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Form **990-PF**

EXTENDED UNTIL 3/17/14 Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

For	3ale	ndar year 2012 or tax year beginning	MAY	(1, 2012	, and ending	APR 30, 2013	3
Na	me o	f foundation				A Employer identification	number
I	'AR	RELL FOUNDATION				54-1475736	5
Nu	mber	and street (or P O box number if mail is not delivered	to stree	t address)	Room/suite	B Telephone number	
1	82	4 WILLIAMSON ROAD				540-344-14	61
Cı	y or t	town, state, and ZIP code				C If exemption application is p	pending, check here
F	ŔΟΆ	NOKE, VA 24012					.
G	Chec	k all that apply Initial return		initial return of a f	ormer public charity	D 1. Foreign organization:	s, check here
		Final return		Amended return			
		Address change		Name change		2. Foreign organizations me check here and attach or	eeting the 85% test, pmputation
Н	Checl	k type of organization X Section 501(c)(3) ex	xempt private foundation		E If private foundation sta	tue was terminated
	_ S€	ection 4947(a)(1) nonexempt charitable trust		Other taxable private found	ation	under section 507(b)(1	
1 F	air m	arket value of all assets at end of year J A	ccount	ing method Cash	X Accrual	F If the foundation is in a	60-month termination
(f	rom	Part II, col. (c), line 16)		ther (specify)		under section 507(b)(1	
	\$	2,197,966. (Part		ımn (d) must be on cash	basis.)		
P	art l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) mecessarily equal the amounts in column (a))	au not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		necessanly equal the amounts in column (a))	ay not	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received		400,354.			
	2	Check If the foundation is not required to attach S	ich 8				
	3	Interest on savings and temporary cash investments		18,690.	18,690.		
	4	Dividends and interest from securities.		14,804.	14,804.		STATEMENT 1
	5a	Gross rents					
	b	Net rental income or (loss)				<u> </u>	
<u>a</u>	6a	Net gain or (loss) from sale of assets not on line 10					
enc	b	Gross sales price for all assets on line 6a				RE(EIVED
Revenue	7	Capital gain net income (from Part IV, line 2)			0.	()	
∍ 🗀	8	Net short-term capital gain				- B MAR	9 3 2014 101
ð	9	Income modifications Gross sales less returns				Ø ""'"	W 4 4 4 17 17 16 16 16 16 16 16 16 16 16 16 16 16 16
grac	10a	and allowances				***************************************	
•	1	Less Cost of goods sold					Philip, UI
	1	Gross profit or (loss)					
	11	Other income		122 010	22 404		
_	12	Total. Add lines 1 through 11		433,848.	33,494.	0.	0.
	13	Compensation of officers, directors, trustees, etc		· ·	0.	0.	<u> </u>
	14	Other employee salaries and wages					
S		Pension plans, employee benefits					
ŠUŠ	IDa	Legal fees Accounting fees STMT	2	119.	0.	0.	0.
Operating and Administrative Expenses	"	Accounting fees STMT Other professional fees	-	1170	· · ·	· ·	- 0.
ē	17	Interest					
aţį	18	Taxes STMT	3	234.	0.	0.	0.
istr	19	Depreciation and depletion					
Ë	20	Occupancy					
Ψd	21	Travel, conferences, and meetings					
2	22	Printing and publications					
ē.	23	Other expenses STMT	4	29.	0.	0.	0.
aţir	24	Total operating and administrative	Ì				
per		expenses. Add lines 13 through 23		382.	0.	0.	0.
Ō	25	Contributions, gifts, grants paid	1	57,350.			57,350.
	26	Total expenses and disbursements.					
_		Add lines 24 and 25		57,732.	0.	0.	57,350.
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursement	s	376,116.			
	b	Net investment income (if negative, enter -0-)			33,494.		
	<u> </u>	Adjusted net income (if negative, enter -0-)				0.	

223501 12-05-12 LHA For Paperwork Reduction Act Notice, see instructions.

