

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<u>A</u>	For the	2012 cal	<u>lendar year, or tax yea</u>	r beginning			, and e	nding			
В	Check if a		C Name of organization		DATION CHA	RITABLE	TRUST	D	Employer ide	entification nur	nber
	Address	change	Doing Business As					91	-1205793		ı
	Name cha	ange	Number and street (or P	O box if mail is no	t delivered to stree	et address)	Room/suite		Telephone nu	mber	
	Initial retu	ırn	C/O STAN LONG & A		3340 BEITY			(5)	09) 937-420	6	į
Ħ	Terminate	ed	City, town or post office,			110	<u> </u>		00) 001 -420		
Ħ	Amended		VALLEY	,		WA	99181	G	Gross receipt	s \$	100,787
H		on pending	F Name and address of pr	nncinal officer		· · · · · · · · · · · · · · · · · · ·	00101	<del>,                                     </del>	a group return f		Yes X No
	Application	n pending	BARRY LAMONT, C	•	ADD OF TOLIS	STEES OF	S SOUTH M	1 ' '			= =
								7			
<u> </u>	Tax-exem	pt status	X 501(c)(3) 501	(c) ( ) •	(insert no )	4947(a)(1	or 527	II INO,	" attach a list (	see instructions	)
J	Website	: ▶						H(c) Group	exemption num	iber 🕨	
K	Form of o	rganization	Corporation X	Trust Associ	ation Other	•	LYe	ar of formation	n 1983	M State of lega	al domicale WA
	Part I	Su	mmary								
	1		lescribe the organizati	on's mission or	most significa	nt activitie	e PRC	WIDES GE	RANTS TO	COMMUNIT	YACTION
	1 -		IES IN THE STATE O		-						
9	1		NS IN THE STATE OF		· • • • • • - ·	YIDE OIL		201111112	Digitices	LD OCITION	
ă	Ì	YIII-HI	10,111 1112 017112 01	VV/101/11/1010		<del>-</del>					
೭೮(ಟ್ರೆ, Activities & Governance						• • • • • • • • • • • • • • • • • • • •			050/ 6		
ő	2		his box ▶ if the o				or disposed	of more th		ı	_
•ජ ග	3		of voting members of						<u> </u>	3	5
<u> </u>	4		of independent voting						<b>}</b>	4	
& W 1.55 Activit	5		imber of individuals en		-	2 (Part V,	line 2a)			5	
•	6		mber of volunteers (es							3	
₹7	7a		related business reve			• •				a	
∍	<u> b</u>	Net unre	elated business taxabl	e income from	Form 990-T, II	ne 34				b	
Ë								Pr	or Year	Cı	irrent Year
Je Je	8		itions and grants (Part		(~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
	9	Program	service revenue (Par	t VIII, line 2g)	DE	70 E 11 / F	~ Ex				
- P	10	Investm	n service revenue (Par ent income (Part VIII,	column (A), line	s 3, 4, and 7d	<b>MEIAF</b>	iD [		21,2	B1	46,090
2	111		venue (Part VIII, colur								
A Reve	12		enue—add lines 8 throu				e <sub>e</sub> 12) 🚫		21,2	31	46,090
ζ	13		and similar amounts pa				S C				25,000
j N	14	Benefits	paid to or for member	rs (Part IX, colu	mn <del>(A),</del> line-4	)	10/				
် တွ	15	Salaries,	other compensation, er	mployee benefits	(Part(X) 📵 🖟	)rECA) [line	s <sub>[</sub> 5 <del>-1</del> 0) - [				·
J.S.	16a	Professi	onal fundraising fees (	(Part IX, columi	r <del>(A); line 1</del> 1e	, W, U	ا لا				
Expenses	b	Total fur	ndraising expenses (P	art IX, column (	(D), line 25) 🕨	<b>.</b>				r	· • • • • • • • • • • • • • • • • • • •
w	17	Other ex	cpenses (Part IX, colur	mn (A), lines 11	la–11d, 11f–24	4e)			1,3	50	2,591
	18	Total ex	penses Add lines 13-	-17 (must equa	l Part IX, colun	nn (A), line	e 25)		1,3	50	27,591
	19	Revenue	e less expenses. Subt	ract line 18 fror	n line 12				19,9	31	18,499
Assets or	8							Beginning	of Current Yea	ar Er	nd of Year
tset	20	Total as	sets (Part X, line 16)						506,8	97	548,125
4 A	21	Total lial	bilities (Part X, line 26)	)							
Not A	22	Net asse	ets or fund balances S	Subtract line 21	from line 20				506,8	97	548,125
	art II		nature Block								
Und	ler penalti	es of perjury	y, I declare that I have exami	ned this return, incl	uding accompanyii	ng schedules	and statements	and to the b	est of my know	edge	
and	belief, it is	s true, corre	ct, and complete Declaration	n of preparer (other	than officer) is bas	sed on all info	mation of whice	h preparer ha	s any knowledg	e/	
Sig	nn			dary.	/en	n			$\bot$	162/	/5
He			Signature of officer						Date	- /	
110			BARRY LAMONT, CI	HAMAN, BO	RD OF TRUS	STEES	Elec	tronic filing	declined		
			Type or print name and title								
		Print	/Type preparer's name		Preparer's signat	ure	1	Date			TIN
Pa		let.	NIONG EA 21970		Ha.	. 6	$\mathcal{N}_{\Lambda}$	0/6/0	Chec		00191396
	eparer		N LONG, EA 31878	10 415 405	7	~ 0(	~ WY	8/6/2			00181386
Us	e Only			NG AND ASSO			/_	Fir	m's EIN ► 91	-1475659	
		Firm	's address ► 3340 BEIT	Y RD, VALLEY	r, WA 99181			Ph	one no (5	09) 937-420	16
Ma	y the IR	S discus	s this return with the p	reparer shown	above? (see ii	nstruction	s) \			X	Yes No
							,				
ror	raperv	vork Kedi	uction Act Notice, see	the separate in	STRUCTIONS.						Form 990 (2012)

