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

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

2012

Open to public inspection

For calendar year 2012 or tax year beginning

, and ending

Name of foundation ANNA MAY FAMILY FOUNDATION		A Employer identification number 93-1269424
Number and street (or P.O. box number if mail is not delivered to street address) 1314-B CENTER DRIVE BOX 264		B Telephone number 541-857-1040
City or town, state, and ZIP code MEDFORD, OR 97501		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 3,094,231. (Part I, column (d) must be on cash basis)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		1,240.		N/A	
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B					
3 Interest on savings and temporary cash investments		16,056.	16,056.		STATEMENT 1
4 Dividends and interest from securities		73,926.	73,926.		STATEMENT 2
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		12,050.			
b Gross sales price for all assets on line 6a		1,616,615.			
7 Capital gain net income (from Part IV, line 2)			12,664.		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income		<12,035.>	<9,280.>		STATEMENT 3
12 Total. Add lines 1 through 11		91,237.	93,366.		
13 Compensation of officers, directors, trustees, etc.		25,000.	12,500.		12,500.
14 Other employee salaries and wages					
15 Pension plans, employee benefits		3,600.	1,800.		1,800.
16a Legal fees					
b Accounting fees STMT 4		9,607.	4,804.		4,803.
c Other professional fees STMT 5		22,300.	22,300.		0.
17 Interest					
18 Taxes STMT 6		3,773.	2,161.		1,612.
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings		1,562.	781.		781.
22 Printing and publications					
23 Other expenses STMT 7		3,260.	1,629.		1,631.
24 Total operating and administrative expenses. Add lines 13 through 23		69,102.	45,975.		23,127.
25 Contributions, gifts, grants paid		148,353.			148,353.
26 Total expenses and disbursements. Add lines 24 and 25		217,455.	45,975.		171,480.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		<126,218.>			
b Net investment income (if negative, enter -0-)			47,391.		
c Adjusted net income (if negative, enter -0-)				N/A	

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	133,474.	107,847.	107,847.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations STMT 8	178,766.	211,916.	211,950.
	b Investments - corporate stock STMT 9	2,349,630.	2,239,542.	2,487,400.
	c Investments - corporate bonds			
Liabilities	11 Investments - land, buildings, and equipment basis ▶			
	Less: accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 10	244,876.	223,769.	285,949.
	14 Land, buildings, and equipment basis ▶			
	Less: accumulated depreciation ▶			
	15 Other assets (describe STATEMENT 11)	3,631.	1,085.	1,085.
	16 Total assets (to be completed by all filers)	2,910,377.	2,784,159.	3,094,231.
	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
Net Assets or Fund Balances	23 Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶ <input type="checkbox"/>			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input checked="" type="checkbox"/>			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	2,910,377.	2,784,159.	
	30 Total net assets or fund balances	2,910,377.	2,784,159.	
	31 Total liabilities and net assets/fund balances	2,910,377.	2,784,159.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,910,377.
2 Enter amount from Part I, line 27a	2	<126,218.>
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	2,784,159.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	2,784,159.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b SEE ATTACHED STATEMENT			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e 1,616,615.		1,604,480.	12,664.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			12,664.

2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7
If (loss), enter -0- in Part I, line 7 **2** 12,664.

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)
If gain, also enter in Part I, line 8, column (c).
If (loss), enter -0- in Part I, line 8 If gain, also enter in Part I, line 7
If (loss), enter -0- in Part I, line 7 **3** N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2011	128,792.	3,157,073.	.040795
2010	121,116.	2,964,631.	.040854
2009	119,500.	2,602,946.	.045910
2008	145,727.	3,131,608.	.046534
2007	173,092.	3,441,602.	.050294

