Firm's address > 3					Phone no. (208)			

JVA

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

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

OMB No 1545-0047

2011

Employer Identification number

ATCHLEY FOUNDATION CHARITABLE TRUST 94-3197730 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 foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 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** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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 Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ,

or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2, of its

Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

	LEY FOUNDATION CHARITABLE TRUST		-3197730
Part I	Contributors (see instructions). Use duplicate copies of Part I	ıf addıtıonal space ıs needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	CLEN AND EMMA ATCHLEY  4054 E 1300 N  ASHTON ID 83420	\$83,809 	Person X 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
			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
			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
<del></del>			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
		\$	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
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)

### 990 SCHEDULE OF TAXES PAID

ATTACHMENT 1: PAGE 1 - 990- PF PAGE 1, PART I, LINE 18 OPEN TO PUBLIC For calendar year 2011, or tax period beginning INSPECTION , and ending Name of Organization Employer Identification Number ATCHLEY FOUNDATION CHARITABLE TRUST 94-3197730 Net Investment Adjusted Disbursements for Category Amount Net Income Charity Income FOREIGN TAX WITHHELD 23 23

23

23

Total:

11\_EOPFGR78

990 SCHEDULE OF INVESTMENTS - CORPORATE STOCKS ATTACHMENT 2: PAGE 1 - 990-PF PAGE 2, PART II, LINE 10B OPEN TO PUBLIC INSPECTION For calendar year 2011, or tax period beginning , and ending Name of Organization Employer Identification Number ATCHLEY FOUNDATION CHARITABLE TRUST 94-3197730 FMV at Description of Property Cost Book Value Fair Market Value Year End BROKERAGE ACCOUNT WITH DA DAVIDSON AND CO. Х 244,491 277,796

> Total: 244,491 277,796

990 SCHEDULE OF OTHER DECREASE	S	
ATTACHMENT 3: PAGE 1 - 990- PF PAGE 2, PART III, LINE 5	5	
OPEN TO PUBLIC		
INSPECTION For calendar year 2011, or tax period beginning , and ending		
Name of Organization	Employer Identification Number	
ATCHLEY FOUNDATION CHARITABLE TRUST	94-3197730	
Description of Decrease	Total Amount	
INVESTMENT FEES AND EXPENSES	32	29
		}
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		1
	Total: 32	29

### 990 PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME ATTACHMENT 4: PAGE 1 - 990-PF PAGE 3, PART IV, LINE 1 OPEN TO PUBLIC INSPECTION For calendar year 2011 or tax period beginning , and ending Name of Organization Employer Identification Number ATCHLEY FOUNDATION CHARITABLE TRUST 94-3197730 (a) List and Describe the Kind(s) of Property Sold (e.g., Real Estate, (b) How Acquired (c) Date Acquired (d) Date Sold P -- Purchase D -- Donation 2-story Brick Warehouse; or Common Stock, 200 shs. MLC Co.) (mo., day, yr) (mo., day, yr) CAPITAL GAIN DISTRIBUTIONS-D A DAVIDSON 1099 Р 2 BRISTOL MYERS SQUIBB CO Р 06-03-200911-30-2011 01-26-201011-30-2011 BRISTOL MYERS SQUIBB CO Р (g) Cost or Other Basis (e) Gross Sales Price (f) Depreciation Allowed (h) Gain or (loss) (or allowable) Plus Expense of Sale (e) Plus (f) Minus (g) ī 840 840 2 7,823 5,064 2,759 Ь 3,513 2,709 804 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) Gain Minus (I) F.M V as of 12/31/69 (J) Adjusted Basis (k) Excess if Col. (i) Col. (k), But Not Less Than -0-) or as of 12/31/69 Over Col. (j), if Any Losses (from col (h)) 1 840 2,759 2 3 804

990 BOOKS ARE IN CARE OF	
ATTACHMENT 5 - 990-PF PAGE 5, PART VII-A, LINE 14	
OPEN TO PUBLIC	
INSPECTION For calendar year 2011, or tax period beginning , and ending	<u> </u>
Name of Organization ATCHLEY FOUNDATION CHARITABLE TRUST	Employer Identification Number 94 - 3197730
Part VII-A - Line 14	34-3197730
Individual Name CLEN ATCHLEY	
or	
Business Name	
Street Address	NORTH
<del> </del>	
U S Address.	
Zip code 83420 City ASHTON Sta	ite <u>ID</u>
or	
Foreign Address	
City	
Province or State	
Country	
Country	· · · · · · · · · <u>-</u>
Postal code	
Phone Number	(208) 652-3560
Fax Number	