Form 9	90 (2012) ROE FO	DUNDATION C	HARITABLE TRUS	r		91-12	205793	Page 2
Pa			n Service Accomontains a respons	plishments e to any question	in this Part III			
1	Briefly describe the or AID TO POOR AND D	-		IN THE STATE OF V	VASHINGTON			
2	Did the organization u the prior Form 990 or If "Yes," describe thes	990-EZ?		ervices during the ye	ear which were not lis	sted on	Yes	X No
3	Did the organization c services?	ease conductin	g, or make significa	nt changes in how it	conducts, any progr	am	Yes	X No
4	If "Yes," describe thes Describe the organiza expenses Section 50 the total expenses, an	tion's program 1(c)(3) and 501	service accomplishi (c)(4) organizations	are required to repo				
4a	(Code PROVIDES FUNDS T	) (Expenses O WASHINGT	ON STATE COMMI		NCIES			
4b	(Code PROVIDES	_ ) (Expenses	\$	including grants of S		) (Revenue \$		)
4c	(Code	) (Expenses	\$	including grants of \$	· · · · · · · · · · · · · · · · · · ·	) (Revenue \$		)
4d	Other program service	s (Describe in	Schedule O )				<del></del>	
	(Expenses \$		ncluding grants of	\$	) (Revenue \$		)	
4e	Total program servic	e expenses	>	2,591				

# Part IV Checklist of Required Schedules

		1	res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	-^-	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>^</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		-+	
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
6	Part III	5_		
0	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•	-+	
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		$\dashv$	<u> </u>
-	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	17.5%	XX.	5< %
	VII, VIII, IX, or X as applicable	- S		- ( )
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		j	
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
L	Schedule D, Parts XI and XII	12a		<u>X</u>
Q	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del>}</del>	$\frac{\hat{x}}{x}$
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		
	fundraising, business, investment, and program service activities cutside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

19? Note. All Form 990 filers are required to complete Schedule O

Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	1		
	in the United States on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	1		
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ļ
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1	l	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		į	ļ
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
p	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a		1	
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or		ı	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			1
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		1	
00	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	2.7	344	
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	723 (	"LL"	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	205		
_		28b	<del> </del> -	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200	ı	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	}	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		├^
50	conservation contributions? If "Yes," complete Schedule M	30	1	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N</i> ,	30		<del>  ^</del>
٠.	Part I	31	}	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	1	-	<del>  ^</del>
-	If "Yes," complete Schedule N, Part II	32	l	х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	\ <u>\\</u>	_	<del>  ^</del>
-	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	1		
	III, or IV, and Part V, line 1	34	1	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	1		
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ł
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	1	_	<u> </u>
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		1	1
	VI	37	1	X_
38	Did the organization complete Schedule O and provide evaluations in Schedule O for Part VI. lines 11b and			

Form **990** (2012)



Part V	Statements Regarding Other IRS Filings a
orm 990 (2012)	ROE FOUNDATION CHARITABLE TRUST

Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  Enter the number of Forms W-2G uncluded in the 1a Enter -0- if not applicable  Did the organization of Forms W-2G uncluded in the 1a Enter -0- if not applicable  Did the organization of Forms W-2G uncluded in the 1a Enter -0- if not applicable  Did the organization with backup withholding nulse for reportable payments to vendors and reportable garming (gambhra) womnings to prize with backup withholding nulse for reportable payments to vendors and reportable garming (gambhra) womnings to prize with backup withholding nulse for reportable payments to vendors and reportable garming (gambhra) womnings to prize with backup withholding nulse for reportable payments to vendors and reportable payments to vendors and reportable garming (gambhra) womnings to prize with backup withholding nulse in gambar garming gambar garming gambar	Par	Check if Schedule O contains a response to any question in this Part V			$\Box$
be Enter the number of Forms W-2G included in line 1s Enter -0- if not applicable of the companisation comply with beducy withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  5 If all teas tone is reported on line 2a, did the organization false all required federal employments are trums?  Note. If the sum of lines 1s and 2 as greater than 250, you may be required to a-file (see instructions).  Do the organization have unriselab dusiness gross income of \$1,000 or more duming the year?  3 If "Yes." has it filed a Form 990-T for this year? If "No." provide an explanation in Schadule 0.  4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.  by If "Yes." enter the name of the foreign country.  by If "Yes." enter the name of the foreign country.  by Use the organization have annual gross receipts that are normally greater than \$10,000, and did the organization have annual gross receipts that are normally greater than \$10,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chartable contributions and services provided?  7 Organizations that may receive deductible contributions under section 170(c).  b) If "Yes." indicate the number of Form \$825 file during the year.  c) If Yes. of the organization neity the donor of the value of the goods or services provided?  7 If Yes. of the organization neity the donor of the value of the goods or services provided?  10 Of the organization self, exchange, or otherwise dispose of tangible personal benefit contract?  7 If Yes." indicate the number of Form \$822 file during the year.  9 Sponsoring organizations an autivated individed in property, did t				Yes	No
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambine) without property to the payment of the calendar year endors with or within the year covered by this return.  2	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		-	_
agaming (gambing) winnings to prize winners?  Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax  Statements, fleef for the calendar year ending with or within the year covered by this return  If a fleat one is reported on line 2a, did the organization file all required feodral employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?  If Yes, has filed a Form \$90-T for this year? If 700, provide an explanation in Schedule 0  If Yes, has filed a Form \$90-T for this year? If 700, provide an explanation in Schedule 0  If Yes, enter the name of the foreign country  Was the organization april to a prohibited tax shelter transaction at any time during the tax year?  If Yes, enter the name of the foreign country  If Yes, enter the name of the foreign country  Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file Form 8885-7?  Does the organization april of the organization in Form 8885-7?  If Yes, and the organization in a foreign country of the value of the gross and services provided to the payor?  If Yes, and the organization in an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  If Yes, and the organization in receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If Yes, and the organization received a contribution of custified intellectual property, did the organization flee a form 8282?  If Yes, and the organization received a contribution of custified intellectual property, did the organization flee a form 8282?  If Yes, and the organization received a contribution of custified intellectual property, did the organization flee a form 8282?  If Yes, and the organization make a distri	þ		25.75	. Y.E.	
2a Einer the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year overed by this return?  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2 as greated than 250, you may be required to a-file (see instructions)  3a Dot the organization have unrelated business gross moome of \$1,000 or more during the year?  3b If "Yes" has 1 filed a Form 990-T for this year? If "Mo" provide an explanation in Schodule O  4d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; securities account, or other financial account; securities account, or other financial account; See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prothibited tax shelter transaction at any time during the tax year?  5b Und any stable party notify the organization that it was or is a party to a prothibited tax shelter transaction?  5c Unit "Yes" to line 5a or 5b, did the organization file Form 8886-T?  5b Does the organization solicid any contributions that were not tax deductible as charitable contributions?  5c Unit "Yes" to line 5a or 5b, did the organization had the organization solicid any contributions that were not tax deductible as charitable contributions?  5c Unit "Yes" of the organization nucled with very solicitation an express statement that such contributions or grits were not tax deductible contributions under section 170(c).  a Did the organization shall are very solicitation an express statement that such contributions or grits were not tax deductible contributions under section 170(c).  b Did the organization shall are very solicitation and express statement that such contributions or grits were not tax deductible as charitable ortifications under section 170(c).  b Did the o	С		~, · · · ·	ja:	3.1
Statements, filed for the calendar year ending with or within the year covered by the return  ### And the properties of			1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (such as a bank account, securities account, or other financial account; accountry)  b if "Yes," enter the mame of the foreign country (such as a bank account, securities account, or other financial accountry  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5b Us any suable party notify the organization that it was or as party to a prohibited tax sheller transaction?  6c If "Yes" to line 5a or 5b, did the organization file Form 8868-T?  6d Does the organization secretion that it was or in orimally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a X  6b If "Yes," did the organization include with every solicitation an express statement that such combibutions or gifts were not tax deductible contributions under section 170(c).  Did the organization start may receive deductible contributions under section 170(c).  Did the organization start may receive deductible contributions under section 170(c).  Did the organization start may receive deductible contributions under section 470(c).  Programizations that may receive deductible contributions under section 170(c).  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  17 Type of the organization sell, exchange, or otherwise dispose, or otherwise the property of the	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Do the organization have unrelated business gross income of \$1,000 or more during the year?  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, secunties account, or other financial account in a foreign country (such as a bank account, secunties account, or other financial accounts over, a financial account in a foreign country   4a   X   Yes, "enter the name of the foreign country   5a   Yes, enstructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions of filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions of filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization sheld any every solication an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization cereved a contribution of quilified intellectual property, did the organization foreign and contribution of quilified intellectual property, did not organization that any accounts with the department of the subject of the organization organization and solicity or indirectly, to pay premiums on a personal benefit contract?  If the organization received a contribution				::::: c	- ~
Note. If the sum of lines is all and 2 is greater than 20, you may be required to a prive (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  At any time during the called are year, del the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enfer the name of the fireign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  See has tractions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  Was the organization appropriate of the organization file Form 8888-TI?  See instructions of the filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions file Form 8888-TI?  See instructions of the filing requirements for form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  Tyres," did the organization individual did the organization solicit any contribution of the another organization solicit any contribution of the filing fi	b			<u> </u>	
b If "Yes," has it filed a Form 990.7 for this year? If "No," provide an explanation in Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)  If "Yes," enter the name of the foreign country   10 miles			المرسوبين	- شطخة أنا	سفند
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14a Did the organization receive any payments for indoor tanning services during the tax year?	С	<del> </del>			
	14a		14a	·	
	b				