2 Total of line 1, column (d).	2	.224387
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.044877
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	4	3,095,698.
5 Multiply line 4 by line 3	5	138,926.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	474.
7 Add lines 5 and 6	7	139,400.
8 Enter qualifying distributions from Part XII, line 4	8	171,480.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.
See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		1	474.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> 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	0.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		3	474.
3 Add lines 1 and 2		4	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		5	474.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			
6 Credits/Payments			
a 2012 estimated tax payments and 2011 overpayment credited to 2012	6a	1,919.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	1,919.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	1,445.	
11 Enter the amount of line 10 to be: Credited to 2013 estimated tax <input checked="" type="checkbox"/> 1,445. Refunded <input checked="" type="checkbox"/>	11	0.	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 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		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> OR		
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	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	X	
14	The books are in care of ► <u>AMY BELKIN, EXECUTIVE DIRECTOR</u> Telephone no ► <u>541-857-1040</u> Located at ► <u>1314-B CENTER DRIVE BOX 264, MEDFORD, OR</u> ZIP+4 ► <u>97501</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	15	N/A	
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country ►	16	Yes	No X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here	1b	X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?	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))		
a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ►		
b Are there any years listed in 2a for which the foundation is not 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) to all years listed, answer "No" and attach statement - see instructions) N/A	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ►		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2012 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 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 if the foundation had excess business holdings in 2012.) N/A	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ Yes ☒ No

Organizations relying on a current notice regarding disaster assistance check here ☐

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☒ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE ATTACHED STATEMENT				
	0.00	25,000.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(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

0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 NONE	
	0.
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1 NONE	
	0.
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	0.

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	2,881,903.
b	Average of monthly cash balances	1b	181,835.
c	Fair market value of all other assets	1c	79,103.
d	Total (add lines 1a, b, and c)	1d	3,142,841.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,142,841.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	47,143.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,095,698.
6	Minimum investment return. Enter 5% of line 5	6	154,785.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6	1	154,785.
2a	Tax on investment income for 2012 from Part VI, line 5	2a	474.
b	Income tax for 2012 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	474.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	154,311.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	154,311.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	154,311.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	171,480.
b	Program-related investments - total from Part IX-B	1b	0.
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		
a	Suitability test (prior IRS approval required)	3a	
b	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	171,480.
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	5	474.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	171,006.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				154,311.
2 Undistributed Income, if any, as of the end of 2012				
a Enter amount for 2011 only			70,741.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2012.				
a From 2007				
b From 2008				
c From 2009				
d From 2010				
e From 2011				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2012 from Part XII, line 4 ▶ \$ 171,480.				
a Applied to 2011, but not more than line 2a			70,741.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2012 distributable amount	0.			100,739.
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2012 (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:				
a Corpus: Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2011. Subtract line 4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013				53,572.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011				
e Excess from 2012				

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ANGEL FLIGHT 18191 S.W. SUNRISE PEAKS LANE HILLSBORO, OR 97213	NONE	170(B)(1) PUBLIC CHARITY	ARRANGING EMERGENCY AIR FLIGHTS AND BUILDING PROGRAM	2,500.
ASHLAND EMERGENCY FOOD BANK 560 CLOVER LANE ASHLAND, OR 97520	NONE	509 (A)(2) PUBLIC CHARITY	EMERGENCY FOOD DISTRIBUTION IN ASHLAND AND TALENT, OR	2,500.
BOYS & GIRLS CLUBS OF THE ROGUE VALLEY 209 SE 9TH STREET GRANTS PASS, OR 97526	NONE	170(B)(1)(A)(VI) PUBLIC CHARIT	POWER HOUR AFTER-SCHOOL HOMEWORK HELP AND TUTORING PROGRAM FOR AT-RISK YOUTH	5,000.
CASA 613 MARKET ST. MEDFORD, OR 97504	NONE	509(A)(1) PUBLIC CHARITY	RECONNECTING FAMILIES AND MENTORING YOUTH IN TRANSITION	2,000.
CENTRAL POINT SCHOOL DISTRICT #6 300 ASH ST. CENTRAL POINT, OR 97502	NONE	170(B)(1) SCHOOL	BUILDING HEALTHY FAMILIES PROGRAM FOR ELEMENTARY SCHOOL AT-RISK CHILDREN	5,000.
Total	SEE CONTINUATION SHEET(S)			148,353.
b Approved for future payment				
NONE				
Total				0.

