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

**2012**

Department of the Treasury  
Internal Revenue Service

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

For calendar year 2012, or tax year beginning 7/01, 2012, and ending 6/30, 2013

SPENCER FAMILY FOUNDATION  
5665 MEADOWS ROAD, #310  
LAKE OSWEGO, OR 97035

**A** Employer identification number  
20-3401912

**B** Telephone number (see the instructions)  
503-537-2403

**C** If exemption application is pending, check here

**D 1** Foreign organizations, check here

**2** Foreign organizations meeting the 85% test, check here and attach computation

**E** If private foundation status was terminated under section 507(b)(1)(A), check here

**F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

**G** Check all that apply  Initial return  Initial return of a former public charity  
 Final return  Amended return  
 Address change  Name change

**H** Check type of organization.  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

**I** Fair market value of all assets at end of year (from Part II, column (c), line 16)  
\$ 3,555,685.

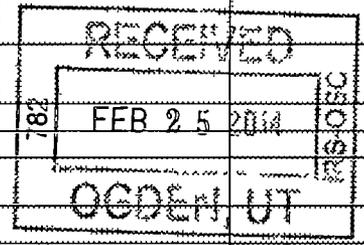
**J** Accounting method.  Cash  Accrual  
 Other (specify) \_\_\_\_\_  
(Part I, column (d) must be on cash basis)

**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) (see instructions))

| (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|

|                                                                                |          |        |        |          |
|--------------------------------------------------------------------------------|----------|--------|--------|----------|
| <b>1</b> Contributions, gifts, grants, etc, received (att sch)                 | 324,131. |        |        |          |
| <b>2</b> Ck <input type="checkbox"/> if the found is not req to att Sch B      |          |        |        |          |
| <b>3</b> Interest on savings and temporary cash investments                    | 5,340.   | 5,340. | 5,340. |          |
| <b>4</b> Dividends and interest from securities                                |          |        |        |          |
| <b>5 a</b> Gross rents                                                         |          |        |        |          |
| <b>b</b> Net rental income or (loss)                                           |          |        |        |          |
| <b>6 a</b> Net gain/(loss) from sale of assets not on line 10                  |          |        |        |          |
| <b>b</b> Gross sales price for all assets on line 6a                           |          |        |        |          |
| <b>7</b> Capital gain net income (from Part IV, line 2)                        |          |        |        |          |
| <b>8</b> Net short-term capital gain                                           |          |        |        |          |
| <b>9</b> Income modifications                                                  |          |        |        |          |
| <b>10 a</b> Gross sales less returns and allowances                            |          |        |        |          |
| <b>b</b> Less Cost of goods sold                                               |          |        |        |          |
| <b>c</b> Gross profit/(loss) (att sch)                                         |          |        |        |          |
| <b>11</b> Other income (attach schedule)                                       |          |        |        |          |
| <b>12 Total.</b> Add lines 1 through 11                                        | 329,471. | 5,340. | 5,340. |          |
| <b>13</b> Compensation of officers, directors, trustees, etc                   | 63,298.  |        |        | 63,298.  |
| <b>14</b> Other employee salaries and wages                                    |          |        |        |          |
| <b>15</b> Pension plans, employee benefits                                     |          |        |        |          |
| <b>16 a</b> Legal fees (attach schedule) SEE ST 1                              | 138.     |        |        | 138.     |
| <b>b</b> Accounting fees (attach sch) SEE ST 2                                 | 10,205.  |        |        | 10,205.  |
| <b>c</b> Other prof fees (attach sch)                                          |          |        |        |          |
| <b>17</b> Interest                                                             |          |        |        |          |
| <b>18</b> Taxes (attach schedule)(see instrs) SEE STM 3                        | 7,215.   |        |        | 7,215.   |
| <b>19</b> Depreciation (attach sch) and depletion                              | 7,529.   |        |        |          |
| <b>20</b> Occupancy                                                            |          |        |        |          |
| <b>21</b> Travel, conferences, and meetings                                    | 3,866.   |        |        | 3,866.   |
| <b>22</b> Printing and publications                                            |          |        |        |          |
| <b>23</b> Other expenses (attach schedule) SEE STATEMENT 4                     | 8,110.   |        |        | 8,110.   |
| <b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 | 100,361. |        |        | 92,832.  |
| <b>25</b> Contributions, gifts, grants paid STMT 5                             | 196,315. |        |        | 196,315. |
| <b>26 Total expenses and disbursements.</b> Add lines 24 and 25                | 296,676. | 0.     | 0.     | 289,147. |
| <b>27 Subtract line 26 from line 12:</b>                                       |          |        |        |          |
| <b>a Excess of revenue over expenses and disbursements</b>                     | 32,795.  |        |        |          |
| <b>b Net investment income</b> (if negative, enter 0)                          |          | 5,340. |        |          |
| <b>c Adjusted net income</b> (if negative, enter 0)                            |          |        | 5,340. |          |