Part VI

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

	Check if Schedule O contains a response to any question in this Part VI			[	
Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 5		<u>{</u> ·	,
	If there are material differences in voting rights among members of the governing body, or		,		*,
	if the governing body delegated broad authority to an executive committee or similar			راه هرية. الا أن الم	
	committee, explain in Schedule O		Ţ,	* · "	î-j ° . Xîn
b	Enter the number of voting members included in line 1a, above, who are independent	1b 5	\	, 1	_
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with	, 25,	ž Ž	Ž.,
	any other officer, director, trustee, or key employee?		2		_ <u>X</u> _
3	Did the organization delegate control over management duties customarily performed by or under				
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's a	issets?	5_		_X_
6	Did the organization have members or stockholders?		6		_X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint			
	one or more members of the governing body?		7a		<u> </u>
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members	1			
	stockholders, or persons other than the governing body?		7b	MODES AND THE	<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n during			÷M.
	the year by the following		7		4
а	The governing body?		8a	_X	
b	Each committee with authority to act on behalf of the governing body?		8b	_X_	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached	1 . 1		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	<u>,                                    </u>	_X_
Sect	ion B. Policies (This Section B requests information about policies not required by the	<u>Internal Revenue (</u>	code		<del></del> -
40-	Did the arrangentian have local charters branches as officials?		400	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	hantara	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	re liling the lottin.	*****	·	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	436 ===	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	live rise to conflicts?	12b		$\frac{x}{x}$
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If '				
_	describe in Schedule O how this was done	, 55,	12c		
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and appro-	val by	2,6		740
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				A STATE OF
а	The organization's CEO, Executive Director, or top management official	aa. a	15a	<u> </u>	X
b	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		17		r di
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement	Tagent .		#43.
	with a taxable entity during the year?		16a	-•~ .	Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	.4.	2 2	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe		130	3 A	
	the organization's exempt status with respect to such arrangements?	,	16b	. يىسد	* -
Sect	ion C. Disclosure		1.1.4.		
17	List the states with which a copy of this Form 990 is required to be filed ► WA	· · · · · · · · · · · · · · · · · · ·			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 991	0-T (Section 501(c)(3	)s only	/)	
	available for public inspection. Indicate how you made these available. Check all that apply	(		. ,	
		plaın ın Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents,				
	policy, and financial statements available to the public during the tax year				
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the			
	organization ► STAN LONG & ASSOC , INC ,	(500) 027 4	206		
	3340 REITY RD VALLEY WA 99181				

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation	ted	
	Employees, and Independent Contractors Check if Schedule O contains a response to any question in this Part VII .		
Section A	Officers Directors Trustees Key Employees and Highest Compensated Employees		

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos ieck is pe	rson	n of the state of	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) BARRY LAMONT	-1 00									
TRUSTEE		X	_		<u> </u>		_			
(2) ROBERT SWANSON	-1 00									
TRUSTEE		X	_							<del></del>
(3) JUDY SLOAN	-1 00									
TRUSTEE	1.00	X_	-		_	<u> </u>	_			
(4) STEVE MOSS TRUSTEE	-1 00	V								
(E) VENICTEDNED	-1 00	X			-					
TRUSTEE	-1 00	х				j				
(6)		^								
(7)							i			_
(8)										
(9)										
(10)										
(11)										'
(12)										
(13)					-					
(14)										<del> </del>