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | Yes | No |
|---|--|-----|----|
| a Transfers from the reporting foundation to a noncharitable exempt organization of | | | |
| (1) Cash | | | X |
| (2) Other assets | | | X |
| b Other transactions | | | |
| (1) Sales of assets to a noncharitable exempt organization | | | X |
| (2) Purchases of assets from a noncharitable exempt organization | | | X |
| (3) Rental of facilities, equipment, or other assets | | | X |
| (4) Reimbursement arrangements | | | X |
| (5) Loans or loan guarantees | | | X |
| (6) Performance of services or membership or fundraising solicitations | | | X |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | | | X |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | | |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b If "Yes," complete the following schedule**

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign
Here**

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

Signature of officer or trustee

Date: _____

Title

May the IRS discuss this return with the preparer shown below (see instr)?

<input checked="checked" type="checkbox"/> X	Yes	<input type="checkbox"/>	No
--	-----	--------------------------	----

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ self-employed

PTIN	
------	--

MICHAEL E. LYNCH

Michael Elyne, CH 11-8-13

P00958189

Firm's name ► MOSS ADAMS, LLP

Firm's EIN ▶ 91-0189318

Firm's address ► 221 STEWART AVENUE, SUITE 301
MEDFORD, OR 97501

Phone no (541) 857-1040

ANNA MAY FAMILY FOUNDATION

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	UBS - PUBLICLY TRADED SECURITIES	P	VARIOUS	12/31/12
b	UBS - PUBLICLY TRADED SECURITIES	P	VARIOUS	12/31/12
c	DISALLOWED LOSS - WASH SALES	P		
d	PASS THROUGH GAIN FROM K-1: ENTERPRISE PRODUCTS	P		
e	CAPITAL GAINS DIVIDENDS			
f				
g				
h				
i				
j				
k				
l				
m				
n				
o				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 744,306.		746,359.	<2,053.>
b 864,271.		858,735.	5,536.
c		<614.>	614.
d			529.
e 8,038.			8,038.
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Losses (from col (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			<2,053.>
b			5,536.
c			614.
d			529.
e			8,038.
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	12,664.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter "-0-" in Part I, line 8 }	3	N/A

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
COLLEGE DREAMS PO BOX 1407 GRANTS PASS, OR 97528	NONE	509(A)(1) PUBLIC CHARITY	BREAKING BARRIERS THROUGH EDUCATION.	3,000.
COMMUNITY HEALTH CENTER 19 MYRTLE STREET MEDFORD, OR 97504	NONE	509(A)(1) PUBLIC CHARITY	EMERGENCY PRESCRIPTION MEDICATION ASSISTANCE/EMERGENCY GRANT	5,000.
COMMUNITY WORKS 900 E. MAIN ST. MEDFORD, OR 97504	NONE	509(A)(1) PUBLIC CHARITY	HOME RUN PROGRAM TO ADDRESS THE NEEDS OF RUNAWAY AND HOMELESS YOUTH	2,350.
COYOTE TRAILS AKA NATURE AWARENESS SPORTS PROGRAM P.O. BOX 3537 ASHLAND, OR 97520	NONE	170(B)(1)(A)(VI) PUBLIC CHARIT	NATURE OBSERVATION PROGRAMS FOR TITLE 1 SCHOOLS, LOCAL NATURAL HISTORY AND SCIENCE	3,000.
FAMILY NURTURING CENTER 212 NORTH OAKDALE AVE. MEDFORD, OR 97501	NONE	170(B)(1)(A)(VI) PUBLIC CHARIT	SUPPLEMENTING FNC SERVICES TO STRENGTHEN AT-RISK FAMILIES	10,000.
FAMILY SOLUTIONS 1836 FREMONT STREET ASHLAND, OR 97520	NONE	509 (A)(2) PUBLIC CHARITY	MENTAL HEALTH CLIENT ASSISTED PROGRAM	7,560.
HELP NOW ADVOCACY CENTER 33 N. CENTRAL, SUITE 211 MEDFORD, OR 97504	NONE	170(B)(1)(A)(VI) PUBLIC CHARIT	MENTAL HEALTH ADVOCACY AND OUTREACH	3,000.
HOPE EQUESTION CENTER PO BOX 396 EAGLE POINT, OR 97524	NONE	509(A)(1) PUBLIC CHARITY	ADOPT A RIDER FUND	2,000.
KIDS UNLIMITED 821 NORTH RIVERSIDE MEDFORD, OR 97501	NONE	509 (A)(2) PUBLIC CHARITY	PROJECT JUNTURA, SCHOLARSHIPS FOR SUMMER CAMP	10,000.
LIVING OPPORTUNITIES PO BOX 1105 MEDFORD, OR 97501	NONE	170(B)(1)(A)(VI) PUBLIC CHARIT	EMPLOYMENT SERVICES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES	3,000.
Total from continuation sheets				131,353.