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Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

•		kınd(s) of property sold (e g , e, or common stock, 200 shs			` P	How acquired - Purchase - Donation	(c) Date (mo ,	e acquired day, yr)	(d) Date sold (mo , day, yr)
1a		<u> </u>				Donation			
b	NONE								-
C									
									
е					<u> </u>		1		
(e) Gross	s sales price ((or allowable)		st or other basis expense of sale				Gain or (loss us (f) minus	
a									
C								•	
<u>d</u>									
e				10151100					
Complete on	lly for assets showing gain	n column (h) and owned by th						Col (h) gain not less tha	
(I) FMV as	s of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (I) col (I), if any			Losse	s (from col ((h))
a									
b									
<u>C</u>									
<u>d</u>				 					
е		Creation	5.111	-	7				
2 Capital gain ne	et income or (net capital los	(s) $ \begin{cases} \text{If gain, also enter I} \\ \text{If (loss), enter -0-1} \end{cases} $	n Part I, line in Part I, line	<i>7</i> 7	}	2			
If gain, also en	nter in Part I, line 8, column	efined in sections 1222(5) and (c)	l (6)		}				
	r -0- in Part I, line 8	Section 4940(e) for I	Poduood	Tay on Not	J _D	3			
f "Yes," the found	lation does not qualify unde	2 tax on the distributable amo r section 4940(e) Do not com	nplete this pa	rt		·			Yes X No
1 Enter the app		umn for each year, see the ins	tructions bet	fore making any er	ntries		1		74
Base Calendar year ((a) e period years (or tax year beginning in)	(b) Adjusted qualifying distri		Net value of nor					(d) oution ratio rided by col (c))
	2011		,169.		1,	723,13	9.		.079024
	2010		,273.			567,34			.079289
· · · · · · · · · · · · · · · · · · ·	2009	60	823.		Ι,	042,02	0.		.058370
	2008								
· · · · · · · · · · · · · · · · · · ·	2007	4	!			•			
2 Total of line 1,			•				2	ļ	.216683
	bution ratio for the 5-year b i has been in existence if le	ase period - divide the total on is than 5 years	line 2 by 5,	or by the number :	of yea	ırs	3		.072228
1 Enter the net v	value of noncharitable-use a	ssets for 2012 from Part X, lin	ne 5				4		1,923,532.
		5555 151 E5 12 115111 1 111 11, 111						_	138,933.
5 Multiply line 4	•					-	5		<u> </u>
6 Enter 1% of ne	et investment income (1% (of Part I, line 27b)					6		335.
7 Add lines 5 an	d 6						7		139,268.
	ig distributions from Part X						8	<u> </u>	57,350.
If line 8 is equal See the Part V		check the box in Part VI, line 1	b, and comp	lete that part using	g a 19	6 tax rate			
000 the 1 ait 4									orm 990-PF (2012