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 ADMINISTRATIVE EXPENSES

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| Part II Balance Sheets |                                                                                                      | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)      |                |                       |            |
|------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|------------|
|                        |                                                                                                      | Beginning of year                                                                                                       | End of year    |                       |            |
|                        |                                                                                                      | (a) Book Value                                                                                                          | (b) Book Value | (c) Fair Market Value |            |
| ASSETS                 | 1                                                                                                    | Cash - non-interest-bearing                                                                                             | 3,516,527.     | 3,232,720.            | 3,232,720. |
|                        | 2                                                                                                    | Savings and temporary cash investments                                                                                  | 6,533.         | 6,536.                | 6,536.     |
|                        | 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 (attach schedule) (see instructions) |                |                       |            |
|                        | 7                                                                                                    | Other notes and loans receivable (attach sch) ▶                                                                         |                |                       |            |
|                        |                                                                                                      | 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 (attach schedule)                                                   |                |                       |            |
|                        |                                                                                                      | b Investments - corporate stock (attach schedule)                                                                       |                |                       |            |
|                        |                                                                                                      | c Investments - corporate bonds (attach schedule)                                                                       |                |                       |            |
|                        | 11                                                                                                   | Investments - land, buildings, and equipment basis ▶                                                                    |                |                       |            |
|                        | Less: accumulated depreciation (attach schedule) ▶                                                   |                                                                                                                         |                |                       |            |
| 12                     | Investments - mortgage loans                                                                         |                                                                                                                         |                |                       |            |
| 13                     | Investments - other (attach schedule)                                                                |                                                                                                                         |                |                       |            |
| 14                     | Land, buildings, and equipment basis ▶ 316,429.                                                      |                                                                                                                         |                |                       |            |
|                        | Less: accumulated depreciation (attach schedule) SEE STMT 6 ▶ 7,529.                                 |                                                                                                                         | 308,900.       | 316,429.              |            |
| 15                     | Other assets (describe ▶)                                                                            |                                                                                                                         |                |                       |            |
| 16                     | <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item 1) | 3,523,060.                                                                                                              | 3,548,156.     | 3,555,685.            |            |
| LIABILITIES            | 17                                                                                                   | Accounts payable and accrued expenses                                                                                   |                |                       |            |
|                        | 18                                                                                                   | Grants payable                                                                                                          |                |                       |            |
|                        | 19                                                                                                   | Deferred revenue                                                                                                        |                |                       |            |
|                        | 20                                                                                                   | Loans from officers, directors, trustees, & other disqualified persons                                                  |                |                       |            |
|                        | 21                                                                                                   | Mortgages and other notes payable (attach schedule)                                                                     |                |                       |            |
|                        | 22                                                                                                   | Other liabilities (describe ▶ SEE STATEMENT 7)                                                                          | 8,280.         | 581.                  |            |
|                        | 23                                                                                                   | <b>Total liabilities</b> (add lines 17 through 22)                                                                      | 8,280.         | 581.                  |            |
| FUNDS ASSETS           | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶ |                                                                                                                         |                |                       |            |
|                        | 24                                                                                                   | Unrestricted                                                                                                            |                |                       |            |
|                        | 25                                                                                                   | Temporarily restricted                                                                                                  |                |                       |            |
|                        | 26                                                                                                   | Permanently restricted                                                                                                  |                |                       |            |
|                        | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ X            |                                                                                                                         |                |                       |            |
|                        | 27                                                                                                   | Capital stock, trust principal, or current funds                                                                        |                |                       |            |
|                        | 28                                                                                                   | Paid-in or capital surplus, or land, building, and equipment fund                                                       |                |                       |            |
|                        | 29                                                                                                   | Retained earnings, accumulated income, endowment, or other funds                                                        | 3,514,780.     | 3,547,575.            |            |
|                        | 30                                                                                                   | <b>Total net assets or fund balances</b> (see instructions)                                                             | 3,514,780.     | 3,547,575.            |            |
|                        | 31                                                                                                   | <b>Total liabilities and net assets/fund balances</b> (see instructions)                                                | 3,523,060.     | 3,548,156.            |            |

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 | 3,514,780. |
| 2 | Enter amount from Part I, line 27a                                                                                                                         | 2 | 32,795.    |
| 3 | Other increases not included in line 2 (itemize) ▶                                                                                                         | 3 |            |
| 4 | Add lines 1, 2, and 3                                                                                                                                      | 4 | 3,547,575. |
| 5 | Decreases not included in line 2 (itemize) ▶                                                                                                               | 5 |            |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30                                                      | 6 | 3,547,575. |