### 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 6: PAGE 1 - 990-PF PAGE 6, PART VIII

OPEN TO PUBLIC

INSPECTION For calendar year 2011, or tax period beginning

, and ending

ATCHLEY FOUNDATION CHARITABLE TRUST 94-3197730	None of Organization	х репоа ведіппіпд	, and	ending	<del></del>
(A) Name and Address (B) Title and Average Hrs. per Week (C) Compensation (If not paid, enter 0) (E) Expense Account not paid, enter 0)	Name of Organization ATCHLEY FOUNDATION CHARIT	ſABLE TRUST			
Hrs. per Week not pald, enter 0)  Ben Plans & Def. Comp & Other Allowances  CLEN P ATCHLEY  4054 E 1300 N  ASHTON, ID 83420  EMMA ATCHLEY  4054 E 1300 N  ASHTON, ID 83420  DAMES NEUBAUER  4151 E 1300 N			(C) Compensation (If		
CLEN P ATCHLEY 4054 E 1300 N  ASHTON, ID 83420  EMMA ATCHLEY  4054 E 1300 N  ASHTON, ID 83420  JAMES NEUBAUER  4151 E 1300 N		I -		1	
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990 INFORMATION REGARDING FOUND	ATION MANAGERS
ATTACHMENT 7. DACE 1 000 DE DACE 10 DADE VII	TTATE 17
ATTACHMENT 7: PAGE 1 - 990-PF PAGE 10, PART XV,	LINE IA
-· <b>]</b>	and and on
	, and ending
Name of Organization	Employer Identification Number
ATCHLEY FOUNDATION CHARITABLE TRUST	94-3197730
Contributing Manager	
CLEN AND EMMA ATCHLEY	
CLEN AND EMMA ATCHLEY	

### 990 GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 8: PAGE 1 990-PF PAGE 11, PART XV LINE 3A

OPEN TO PU

INSPECTION For calendar year 2011, or tax period beginning

, and ending

Name of Organization

Employer Identification Number

ATCHLEY FOUNDATION CHARITA	ABLE TRUST		94-3197	730
Recipient	If Recipient is an Individual, Show any Relationship to Any Foundation Manager	Foundation Status of Recipient	Purpose of Grant or Contribution	Amount
Name and Address (home or business)	or Substantial Contributor	Recipient		
ASHTON COMMUNITY METHODIST CHURCH GENERAL DELIVERY ASHTON ID 83420	NONE		COMMUNITY PROGRAMS	28,000
UMC ENDOWMENT EDUCATION TRUST 8 THIRD ST NORTH	NONE		EDUCATIONAL SCHOLARSHIP PROGRAMS	
GREAT FALLS MT 59403 NORTH FREMONT EDUCATION FOUNDATION GENERAL DELIVERY	NONE		SCHOLARSHIPS \\ GROUND IMPROVEMENTS	2,400
ASHTON ID 83420 COLLEGE OF SOUTHERN IDAHO 315 FALLS AVE	NONE		EDUCATIONAL PROGRAMS\SCHOLARSH	42,500
TWIN FALLS ID 83303 IDAHO STATE UNIVERSITY CAMPUS BOX 8050	NONE		EDUCATIONAL SCHOLARSHIPS	500
POCATELLO ID 83209 TETON REGIONAL LAND TRUST PO BOX 247	NONE		CONSERVATION PROGRAMS	1,000
DRIGGS ID 83422				3,000
			Total:	77,400

2011 DETAIL STATEMENTS ATCHLEY FOUNDATION CHARITABLE	
94-3197730	PAGE 1
STATEMENT #1 - DIVIDENDS (990-PF PG 1 LINE 4(B))	
DA DAVIDSON & CO 1099-INTEREST5 DA DAVIDSON & CO 1099-DIVIDENDS-ALL QUALIFIE 7,614	
TOTAL CARRIED TO 990-PF PG 1 LINE 4(B)	7,619
STATEMENT #2 - CONTRIBUTIONS, GIFTS, GRANTS (EZ1 LINE 1)	
FROM CLEN AND EMMA ATCHLEY83,809	
TOTAL CARRIED TO EZ1 LINE 1	83,809