<u>Form</u>	990-PF (2012) FARRELL FOUNDATION	_			54-	1475	736	I	Page 4
Pai	rt VI Excise Tax Based on Investment Income (Section 494	40(a), 494	0(b), 4940(e), or 4	1948	- see ir	nstrı	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and	enter "N/A" on	line 1)					
	Date of ruling or determination letter (attach copy of letter if ne								
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	▶ ☐ and	enter 1%	}	1	ļ. —		6	70.
	of Part I, line 27b								
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4)					_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only	Others enter -C)-) .		2	<u> </u>			0.
	Add lines 1 and 2				3			6	70.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	Others enter -	0-)		4				0.
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			•	5	ļ	.,	6	70.
	Credits/Payments	11		200					
	2012 estimated tax payments and 2011 overpayment credited to 2012	6a_		300.					
	Exempt foreign organizations - tax withheld at source	6b							
	Tax paid with application for extension of time to file (Form 8868)	6c							
	Backup withholding erroneously withheld	6d				ł		_	00
	Total credits and payments Add lines 6a through 6d				7	-			00.
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is att	ached .			8				70
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				9				70.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1		10				
	Enter the amount of line 10 to be Credited to 2013 estimated tax		Refund	led 🚩	11				
	t VII-A Statements Regarding Activities							V	INI.
	During the tax year, did the foundation attempt to influence any national, state, or local legi	siation or did i	it participate or ii	itervene	ın	+	4 -	res	No
	any political campaign?	(\ 0		F	<u>1a</u>		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo					-	1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities as	na copies of	any matenais p	oublish	ea or				
	distributed by the foundation in connection with the activities					1			v
	Did the foundation file Form 1120-POL for this year?					ŀ	<u>1c</u>		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during th (1) On the foundation \$ 0 - (2) On foundation manager			0.					
	Enter the reimbursement (if any) paid by the foundation during the year for political expend		and on foundati						
	managers > \$ 0.	טונטופ נפא וווויףט	iseu on ioundatio	JII		- 1			
	Has the foundation engaged in any activities that have not previously been reported to the	2201				İ	2		х
	If "Yes," attach a detailed description of the activities.	ino,				-	-		
	Has the foundation made any changes, not previously reported to the IRS, in its governing	inetrument ai	rticles of incorna	ration o		-			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		itioles of incorpo	iation, c	"	ĺ	3		Х
	Did the foundation have unrelated business gross income of \$1,000 or more during the year					-	4a		X
	if "Yes," has it filed a tax return on Form 990-T for this year?	uı ·			N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year	2				′ -	5		X
	If "Yes," attach the statement required by General Instruction T.					T			
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	either							
	By language in the governing instrument, or								
	By state legislation that effectively amends the governing instrument so that no mandator	rv directions th	hat conflict with t	the state	law				
	remain in the governing instrument?	.,					6	Х	
7 (Did the foundation have at least \$5,000 in assets at any time during the year?						7	Х	
	If "Yes," complete Part II, col. (c), and Part XV					r	"		
	Enter the states to which the foundation reports or with which it is registered (see instruction	ons) 🕨							
	VA	·							
b 1	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney Gener	ral (or designate))					
	of each state as required by General Instruction G? If "No," attach explanation	,	(= =====				8b	X	
	is the foundation claiming status as a private operating foundation within the meaning of se	ection 4942(i)((3) or 4942(ı)(5)	for cale	ndar	1			
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," o				•		g		Х
	Did any persons become substantial contributors during the tax year? If 'yes' attach a schedu	-		·q		T T	10		X

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orm 990-PF (2012) FARRELL FOUNDATION Part VII-B Statements Regarding Activities for Which	Form 4720 May Pa	Poguised (see	54-14757	36	Page 6		
5a During the year did the foundation pay or incur any amount to	FORM 4720 IVIAY DE	nequirea (contin	uea)				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4045/a\\2		es X No				
	luence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly,						
any voter registration drive?	or to corry on, amondy or man		es X No				
(3) Provide a grant to an individual for travel, study, or other similar purpose							
(4) Provide a grant to an organization other than a charitable, etc., organization							
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y	es X No				
(5) Provide for any purpose other than religious, chantable, scientific, literary	, or educational purposes, or	for					
the prevention of cruelty to children or animals?			es X No				
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur	nder the exceptions described	in Regulations	1				
section 53 4945 or in a current notice regarding disaster assistance (see instr	uctions)?	-	N/A	5b			
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 mainta	uned					
expenditure responsibility for the grant?	Ŋ	1/A 🗀 Yı	es 🔲 No				
If "Yes," attach the statement required by Regulations section 53.494	15-5(d).		j				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		ŀ				
a personal benefit contract?		Y	s X No				
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b	X		
If "Yes" to 6b, file Form 8870							
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Ye	es X No				
b if "Yes," did the foundation receive any proceeds or have any net income attrib			N/A	7b			
Part VIII Information About Officers, Directors, Trust	tees, Foundation Ma	anagers, Highly	/				
Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their	· composition						
List all officers, directors, trustees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(0)	Evonen		
(a) Name and address	hours per week devoted	(If not paid,	employee benefit plans and deferred	acco	Expense unt, other		
BRUCE FARRELL	to position PRESIDENT	enter -0-)	compensation	alic	wances		
824 WILLIAMSON ROAD	FKESIDENI						
ROANOKE, VA 24012	0.00	0.	0.		0.		
ANNE FEAZELLE	SECRETARY		0.				
824 WILLIAMSON ROAD							
ROANOKE, VA 24012	0.00	0.	0.		0.		
COLINORITY VII E I VIE							
		-					
	1						
	-						
Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."					
(a) Name and address of each ampleted and mark the dec and	(b) Title, and average	4.3.00	(d) Contributions to employee benefit plans	(e)	Expense		
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation		unt, other wances		
NONE							
	1						
otal number of other employees paid over \$50,000			>		0		
			Form	990-F	F (2012)		