**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 shares MLC Company) | (b) How acquired<br>P — Purchase<br>D — Donation | (c) Date acquired<br>(month, day, year) | (d) Date sold<br>(month, day, year) |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------|-------------------------------------|
| 1 a N/A                                                                                                                                  |                                                  |                                         |                                     |
| b                                                                                                                                        |                                                  |                                         |                                     |
| c                                                                                                                                        |                                                  |                                         |                                     |
| d                                                                                                                                        |                                                  |                                         |                                     |
| e                                                                                                                                        |                                                  |                                         |                                     |

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| a                     |                                            |                                                 |                                              |
| b                     |                                            |                                                 |                                              |
| c                     |                                            |                                                 |                                              |
| d                     |                                            |                                                 |                                              |
| e                     |                                            |                                                 |                                              |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |                                                     | (j) Gains (Column (h)<br>gain minus column (k), but not less<br>than -0-) or Losses (from column (h)) |
|---------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| (i) Fair Market Value<br>as of 12/31/69                                                     | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of column (i)<br>over column (j), if any |                                                                                                       |
| a                                                                                           |                                      |                                                     |                                                                                                       |
| b                                                                                           |                                      |                                                     |                                                                                                       |
| c                                                                                           |                                      |                                                     |                                                                                                       |
| d                                                                                           |                                      |                                                     |                                                                                                       |
| e                                                                                           |                                      |                                                     |                                                                                                       |

|                                                                                |                                                                                     |   |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---|
| 2 Capital gain net income or (net capital loss)                                | [ If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 ] | 2 |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) |                                                                                     | 3 |

If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8

**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.) N/A

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<br>Calendar year (or tax year<br>beginning in)                                         | (b) Adjusted qualifying distributions | (c) Net value of<br>noncharitable-use assets | (d) Distribution ratio<br>(column (b) divided by column (c)) |
| 2011                                                                                                         |                                       |                                              |                                                              |
| 2010                                                                                                         |                                       |                                              |                                                              |
| 2009                                                                                                         |                                       |                                              |                                                              |
| 2008                                                                                                         |                                       |                                              |                                                              |
| 2007                                                                                                         |                                       |                                              |                                                              |

|                                                                                                                                                                                |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 2 Total of line 1, column (d)                                                                                                                                                  | 2 |
| 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 |
| 4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5                                                                                                 | 4 |
| 5 Multiply line 4 by line 3                                                                                                                                                    | 5 |
| 6 Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                   | 6 |
| 7 Add lines 5 and 6                                                                                                                                                            | 7 |
| 8 Enter qualifying distributions from Part XII, line 4                                                                                                                         | 8 |

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)**

|     |                                                                                                                                                                                                                               |     |      |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------|
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1<br>Date of ruling or determination letter _____ (attach copy of letter if necessary – see instrs) |     |      |
| b   | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b                                                                               | 1   | 107. |
| c   | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)                                                                                                      |     |      |
| 2   | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)                                                                                                                      | 2   | 0.   |
| 3   | Add lines 1 and 2                                                                                                                                                                                                             | 3   | 107. |
| 4   | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)                                                                                                                    | 4   | 0.   |
| 5   | <b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0-                                                                                                                                 | 5   | 107. |
| 6   | Credits/Payments.                                                                                                                                                                                                             |     |      |
| a   | 2012 estimated tax pmts and 2011 overpayment credited to 2012                                                                                                                                                                 | 6 a |      |
| b   | Exempt foreign organizations – tax withheld at source                                                                                                                                                                         | 6 b |      |
| c   | Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                           | 6 c |      |
| d   | Backup withholding erroneously withheld                                                                                                                                                                                       | 6 d |      |
| 7   | Total credits and payments. Add lines 6a through 6d                                                                                                                                                                           | 7   | 0.   |
| 8   | Enter any <b>penalty</b> for underpayment of estimated tax Check here <input checked="" 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   | 107. |
| 10  | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid                                                                                                                                      | 10  |      |
| 11  | Enter the amount of line 10 to be Credited to 2013 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>                                                                                                   | 11  |      |

**Part VII-A Statements Regarding Activities**

|     | Yes | No |
|-----|-----|----|
| 1 a |     | X  |
| 1 b |     | X  |
| 1 c |     | X  |
| 2   |     | X  |
| 3   |     | X  |
| 4 a |     | X  |
| 4 b | N/A |    |
| 5   |     | X  |
| 6   | X   |    |
| 7   | X   |    |
| 8 b | X   |    |
| 9   |     | X  |
| 10  |     | X  |