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MAGDALENE HOME/MOTHER TERESA HOME 12 BLACK OAK DRIVE MEDFORD, OR 97501	NONE	170(B)(1)(A)(VI) PUBLIC CHARIT	HOMELESS TEEN MOTHER EMERGENCY FUND	2,500.
MEDFORD SCHOOL DISTRICT 549C 500 MONROE MEDFORD, OR 97501	NONE	170(B)(1) SCHOOL	EMERGENCY FUNDS FOR BASIC NEEDS/EMERGENCY GRANT	10,000.
MEDIATION WORKS 33 N. CENTRAL, SUITE 219 MEDFORD, OR 97501	NONE	509 (A)(2) PUBLIC CHARITY	SCHOOLS PROGRAM FOR BULLYING	5,000.
OREGON CONSERVATORY OF PERFORMING ARTS P.O. BOX 1359 MEDFORD, OR 97501	NONE	509 (A)(2) PUBLIC CHARITY	SCHOLARSHIP PROGRAM TO LOW INCOME STUDENTS	1,500.
ROGUE COMMUNITY COLLEGE 3345 REDWOOD HWY GRANTS PASS, OR 97527	NONE	170(B)(1) SCHOOL	OREGON LEADERSHIP INSTITUTE MENTORING PROGRAM	1,500.
ROGUE GALLERY & ART CENTER 40 SO. BARTLETT MEDFORD, OR 97501	NONE	509(A)(1) PUBLIC CHARITY	ELEMENTARY SCHOOL ART OUTREACH PROGRAM	1,550.
ROGUE VALLEY COUNCIL OF GOVERNMENTS 155 N. 1ST STR. CENTRAL POINT, OR 97502	NONE	509(A)(1) PUBLIC CHARITY	EMERGENCY FUND - VULNERABLE ADULTS	1,893.
ROGUE VALLEY FAMILY YMCA 522 WEST 6TH STREET MEDFORD, OR 97501	NONE	509 (A)(2) PUBLIC CHARITY	FINANCIAL ASSISTANCE FOR CHILD CARE PROJECT	3,000.
ROGUE VALLEY FARM TO SCHOOL P.O. BOX 898 ASHLAND, OR 97520	NONE	509 (A)(2) PUBLIC CHARITY	HARVEST MEAL PROGRAM SCHOLARSHIPS	3,000.
ROGUE VALLEY HABITAT FOR HUMANITY 2233 S. PACIFIC HWY. MEDFORD, OR 97501	NONE	509 (A)(2) PUBLIC CHARITY	HELP BUILD A HOME FOR A NEEDY FAMILY	1,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ROGUE VALLEY MANOR COMMUNITY SERVICES 1045 ELLENDALE DRIVE MEDFORD, OR 97504	NONE	509 (A)(2) PUBLIC CHARITY	FOSTER GRANDPARENT PROGRAM	3,000.
ROGUE VALLEY PREGNANCY RESOURCE CENTER 2019 AERO WAY, SUITE 103 MEDFORD, OR 97504	NONE	509 (A)(2) PUBLIC CHARITY	NEW MOM'S CLUB EDUCATIONAL AND ENRICHMENT PROGRAM	2,000.
ROGUE VALLEY SMART 670 SUPERIOR CT. STE 108 MEDFORD, OR 97504	NONE	509(A)(1) PUBLIC CHARITY	RV SMART BOOK AND READING PROGRAM	6,000.
ROSE CIRCLE MENTORING NETWORK PO BOX 116 TALENT, OR 97540	NONE	509(A)(1) PUBLIC CHARITY	CAMP LUNA PROGRAM	1,500.
SALVATION ARMY 304 BEATTY MEDFORD, OR 97501	NONE	509 (A)(1) PUBLIC CHARITY	HOPE HOUSE TRANSITIONAL HOUSING	5,000.
SCIENCE WORKS HANDS ON MUSEUM 1500 E. MAIN ST. ASHLAND, OR 97520		170(B)(1)(A)(VI) PUBLIC CHARIT	INSPIRING MINDS - ENRICHING THE LIVES OF AT-RISK CHILDREN	5,000.
SOUTHERN OREGON CHILD & FAMILY COUNCIL P.O. BOX 3697 CENTRAL POINT, OR 97502		170(B)(1)(A)(VI) PUBLIC CHARIT	LISTO FAMILY LITERACY PROGRAM	8,000.
SOUTHERN OREGON EDUCATION SERVICES DIST 101 NORTH GRAPE ST MEDFORD, OR 97501		509(A)(1) PUBLIC CHARITY	HISPANIC ACADEMIC OUTREACH	4,000.
ST VINCENT DE PAUL 2424 NORTH PACIFIC HWY MEDFORD, OR 97501		509(A)(1) PUBLIC CHARITY	EMERGENCY FUND/EMERGENCY GRANT	5,000.
UNITED WAY 711 E MAIN STE 17 MEDFORD, OR 97504		509(A)(1) PUBLIC CHARITY	HOPE PROJECT - ASSISTANCE WITH EMERGENCY HOUSING NEEDS.	5,000.
Total from continuation sheets				