0.

Total. Add lines 1 through 3

F	art X. Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ındatıons,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	11,354.
C	Fair market value of all other assets	10	1,941,470.
d	Total (add lines 1a, b, and c)	1d	1,952,824.
е	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	1,952,824.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	29,292.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,923,532.
6_	Minimum investment return. Enter 5% of line 5	6	96,177.
F	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part)	nd certain	
1	Minimum investment return from Part X, line 6	1	96,177.
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	670.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	95,507.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	95,507.
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	95,507.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
8	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	57,350. 0.
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	57,350.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	57,350.
	Note. The amount on line 6 will be used in Part V. column (b) in subsequent years when calculating whether the foundation of	nualifies for	the section

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4940(e) reduction of tax in those years

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	, , , , , , , , , , , , , , , , , , , ,		, ,	95,507.
2 Undistributed income, if any, as of the end of 2012				33/307.
a Enter amount for 2011 only			0.	
b Total for prior years			,	
		0.		
3 Excess distributions carryover, if any, to 2012				
a From 2007 23,659.				
b From 2008 45,272.				
c From 2009 9,311.				
d From 2010 46,442.				
e From 2011 50,494.				
f Total of lines 3a through e	175,178.			
4 Qualifying distributions for 2012 from				
Part XII, line 4 ► \$ 57, 350.				
a Applied to 2011, but not more than line 2a			0.	·····
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		;·····································
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	U •			57,350.
d Applied to 2012 distributable amount	0.			37,330.
e Remaining amount distributed out of corpus	38,157.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	38,157.
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	30,137.			30,137.
6 Enter the net total of each column as indicated below:	***************************************			
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	137,021.			······································
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		. 	***************************************	0.
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.	127 021			
Subtract lines 7 and 8 from line 6a	137,021.			
O Analysis of line 9				
a Excess from 2008 30,774. b Excess from 2009 9,311.				
1 1 1 1 1 1 1				
50 101				
d Excess from 2011 50, 494.				
6 LAUGSS HUIH 2012	<u></u>			Form 990-PF (2012)

Part XVI-A Analysis of Income-Prod		es		54-1	.475736 Pa
nter gross amounts unless otherwise indicated	Unrelated b	ousiness income	Excluded b	y section 512, 513, or 514	(e)
ner gross amounts amous otherwise molecula	(a)	(b)	(c) Exclu-	(d)	Related or exemp
Program service revenue	Business code	Amount	sion	Amount	function income
a					
b					
£					-
d					
e	i I				
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments			14	18,690.	
Dividends and interest from securities			14	14,804.	
Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property			 		
Other investment income	-		 		
Gain or (loss) from sales of assets other					
than inventory			+ +		
Net income or (loss) from special events Gross profit or (loss) from sales of inventory					
Other revenue	 				
a					
b	-		 		
c					
d					
6	-	***			
Subtotal Add columns (b), (d), and (e)		0	•	33,494.	
Total. Add line 12, columns (b), (d), and (e)	<u> </u>			13	33,49
e worksheet in line 13 instructions to verify calculations)					
art XVI-B Relationship of Activities	to the Accom	nlichment of I	Exampt Di	INDOCOC	
-			<u> </u>		
ine No. Explain below how each activity for which inc			-A contributed	importantly to the accomp	lishment of
the foundation's exempt purposes (other tha	n by providing funds	for such purposes)			
/A	<u></u>			· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·			
					