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## DADVANTAGE AVAILABLE BALANCE

2 412

FOR THE PERIOD ENDING 12/31/11, THE INTEREST RATE ON YOUR BANK DEPOSIT PROGRAM IS 0.01%, WHICH EQUATES TO AN APY OF 0.01%. APY IS A PERCENTAGE RATE THAT REPLECTS THE TOTAL AMOUNT OF INTEREST PAID ON THE ACCOUNT, BASED ON THE INTEREST RATE AND THE PREQUENCY OF COMPOUNDING FOR A 365-DAY PERIOD.

## \*\*\* 2011 YEAR-END TAX INFORMATION \*\*\*

BE ON THE LOOKOUT FOR YOUR 2011 DAVIDSON 1099 TAX FORM CONTAINING INFORMATION NEEDED TO PREPARE YOUR 2011 TAX RETURNS. WE WILL HAVE OUR 1099 FORMS PREPARED AND MAILED TO YOU BY PEBRUARY 15,2012. IF YOU OWNED AN INTEREST IN A LIMITED PARTNERSHIP ANYTIME DURING 2011, YOU WILL RECEIVE A TAX REPORTING FORM K-1 DIRECTLY FROM THE PARTNERSHIP. IF YOU HAVE QUESTIONS REGARDING ANY INFORMATION REPORTED TO YOU ON THE DAVIDSON 1099 OR A PARTNERSHIP K-1, PLEASE CONTACT YOUR FINANCIAL CONSULTANT.

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### ESTIMATES AND THE ACTUAL INCOME AND YIELD MIGHT BE LOWER OR HIGHER THAN THE ESTIMATED AMOUNTS. EAY REFLECTS ONLY THE INCOME GENERATED BY AN INVESTMENT AND IT DOES NOT REFLECT CHANGES IN THE SECURITIES! PRICE WHICH MAY FLUCTUATE. THE INFORMATION USED TO DERIVE THESE ESTIMATES IS OBTAINED FROM THIRD INCLUDED ON THIS STATEMENT. "ESTIMATED ANNUAL INCOME" (EAI) INFORMATION PRESENTED BELOW, WHEN AVAILABLE, REFLECTS THE ESTIMATED AMOUNT YOU WOULD EARN PLEASE REFER TO THE SECTION "PORTFOLIO SECURITIES HELD AT D.A. DAVIDSON & CO." ON THE BACK OF THIS STATEMENT FOR INFORMATION CONCERNING MARKET PRICES ON A SECURITY IF YOUR CURRENT POSITION AND ITS RELATED INCOME REMAINED CONSTANT FOR A YEAR. "CURRENT EST. YIELD" (EAY), WHEN AVAILABLE, REFLECTS THE CURRENT ESTIMATED ANNUAL INCOME DIVIDED BY THE CURRENT MARKET VALUE OF THE SECURITY AS OF THE STATEMENT CLOSING DATE. EAL AND EAY CONTAIN CERTAIN TYPES OF SECURITIES THAT COULD INCLUDE A RETURN OF PRINCIPAL CAPITAL GAINS, IN WHICH CASE THE EAI OR EAY WOULD BE OVERSTATED. IN ADDITION, BONDS CALLS, MATURITIES, RECLASSIFICATION OF DIVIDENDS, CAPITAL GAINS AND RETURN OF CAPITAL MAY OVERSTATE OR UNDERSTATE EAI OR EAY. EAI AND EAY ARE PARTIES WE CONSIDER RELIABLE. PAST PERFORMANCE IS NO GUARANTEE OF FUTURE RESULTS.