93-1269424

3 Grants and Contributions Paid During the Year (Continuation)

Total from continuation sheets

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	AMOUNT
EASTERN AMER NAT GAS	138.
EASTERN AMER NAT GAS OID	1,139.
ENTERPRISE PRODUCTS PARTNERS LP	2.
KRR FINANCIAL HOLDINGS	3.
UBS	10,648.
UBS - US GOVT INT	4,126.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	16,056.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
ENTERPRISE PRODUCTS PARTNERS	1.	0.	1.
UBS	81,963.	8,038.	73,925.
TOTAL TO FM 990-PF, PART I, LN 4	81,964.	8,038.	73,926.

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PASS THRU FROM PARTNERSHIP K-1	<49.>	<49.>	
OTHER INVESTMENT INCOME/LOSS	<9,231.>	<9,231.>	
NON TAXABLE INCOME	253.	0.	
PASS THRU FROM PARTNERSHIP K-1	77.	0.	
NET UBI INCOME FROM 990T	<3,085.>	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	<12,035.>	<9,280.>	

FORM 990-PF	ACCOUNTING FEES	STATEMENT	4
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	9,607.	4,804.		4,803.
TO FORM 990-PF, PG 1, LN 16B	9,607.	4,804.		4,803.

FORM 990-PF	OTHER PROFESSIONAL FEES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVISORY FEES	22,300.	22,300.		0.
TO FORM 990-PF, PG 1, LN 16C	22,300.	22,300.		0.

FORM 990-PF	TAXES	STATEMENT	6
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OREGON STATE TAX	366.	0.		366.
FOREIGN TAX	915.	915.		0.
PAYROLL TAXES	2,492.	1,246.		1,246.
TO FORM 990-PF, PG 1, LN 18	3,773.	2,161.		1,612.

FORM 990-PF	OTHER EXPENSES	STATEMENT	7
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DUES & SUBSCRIPTIONS	745.	372.		373.
MISCELLANEOUS	475.	237.		238.
INSURANCE	750.	375.		375.
WEBSITE	420.	210.		210.
OFFICE EXPENSE	192.	96.		96.

BANK CHARGES	8.	4.	4.
AUTO EXPENSE	670.	335.	335.
TO FORM 990-PF, PG 1, LN 23	3,260.	1,629.	1,631.

FORM 990-PF	U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS	STATEMENT	8
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DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHED STATEMENT	X		211,916.	211,950.
TOTAL U.S. GOVERNMENT OBLIGATIONS			211,916.	211,950.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			211,916.	211,950.