					·····
					
•					

223621 12-05-12

	Exempt Organ		idiisieis io	and mansactions	and Neiations	sinps with Monch	aritabit	5	
1 · Did the o			any of the follows	ng with any other organizati	on described in sec	tion 501(c) of		Yes	No
				27, relating to political orga					
a Transfers	from the reporting found	ation to a nonch	aritable exempt o	rganization of			•		l
(1) Cash	1						1a(1)		Х
(2) Othe	r assets						1a(2)		Х
b Other trai	nsactions								
(1) Sales	s of assets to a noncharita	ıble exempt orga	inization _				16(1)	[]	Х
(2) Purc	hases of assets from a no	nchantable exer	npt organization				1b(2)		Х
(3) Rent	al of facilities, equipment,	or other assets					1b(3)		X
(4) Reim	nbursement arrangements	i					1b(4)		Х
(5) Loan	is or loan guarantees						16(5)		X
(6) Perfo	ormance of services or me	embership or fun	draising solicitati	ons			1b(6)		Х
c Sharing o	of facilities, equipment, ma	uling lists, other	assets, or paid en	nployees			1c		X
				edule Column (b) should al				ets,	
or service	es given by the reporting f	oundation If the	foundation receiv	ved less than fair market val	ue in any transactior	or sharing arrangement,	show in		
	d) the value of the goods,								
(a) Line no	(b) Amount involved	(c) Nam		e exempt organization	(d) Description	n of transfers, transactions, and	shanng an	angeme	nts
			N/A						
									_
		<u> </u>		· · ·					
		ļ	·	 -	-				
							-		
									
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					-	·			
					-			-	
2a Ic the four	ndation directly or indirect	the affiliated with	or related to one	or mare toy everant organi	zationa described				
	501(c) of the Code (other	•		or more tax-exempt organi	zations described	٢	Yes	Y] No
	omplete the following sch		1(0)(3)) 01 111 360	1011 327		L	162		INO
и и гоз, о	(a) Name of org			(b) Type of organization	1	(c) Description of relations			
-	N/A		-	(b) Type of organization	·	(V) Dosonption of Tolations			
	217,22								
						·			
		-				 	_		
	^								
Under	penálties of perjury, i declare t	that I have examine	d this return, includin	g accompanying schedules and	statements, and to the	best of my knowledge			
Sign and be	elist, it is true, correct, and com	plete Declaration	of preparer (other ha	n axbayer) is based on all inform	nation of which preparer	has any knowledge ret	y the IRS dum with the	prepare	r
Here	Mar V	1 1	WCI I	R-12-14	PRESID		Wn below	(see insti	No
Sign	lature of officer or trustee	1	- 4	Date /	Title	L			
	Print/Type preparer's na	me	Preparer's s	gnatone /	Date	Check If PTIN			
			1	100		self- employed			
Paid	RAYMOND LO	FSTROM	AWX!		03/01/14	P0	0297	041	
Preparer	Firm's name ► O ' C		DREW, P	·ć.	· · . · . · . · . · . · . · . · . ·	Firm's EIN ▶ 04-3			
Use Only			•	U					
	Firm's address ▶ 25	BRAINT	REE HILL	OFC PK, SUI	TE 102				
			, MA 021			Phone no 617-	471-	1120)
					<u> </u>		m 990	_	
									-

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

0040

Employer identification number

2012

54-1475736 FARRELL FOUNDATION Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

FARRELL FOUNDATION

54-1475736

Part I	Contributors (see instructions). Use duplicate copies of Part I	If additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BERGLUND CHEVROLET PO BOX 12608 ROANOKE, VA 24027	\$\$	Person Payroll Noncash X (Complete Part II if there Is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there Is a noncash contribution.)