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
						C) ation								
	(A)	(B)	ı `		ieck	more	than o		(D)	(E)			(F)	
	Name and title	Average hours per	office	er and			is both	ee)	Reportable compensation	Reportable compensatio	n	am	timate nount o	
	· ·	week (list any hours for	Individual trustee or director	nsti	Officer	<i>⊼</i>	emp High	Former	from the	from related organization			other pensat	tion
		related organizations	vidua	tutio	e	emp	nest o	ē	organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)		om the anızatı	
	i	below dotted	o itus	181		Key employee	emp		(			and	relate	ed
		inie)	tee	Institutional trustee		"	Highest compensated employee		i			Orgo		,,,,
			İ			<u> </u>	ted							
(15)												_		
(16)														
(17)														
(18)				<del>                                     </del>				-						
(19)				-	-	-	<del>                                     </del>				$\dashv$			
1001			ļ	Ĺ	<u> </u>	_	<u> </u>	<u> </u>						
(20)									į					
(21)														
(22)														
(23)				-		$\vdash$					$\top$			
(24)			-	_	ļ	-		_						
(25)											ļ			
1b	Sub-total	<u> </u>					L	<b>&gt;</b>						
c d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	ection A							<del></del> -					
2	Total number of individuals (including but not lir	mited to those lis	sted a	bov	e) v	who	rece	vec	I more than \$100	0.000 of				
	reportable compensation from the organization				-, .									
											F-46		Yes	Berns v
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched				loye	e, c	or hig	hes	t compensated			3		X X
4	For any individual listed on line 1a, is the sum of				n a	nd d	other	cor	npensation from		7.			
	the organization and related organizations great										1	100 mg 10		
	ındıvıdual											4	#15 ^ rk	X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye									/idual		5		- <del>*</del>
Sec	tion B. Independent Contractors								·			<u> </u>		
1	Complete this table for your five highest compe compensation from the organization Report co year										n's tax	<		
	(A) Name and business addr	roce							(B) Description of ser	2005	Con	(C)	sation	
	raine and business addi					_			Description of ser			. 12011		
								-						
								-						
2	Total number of independent contractors (including more than \$100,000 of compensation from the		ied to	tho	se l	iste	d abo	ve)	who received	2.	* h	- T		**

Part	VIII	Statement of Revenue	_					$\Box$
Y	. 12	Check if Schedule O contains	a response to a	ny question in th	(A)	(B)	(C)	(D)
1- 05.				* a	Total revenue	Related or exempt function	Unrelated business revenue	Revenue excluded from tax under sections
<del>'</del>	<u> </u>		140		~ .	revenue	f. ()	512, 513, or 514
활활	1a	Federated campaigns	1a 1b			100	245	× 4.
Gifts, Grants ilar Amounts	b	Membership dues	1c					
Ş, A	C	Fundraising events	1d		, , , , , , , ,	医 题 "		dina *
اَعْ قِ	d	Related organizations	ļ					
Sign	e	Government grants (contribution				1. 475	1 22	The state of the s
the fall	,	All other contributions, gifts, gran similar amounts not included about				3 - 1 - 3		
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in		L	2	- "53"		
ပိ န	h	Total. Add lines 1a–1f	ilica la-ii — —	•				
		Total. Add mies 14-11		Business Code		7	Transfer of the	Signer No.
Program Service Revenue	2a						I MA British on the Marketing and	
ě	ь							
8	С							
ě.	d							<u> </u>
Ē	e							
ogra	f	All other program service revenu	ie					
<u>à</u>	g	Total. Add lines 2a-2f				to your	- 700 700	
	3	Investment income (including div	vidends, interest,	and		]	}	
		other similar amounts)		<b>•</b>	33,760	<del> </del>	<del> </del>	<del> </del>
	4	Income from investment of tax-e	xempt bond proc	eeas >	ļ	<del> </del>	<del> </del>	<del> </del>
i	5	Royalties	(ı) Real	(ii) Personal	* *5 <sub>500</sub>	- F1	1. 18 Mary 12 Mary	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Cross rents		(ii) i cisonai				
	6a	Gross rents Less rental expenses	<del></del>	<del> </del>				
	b	Rental income or (loss)	<del> </del>		·			34
	ď	Net rental income or (loss)	L	<b></b>			- 17 100 2000 - 2000 400	The sold animhusers which
	7a	Gross amount from sales of	(r) Securities	(II) Other	7			
	~~	assets other than inventory	67,027					
	ь	Less cost or other basis			1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			
		and sales expenses	54,697	ł	200 18 74 8			
i	С	Gain or (loss)	12,330				The state of the s	2 24
	d	Net gain or (loss)		<b></b>	12,330	<u> </u>		<u> </u>
				1		, , , ,		
ຸກຄ	8a	Gross income from fundraising		1	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	The state of the s	Taken Trans.	
ver	1	events (not including \$		1		[1] 基本。12.		
Re	}	of contributions reported on line	•			Mary No.	A CONTRACTOR	200
Other Rever		See Part IV, line 18	a					
₹	b	Less direct expenses  Net income or (loss) from fundra	b b					
	C	Gross income from gaming activ	-	r	, 50		<del>                                     </del>	<i>3</i>
	Ja	See Part IV, line 19	a		,		8	· S
	ь	Less direct expenses	b		† .	· **	· · · · · · · · · · · · · · · · · · ·	
	1	Net income or (loss) from gamin	<del></del>	<b>&gt;</b>	1		1	
		Gross sales of inventory, less	9		, ,	· .		•
		returns and allowances	а	ļ	1			
	b	Less cost of goods sold	b		}			
	С	Net income or (loss) from sales	of inventory	<b>&gt;</b>				
		Miscellaneous Revenue		Business Code	]			
	11a						<u> </u>	
	b	***************************************			<u> </u>		<u> </u>	ļ
	С	***************************************			<u> </u>	<b>↓</b>	<b></b>	<del> </del>
	d	All other revenue		L	<u> </u>	<del> </del>	<del> </del>	<b></b>
	е	Total. Add lines 11a-11d		•			<del> </del>	-
	12_	Total revenue. See instructions		<b>_</b>	46,090	)]		<u> </u>