FORM 990-PF	CORPORATE STOCK	STATEMENT	9
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHED STATEMENT	2,239,542.	2,487,400.
TOTAL TO FORM 990-PF, PART II, LINE 10B	2,239,542.	2,487,400.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	10
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHED STATEMENT - OTHER ASSETS	COST	223,769.	285,949.
TOTAL TO FORM 990-PF, PART II, LINE 13		223,769.	285,949.

FORM 990-PF	OTHER ASSETS	STATEMENT 11
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DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
INTEREST/DIVIDENDS IN TRANSIT	3,631.	1,085.	1,085.
TO FORM 990-PF, PART II, LINE 15	3,631.	1,085.	1,085.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT 12

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

AMY BELKIN
1314-B CENTER DRIVE BOX 264
MEDFORD, OR 97501

TELEPHONE NUMBER

(541) 601-9915

FORM AND CONTENT OF APPLICATIONS

WRITTEN

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

DISTRIBUTIONS WILL BE MADE WHICH PRIMARILY BENEFIT OR HAVE CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES WITHIN JACKSON, JOSEPHINE AND KLAMATH COUNTIES OF OREGON. SECONDARY CONSIDERATION WILL BE GIVEN TO THOSE THAT BENEFIT OR HAVE CHARITABLE, EDUCATIONAL & SCIENTIFIC PURPOSES WITHIN CURRY, LAKE, DOUGLAS, DESCHUTES AND COOS COUNTIES OF OREGON.

ATTACHMENT TO 990PF - DECEMBER 31, 2012
 ANNA MAY FAMILY FOUNDATION
 DIRECTORS, OFFICERS AND STAFF

(A)	(B)	(C)	(D)	(E)
Name-Office-Address	Title	Weekly hours		
Jaymey Sweeney 1314-B Center Drive Box 264 Medford, OR 97501 Bus: 541-857-1040	President	1/2 hr	\$0	\$0
Michael Lynch 1314-B Center Drive Box 264 Medford, OR 97501 Bus: 541-857-1040	Vice President	1/2 hr	\$0	\$0
John Dailey 1314-B Center Drive Box 264 Medford, OR 97501 Bus: 541-857-1040	Treasurer	1/2 hr	\$0	\$0
Karen Bartalini 1314-B Center Drive Box 264 Medford, OR 97501 Bus: 541-857-1040	Director	1/2 hr	\$0	\$0
Ralph Burrelle 1314-B Center Drive Box 264 Medford, OR 97501 Bus: 541-857-1040	Director	1/2 hr	\$0	\$0
Steve Erb 1314-B Center Drive Box 264 Medford, OR 97501 Bus: 541-857-1040	Director	1/2 hr	\$0	\$0
Sister Mary Pat Naumes 1314-B Center Drive Box 264 Medford, OR 97501 Bus: 541-857-1040	Director	1/2 hr	\$0	\$0
Bob Scheelen 1314-B Center Drive Box 264 Medford, OR 97501 Bus: 541-857-1040	Director	1/2 hr	\$0	\$0
Douglass Schmor 1314-B Center Drive Box 264 Medford, OR 97501 Bus: 541-857-1040	Director	1/2 hr	\$0	\$0
Amy Belkin 1314-B Center Drive Box 264 Medford, OR 97501 Bus: 541-857-1040	Secretary & Executive Director	7 hr	\$25,000	\$0

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions -	Employer identification number (EIN) or
	ANNA MAY FAMILY FOUNDATION	93-1269424
	Number, street, and room or suite no. If a P.O. box, see instructions. 1314-B CENTER DRIVE BOX 264	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MEDFORD, OR 97501	

Enter the Return code for the return that this application is for (file a separate application for each return) ... **04**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

AMY BELKIN, EXECUTIVE DIRECTOR

- The books are in the care of **1314-B CENTER DRIVE BOX 264 - MEDFORD, OR 97501**
Telephone No. **541-857-1040** FAX No.

- If the organization does not have an office or place of business in the United States, check this box ☐
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2013**.
5 For calendar year **2012**, or other tax year beginning , and ending .
6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

- 7 State in detail why you need the extension
ADDITIONAL TIME IS NECESSARY TO ACCUMULATE AND COMPILE THE INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	1,147.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	1,919.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Michael Elfrue** Title **RA** Date **9-13-13**

Form 8868 (Rev. 1-2013)