Name of organization

Employer identification number

FARRELL FOUNDATION

54-1475736

(a)		(-)	
No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(see instructions)	 -
1	MARKETABLE SECURITIES		
$\frac{1}{}$			
		\$ 400,354.	04/30/13
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(see instructions)	
(a)	· · · · · · · · · · · · · · · · · · ·		
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
Part I			
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(see instructions)	2010 10001100
-		\$	<u></u>
(a)			
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
Part I		(222	
		 [

FOUNDATION	vidual contributions to section 5017-177	54-1475736
year. Complete columns (a) through (e) and the total of exclusively religious, charitable, et	he following line entry. For organizations c , contributions of \$1,000 or less for the	completing Part III, enter e year (Enter this information once)
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, ar		Relationship of transferor to transferee
	Exclusively religious, charitable, etc., indivear. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc., indivendent the total of exclusively religious, charitable, and the total of exclusively religious, charit	Exclusivelyreligious, charitable, etc., individual contributions to section 501(c)? year. Complete columns (a) through (e) and the following line entry. For organizations the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4

Part XV Supplementary Information 3 Grants and Contributions Paid During the			· · · · · · · · · · · · · · · · · · ·	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	A
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
DOWN SYNDROME ASSOCIATION OF ROANOKE	N/A		GWAN KWAN NA NA	
PO BOX 4683	N/A		CHARITABLE	
ROANOKE, VA 24015				250
ROANOKE REGIONAL PARTNERSHIP	N/A		CHARITABLE	
111 FRANKLIN PLAZA SUITE 333	N/A		CHARITABLE	
ROANOKE, VA 24011-2111		<u>.</u>		20,000
COVENANT PRESBYTERIAN CHURCH	N/A		RELIGIOUS	
1831 DEYERLE ROAD SW			REDIGIOUS .	
ROANOKE, VA 24018				500
FRIENDS OF RIVERS OF VIRGINIA	N/A		CHARITABLE	
PO BOX 1750				
ROANOKE, VA 24008-1750				1,000
HOLY TRINITY GREEK ORTHODOX CHURCH	N/A		RELIGIOUS	
30 HUNTINGTON BLVD NE	[","		1.22.01000	
ROANOKE, VA 24012		,,,		1,500
ROANOKE SCHOLARSHIP PAGEANTS INC.	N/A		CHARITABLE	
PO BOX 4496				
ROANOKE, VA 24015	1			500
AMERICAN CANCER SOCIETY	N/A		CHARITABLE	
2840 ELECTRIC ROAD # 106 ROANOKE, VA 24018				1,500
EDUCATION FOUNDATION FOR COLLIER	N/A		CHARITABLE	
COUNTY				
3606 ENTERPRISE AVENUE SUITE 150 NAPLES, FL 34104				
NATUES, IN 34104				1,000
Total from continuation sheets				26,250

FORM 990-PF DIVIDEN	DS AND	INTER	REST FROM	SECU	RITIES	STATEMENT	1	
SOURCE		GROSS AMOUNT			ITAL GAINS IVIDENDS	COLUMN (A AMOUNT	COLUMN (A) AMOUNT	
WELLPOINT INC.			14,804.		0.	14,8	14,804.	
TOTAL TO FM 990-PF, PART I,	LN 4		14,804.		0.	14,8	04.	
FORM 990-PF	AC	COUNTI	NG FEES	•••		STATEMENT	2	
DESCRIPTION	EXPE	A) NSES BOOKS			(C) ADJUSTED NET INCOMI	(D) CHARITABLE PURPOSES		
LEGAL AND ACCOUNTING		119.		0.	(0.	0.	
TO FORM 990-PF, PG 1, LN 16B		119.		0.		0.	0.	
FORM 990-PF	TAXES			STATEMENT 3				
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT INC		(C) ADJUSTED NET INCOME			
TAXES AND LICENSES		234.		0.	().	0.	
TO FORM 990-PF, PG 1, LN 18		234.		0.).	0.	
FORM 990-PF	OTHER EXPENSES			STATEMENT 4				
				· · ·				
DESCRIPTION	EXPE		(B) NET INVI MENT INC	EST-	(C) ADJUSTED NET INCOME			
DESCRIPTION BANK FEES	EXPE	ISES	NET INVI	EST-	ADJUSTED NET INCOME	CHARITA		

FORM 990-PF C	CORPORATE STOCK	STATEMENT 5
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
MARKETABLE SECURITIES	1,031,818.	1,031,818.
TOTAL TO FORM 990-PF, PART II, LI	INE 10B 1,031,818.	1,031,818.