Part IX	Statement	of Functional	Evnences

Section	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other o	rganızatıons must c	complete column (A	)
	Check if Schedule O contains a response to any o	question in this Part	iX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 2	Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the	25,000			
	United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members			***************************************	* ***
5	Compensation of current officers, directors,				
•	trustees, and key employees			<del> </del>	<u> </u>
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		_		
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions) Other employee benefits			<del></del>	
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	ļ	 		
b	Legal	1 200		<del></del>	<del></del>
c d	Accounting Lobbying	1,300	<del></del>	<b></b>	<del></del>
e	Professional fundraising services See Part IV, line 17			192. 78 San 194. 19	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
12	(A) amount, list line 11g expenses on Schedule O )     Advertising and promotion				
13	Office expenses	18	<del></del>		
14	Information technology				
15	Royalties				
16 17	Occupancy Travel				
18	Payments of travel or entertainment expenses				<del></del>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,234			
20 21	Interest Payments to affiliates		<del></del>		<del></del>
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered	. «	,,		The state of the s
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column	~~*×;			
	(A) amount, list line 24e expenses on Schedule O)	**************************************			
а	Foreign taxes paid within mutual funds	39			-7 25500 350
þ					
C					
d e	All other expenses	ļ — — — — — — — — — — — — — — — — — — —		<del></del>	
25	Total functional expenses. Add lines 1 through 24e	27,591			
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here following SOP 98-2 (ASC 958-720)				
				1	

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) End of year Beginning of year 22,305 1 45,034 Cash-non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary Assets organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 462,287 458,057 11 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 22,305 15 45,034 16 Total assets. Add lines 1 through 15 (must equal line 34) 506,897 16 548,125 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117 (ASC 958), check here > Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 بران براني | X | and Organizations that do not follow SFAS 117 (ASC958), check here . . complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 642,000 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 -157,408 -138,909 33 Total net assets or fund balances 484,592 33 503.091 Total liabilities and net assets/fund balances 484,592 34 503,091

orm 9	990 (2012) ROE FOUNDATION CHARITABLE TRUST	91-1	205793	Page <b>12</b>
Part	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		46,090
2	Total expenses (must equal Part IX, column (A), line 25)	2		27,591
3	Revenue less expenses Subtract line 2 from line 1	3		18,499
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		484,592
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1 1		
_	column (B))	10		503,091
art	XII Financial Statements and Reporting			<del></del>
	Check if Schedule O contains a response to any question in this Part XII	·		
			E Compa	Yes No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			a land
_	Schedule O			all Rain
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both		1	
	X Separate basis		1.75.4	
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		1	
	separate basis, consolidated basis, or both		- K	
	Separate basis Donsolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		ار المحال	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in		2.1	12/2
	Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	

3b Form 990 (2012)