CURRENT EST YIELD		2.24%	3.85%	1.09%	3.10%	4.84%	2.21%	3.79%	4.59%	3.14%	1.94%	1.28%
ESTIMATED ANNUAL ES INCOME		180.00	408.00	105.40	440.00	724.50	2,096.20	720.80	840.00	420.00	431.75	101.40
UNREALIZED GAIN OR LOSS		(2,031.85)	3,174.32	(314.43)	(5,797.55)	(794.31)	30,660.32	(3,000.91)	74.53	3,127.97	(2,853.17)	(2,082.01)
MARKET		8,026.25	10,572.00	9,610.00	14,168.00	14,962.65	94,507.40	18,984.60	18,280.00	13,342.00	22,198.00	7,906.08
MARKET		64.21	35.24	62.00	6.44	43.37	84.76	17.91	36.56	66.71	40.36	50.68
TOTAL COST BASIS		10,058.10	7,397.68	9,924.43	19,965.55	15,756.96	63,847.08	21,985.51	18,205.47	10,214.03	25,051.17	60.886,6
UNIT COST BASIS		05 80.465	24.659	64.029	9.075	45.672	57.262	20.741	36.411	51.07	45.548	64.026
DATE ACQUIRED	12.2	12/29/05	*	12/29/05	*	*	*	*	*	6/11/9	*	12/29/05
SECURITY DESCRIPTION/(SYMBOL)	A SOUTH SEWOTH TONE	AMGEN INC (AMGN)	BRISTOL MYERS SQUIBB CO (BMY)	DEVON ENERGY CORPORATION (DVN)	EARTHLINK INC(ELMK)	EXELON CORPORATION (EXC)	EXXON MOBIL CORPORATION (XOM)	GENERAL BLECTRIC CO (GE)	PLUM CREEK TIMBER COMPAN(PCL)	PROCTER & GAMBLE CO (PG)	TEVA PHARMACEUTICAL INDS(TEVA)	UNITEDHEALTH GROUP INC(UNH)
QUANTITY		125	300	155	2,200	345	1,115	1,060	200	200	550	156

CLEN ATCHLEY

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SECURITY DESCRIPTION/(SYMBOL)	DATE	UNIT COST BASIS	TOTAL COST BASIS	MARKET	MARKET	UNREALIZED GAIN OR LOSS	ESTIMATED CURRENT ANNUAL EST YIELD INCOME	
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1,030	VERIZON COMMUNICATIONS (VZ)	*	27.996	28,835.80	40.12	41,323.60	12,487.80	2,060.00 4.98%	4.98%
87	COVIDIEN PLC (COV)	12/29/05	/05 37.485	3,261.17	45.01	3,915.87	654.70	78.30	78.30 1.99%
	THE CAPTURE MENOPEROPEROPEROPE CONTRIBUTION			ALIS CALLERY		of white in Care and	SECONE TO SECURE THE TELESTIC TO THE SECOND	THE REPORT OF THE PERSON	8560 SE

# THIS SECURITY POSITION IS COMPRISED OF MULTIPLE PURCHASES

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COST INFORMATION IS PRESENTED AS A GENERAL GUIDE TO PORTFOLIO PERFORMANCE. THE VALUES PRESENTED SHOULD NOT BE RELIED UPON POR TAX PURPOSES. PLEASE COMPARE THESE VALUES TO YOUR PURCHASE RECORDS AND NOTIFY YOUR FINANCIAL CONSULTANT IF CORRECTIONS ARE REQUIRED.

			AMONTHALING SOUTH STREET STREET, STREE			
DATE	ACTIVITY	QUANTITY	DESCRIPTION	PRICE	AMOUNT	DAILY TOTAL
12/05/11 12/07/11	YOU SOLD YOU BOUGHT	355 250	BRISTOL MYERS SQUIBB CO(BMY) TEVA PHARMACEUTICAL INDS ADR(TEVA)	32.50 39.6799	11,335.97 (10,083.03)	11,335.97 (10,083.03)
	GONELACHAINLAFA	ASSA CIENTARI			18 18 18 18 18 18 18 18 18 18 18 18 18 1	

DESCRIPTION	125 AMGEN INC(AMGN) 345 EXELON CORPORATION(EXC) 1115 EXXON MOBIL CORPORATION(XOM) 300 TEVA PHARMACEUTICAL INDS ADR(TEVA) BANK INSD DEPOSIT ACCOUNT 2200 EARTHLINK INC(ELNK) 156 UNITEDHEALTH GROUP INC(UNH)	155 DEVON ENERGY CORPORATION (NEW) (DVN)
ACTIVITY	CASH DIV CASH DIV CASH DIV CASH DIV INTEREST CASH DIV	CASH DIV
DATE	12/08/11 12/09/11 12/09/11 12/12/11 12/15/11 12/20/11	12/30/11

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DAILY TOTAL

AMOUNT 35.00

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