Form 886	8 (Rev 1-2013)					Page 2	
	are filing for an Additional (Not Automatic) 3-Month Ex	tension, o	complete only Part II and check this	s box		► X	
	ly complete Part II if you have already been granted an a				8868.		
• If you a	are filing for an Automatic 3-Month Extension, comple						
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies ne	eded).	
			Enter filer's	identifyi	ng number,	see instructions	
Type or	Name of exempt organization or other filer, see instru	ctions		Employer identification number (EIN) or			
print		54 4455506					
File by the	FARRELL FOUNDATION			54-1475736			
due date for filing your return See	your 1 924 MITT TAMCON DOAD				Social security number (SSN)		
instructions	City, town or post office, state, and ZIP code. For a for ROANOKE, VA 24012	oreign add	lress, see instructions.				
Catartha	Return code for the return that this application is for (file	a conara	to application for each return)			0 4	
Enter the	Return code for the return that this application is for the	e a separa	· ·				
Applicati	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990	or Form 990-EZ	01					
Form 990	<u>.B</u> L	02	Form 1041-A		· · · · · · · · · · · · · · · · · · ·	08	
	0 (ındıvidual)	03	Form 4720			09	
Form 990		04	Form 5227			10	
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	-T (trust other than above) o not complete Part II if you were not already granted	06	Form 8870		15 00	12	
	FARRELL FOUNDATE SOOKS are In the care of FARRELL FOUNDATE TO THE CONTROL OF THE	rion			-		
Teleph	one No. ► 540-344-1461		FAX No. ▶	<u> </u>			
	organization does not have an office or place of business					>	
If this j	s for a Group Return, enter the organization's four digit	3					
box ► L	. If it is for part of the group, check this box		ch a list with the names and EINs of	all memb	ers the exte	ension is for	
4 I red	quest an additional 3-month extension of time until		H 15, 2014 .	222	20 1		
5 For	calendar year $\underline{\hspace{1cm}}$, or other tax year beginning $\underline{\hspace{1cm}}$	MAY I	, 2012 , and endin			2013	
6 If th	ne tax year entered in line 5 is for less than 12 months, c	heck reas	on: L Initial return L	Final i	return		
	☐ Change in accounting period						
7 Sta	te in detail why you need the extension	ואמשמח	DE AN ACCUDAME DEM	IIDNI		-	
AL	DITIONAL TIME IS NEEDED TO I	PREPAI	RE AN ACCURATE RET	UKN.			
	100 PT 000 T 4700	6060 -	atautha taatatuu tay laga agy		Τ		
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					s	0.	
	refundable credits. See instructions.	ontor ony	refundable credits and estimated	8a	Ψ-		
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							
	eviously with Form 8868.	owed as a	creat and any amount paid	8b	s	0.	
	ance due. Subtract line 8b from line 8a. Include your pa	vment writ	h this form, if required, by using	- 55	•		
	PS (Electronic Federal Tax Payment System). See instru		it this form, it required, by using	8c	s	0.	
			st be completed for Part II o		· · · · · · · · · · · · · · · · · · ·		
Under pena	alties of periury. I declare that I have examined this form, includ	ing accomp			of my knowle	dge and belief,	
			DENT	Nate	• •		
oignatuie	THIS P			2011		8868 (Rev. 1-2013)	
Under pena it is true, co Signature	alties of perjury, I declare that I have examined this form, includ orrect, and complete, and that I am authorized to prepare this fo	ing accomp	panying schedules and statements, and to		· -	dge and belief, 8868 (Rev. 1-2013)	

223842 01-21-13