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

# **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ROE	FOU	INDATION CI	HARITABLE TRI	JST						91-13	205793		
Pa				arity Status (All org						nstructio	ns		
	orgar		•	tion because it is (For		•		•	•				
1	$\sqcup$			ches, or association of			in section	on 170(b)	(1)(A)(i).				
2		A school des	scribed in <b>sectio</b>	<b>n 170(b)(1)(A)(ii).</b> (Atta	ach Sched	iule E)							
3		A hospital or	r a cooperative h	ospital service organiz	ation desc	cribed in <b>s</b>	ection 17	0(b)(1)(A	)(iii).				
4			esearch organiza ime, city, and sta	tion operated in conjur ite	nction with	a hospita	l descnbe	d in secti	on 170(b)	(1)(A)(iii)	. Enter	the	
5		_	•	the benefit of a college Complete Part II)	e or unive	rsity owne	d or opera	ated by a	governme	ntal unit o	describe	ed:	
6				ernment or governmen	tal unit de	scribed in	section 1	70(b)(1)(	A)(v).				
7		-		receives a substantia		s support f	from a go	vernmenta	al unit or fi	rom the g	eneral p	oublic	
8				in section 170(b)(1)(A		mplete Pa	rt II )						
9		An organization receipts from support from	tion that normally nactivities relate ngross investme	receives (1) more that d to its exempt function nt income and unrelate after June 30, 1975 S	an 33 1/3% ns—subje ed busines	% of its sup ct to certa ss taxable	pport from in excepti income (l	ons, and ( ess sectio	(2) no mor in 511 tax	e than 33	3 1/3% (	of its	5
10		An organizat	tion organized ar	nd operated exclusively	y to test fo	r public sa	afety See	section !	509(a)(4).				
11 e	X	purposes of 509(a)(3). Cla X Type By checking persons other	one or more pub heck the box tha l b T this box, I certify er than foundatio	that the organization in managers and other	zations de supportin e III–Func is not cont	scribed in g organiza tionally int trolled dire	section 5 ation and egrated ectly or inc	09(a)(1) o complete d	r section s lines 11e i ype III–No one or mo	509(a)(2) through 1 on-function ore disqui	See <b>se</b> 1h onally in alified	tegrate	d
			section 509(a)(2		£	DO 11 -4 -1	T		T				
f 		organization	, check this box	written determination						II support	ing		X
g		following per		he organization accept	ted any gr	n or contri	oution tro	m any or i	ine				
		(i) A pers and (ii) (ii) A fam (iii) A 35%	son who directly ( ii) below, the gov ily member of a p controlled entity	or indirectly controls, e erning body of the sup person described in (i) y of a person described	ported org above? d in (i) or (	ganization	-	ersons de	scribed in	(11)	11g(i) 11g(ii) 11g(iii)	Yes	No X X
<u>h</u>	<u> </u>			tion about the supporte	T -						T		
(1)		of supported anization	(n) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (a) lis	organization sted in your document?	the organ	rou notify nization in of your port?	organizat (i) organi	Is the tion in col zed in the S ?	(VII) An	nount of mo support	onetary
				<u> </u>	Yes	No	Yes	No	Yes	No	<u> </u>		
(A)	~~				١.,			l	l			_	
	SIAI	E COMM AC	NONE REQU'D	66	X	<del> </del>	X	<del> </del> -	X	<u> </u>	┼	2	5,000
(B)			Ì		Ì	1	}	]	]				
(C)	<del></del>												
(D)													
(E)													
Tota		1	2 2 2		2		1.5 2. 1.	** ,* ,		, d.		2	5,000

Far	<del></del>						
	(Complete only if you checked the						/ unaer
Soci	Part III If the organization fails to	quality under	the tests liste	ed below, plea	ase complete	Part III )	
	ion A. Public Support ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(2) 2010	(4) 2011	(-) 2012	(f) Total
		(a) 2006	( <b>b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(I) Total
1	Gifts, grants, contributions, and				1		
	membership fees received (Do not				1	į	
2	include any "unusual grants")				<del> </del>	<del> </del>	
2	Tax revenues levied for the organization's benefit and either paid to or expended on	1	· '				
	its behalf		!		1		
3	The value of services or facilities	<del></del>				<u> </u>	
3	furnished by a governmental unit to the	1					
	organization without charge		,				
4	<b>Total.</b> Add lines 1 through 3	<u> </u>		<del></del>	<del> </del> -	<del> </del>	<del></del>
5	The portion of total contributions by each	748 2 N		*	10 Take 100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
•	person (other than a governmental unit	mis . 17	·				
	or publicly supported organization)		, , ,				
	included on line 1 that exceeds 2%						
	of the amount shown on line 11.	24, 100	~	t. " " " " " " " " " " " " " " " " " " "	Article W		
	column (f)	Jan Charles	· , , , , ,				
6	Public support. Subtract line 5 from line 4	2-3-1-1-1-1	·**		4 78 4 78	200	
Sect	ion B. Total Support	f	·	l <u></u>	<del>1</del>		
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4				1	1 - / -	
8	Gross income from interest, dividends,					<del>                                     </del>	
-	payments received on securities loans,	}				}	
	rents, royalties and income from similar	[					
	sources	30,679	15,702	34,926	21,281	46,090	148,678
9	Net income from unrelated business					1210 80	<u> </u>
	activities, whether or not the business is						
	regularly carried on	[					
10	Other income Do not include gain or						
	loss from the sale of capital assets					i I	
	(Explain in Part IV)	<u> </u>	1		1	]	
11	Total support. Add lines 7 through 10	do Maria	, , , , , , , ,	> 25. 4.	way and	Post Marin	50,628
12	Gross receipts from related activities, etc. (see					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)						
	organization, check this box and stop here						▶
Sect	ion C. Computation of Public Support	Percentage					_ <del></del>
14	Public support percentage for 2012 (line 6, co			lumn (f))		14	
15	Public support percentage from 2011 Schedu					15	
16a	33 1/3% support test—2012. If the organiza				14 is 33 1/3%	or more, check	this box
_	and stop here. The organization qualifies as						▶ []
b	33 1/3% support test—2011. If the organiza				d line 15 is 33 1	1/3% or more, cl	neck this
	box and stop here. The organization qualifie	•					
17a	10%-facts-and-circumstances test—2012.						
	is 10% or more, and if the organization meets						
	Part IV how the organization meets the "facts	s-and-circumstai	nces" test. The	organization q	ualifies as a pu	blicly supported	
	organization						▶ 🗌
b	10%-facts-and-circumstances test—2011.						
	15 is 10% or more, and if the organization me						aın ın
	Part IV how the organization meets the "facts	s-and-circumstai	nces" test The	organization q	ualifies as a pu	blicly	
	supported organization						▶ □
18	Private foundation. If the organization did no	ot check a box o	on line 13, 16a,	16b, 17a, or 1	7b, check this b	oox and see	
	instructions						

SCHEDULE 1 (Form 990)

Department of the Treasury

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

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

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OMB No 1545-0047

X Yes No

Employer Identification number 91-1205793 ROE FOUNDATION CHARITABLE TRUST Name of the organization

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

General Information on Grants and Assistance

Part I

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990 Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

O	aris recipient	ימר וכסכונים	arts, mic E., of any respect that received man 40,000 is at it can be depreaded it additional space is received	can be auplicated	יי ממשוניטיומי שלמכל יי	5050	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SPOKANE NEIGHBORHOOD A	91-1311127	501(C)(3)	10,000				HOME REPAIR & AC
(2) NORTHWEST COMMUNITY A	91-1019392	501(C)(3)	15,000				RENT, MORTGAGE,
(3)							
(4)	-						
(6)							
(9)	,						
(7)	-						
(8)							
(6)	_						
(10)							
(11)	-						
(12)							
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> </ul>	in 501(c)(3) and gorganizations liste	overnment organize	ations listed in the line 1	table		<b>A A</b>	7

For Paperwork Reduction Act Notice, see the Instructions for Form 990. (HTA)

Schedule I (Form 990) (2012)

91-1205793

Schedule I (Form 990) (2012)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

	(a) 1 ype of grant or assistance					
		(a) Number of recipients	(c) Amount of cash grant	(d) Amount of	(e) Method of valuation /book,	(f) Description of non-cash assistance
,				applicability and a second	FMV, appraisal, other)	
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Part IV	Supplemental Information. Complete this part to account to the first t	ord of tree part of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	information	אסול כו זושל פוויי פי	ride the information	required in Part I, lir	ie 2, Part III, column (b)	and any other additional

FUNDS ARE USED AS PROPOSED - EACH 6 MONTHS

Part I Line 2 IN BOTH INSTANCES AND IN ALL GRANTS, THE tRUST DEMANDS AND RECEIVES PROGRESS REPORTS FROM DONEES TO ASSURE THE GRANT

Schedule I (Form 990) (2012)

17

SCHEDULE ! (Form 990) Department of the Treasury Internal Revenue Servic

Name of the organization

Grants and Other Assistance to Organizations,

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

▶ Attach to Form 990.

Open to Public OMB No 1545-0047 2012

Inspection

Employer identification number

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990 HOME REPAIR & ACI RENT, MORTGAGE, X Yes No (h) Purpose of grant or assistance 91-1205793 non-cash assistance (g) Description of Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (e) Amount of noncash assistance 10,000 15,000 (d) Amount of cash grant General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (c) IRC section if applicable 501(C)(3) 501(C)(3) 91-1019392 91-1311127 (p) EIN ROE FOUNDATION CHARITABLE TRUST (2) NORTHWEST COMMUNITY AT 706 RENTSCHLER LN 3102 W FORT GEORGE WRIGHT SPOKANE NEIGHBORHOOD 1 (a) Name and address of organization Part ! Part II

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9

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Enter total number of other organizations listed in the line 1 table

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

5

(2)

Schedule I (Form 990) (2012)

91-1205793

ROE FOUNDATION CHARITABLE TRUST Schedule I (Form 990) (2012)

Page 2 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional Part I Line 2 in BOTH INSTANCES AND IN ALL GRANTS, THE tRUST DEMANDS AND RECEIVES PROGRESS REPORTS FROM DONEES TO ASSURE THE GRANT (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients FUNDS ARE USED AS PROPOSED - EACH 6 MONTHS (a) Type of grant or assistance Information Part III Part IV က 4 S 9

#### **SCHEDULE O**

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

0MB No 1545-0047

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Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

Inspection

Name of the organization	
ROE FOUNDATION CHARITABLE TRUST	91-1205793
Form 990 PUBLIC INSPECTION IS AVAILABLE UPON REQUEST	
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