BAA

**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?<br>Website address <span style="float:right">▶ N/A</span>                                                                                                                                                    | 13                               | X |   |
| 14 | The books are in care of ▶ <u>JOHN SPENCER</u> Telephone no ▶ _____<br>Located at ▶ <u>PO BOX 228 NEWBERG OR</u> ZIP + 4 ▶ <u>97132</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 <span style="float:right">▶ 15</span>                                                                                                        | N/A <input type="checkbox"/> 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?<br>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                               |   | 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  |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1 a | 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 type="checkbox"/> Yes <input checked="" 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)? Organizations relying on a current notice regarding disaster assistance check here <span style="float:right">▶ <input type="checkbox"/></span>                                                                                                                             | 1 b | N/A |
| 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?                                                                                                                                                                                                                                                                                                         | 1 c | 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<br>If 'Yes,' list the years ▶ 20 __ , 20 __ , 20 __ , 20 __                                                                                                                                                                                                               |     |     |
| 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 )                                                                                                                                                                                       | 2 b | N/A |
| c   | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20 __ , 20 __ , 20 __ , 20 __                                                                                                                                                                                                                                                                                                                                                 |     |     |
| 3 a | 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 ) | 3 b | N/A |
| 4 a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                 | 4 a | 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?                                                                                                                                                                                                                                                               | 4 b | X   |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

**5 a** 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)? (see instructions)  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)? 5 b  N/A

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? N/A  Yes  No

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

**6 a** 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? 6 b  Yes  No X

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

**7 a** 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? 7 b  Yes  No N/A

**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 (see instructions).**

| (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 STATEMENT 8      |                                                           | 63,298.                                   | 0.                                                                    | 0.                                    |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |

**2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). 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                                                          |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)

**3 Five highest-paid independent contractors for professional services** (see instructions). If none, enter 'NONE.'

| (a) Name and address of each person paid more than \$50,000                     | (b) Type of service | (c) Compensation |
|---------------------------------------------------------------------------------|---------------------|------------------|
| NONE                                                                            |                     |                  |
| -----                                                                           |                     |                  |
| -----                                                                           |                     |                  |
| -----                                                                           |                     |                  |
| -----                                                                           |                     |                  |
| -----                                                                           |                     |                  |
| <b>Total number of others receiving over \$50,000 for professional services</b> |                     | <b>0</b>         |

**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 SEE DESCRIPTIONS OF ACTIVITIES UNDER PART XV. |          |
| 2 -----                                         |          |
| 3 -----                                         |          |
| 4 -----                                         |          |

**Part IX-B Summary of Program-Related Investments** (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount    |
|------------------------------------------------------------------------------------------------------------------|-----------|
| 1 N/A                                                                                                            |           |
| 2 -----                                                                                                          |           |
| 3 All other program-related investments. See instructions.                                                       |           |
| <b>Total. Add lines 1 through 3</b>                                                                              | <b>0.</b> |

BAA

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

|                                                                                                                     |            |            |
|---------------------------------------------------------------------------------------------------------------------|------------|------------|
| <b>1</b> Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes |            |            |
| <b>a</b> Average monthly fair market value of securities                                                            | <b>1 a</b> |            |
| <b>b</b> Average of monthly cash balances                                                                           | <b>1 b</b> | 3,388,609. |
| <b>c</b> Fair market value of all other assets (see instructions)                                                   | <b>1 c</b> |            |
| <b>d Total</b> (add lines 1a, b, and c)                                                                             | <b>1 d</b> | 3,388,609. |
| <b>e</b> Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)  | <b>1 e</b> | 0.         |
| <b>2</b> Acquisition indebtedness applicable to line 1 assets                                                       | <b>2</b>   | 0.         |
| <b>3</b> Subtract line 2 from line 1d                                                                               | <b>3</b>   | 3,388,609. |
| <b>4</b> Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)  | <b>4</b>   | 50,829.    |
| <b>5 Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4       | <b>5</b>   | 3,337,780. |
| <b>6 Minimum investment return.</b> Enter 5% of line 5                                                              | <b>6</b>   | 166,889.   |

**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.)

|                                                                                                             |            |          |          |
|-------------------------------------------------------------------------------------------------------------|------------|----------|----------|
| <b>1</b> Minimum investment return from Part X, line 6                                                      |            | <b>1</b> | 166,889. |
| <b>2a</b> Tax on investment income for 2012 from Part VI, line 5                                            | <b>2 a</b> | 107.     |          |
| <b>b</b> Income tax for 2012 (This does not include the tax from Part VI)                                   | <b>2 b</b> |          |          |
| <b>c</b> Add lines 2a and 2b                                                                                | <b>2 c</b> |          | 107.     |
| <b>3</b> Distributable amount before adjustments. Subtract line 2c from line 1                              | <b>3</b>   |          | 166,782. |
| <b>4</b> Recoveries of amounts treated as qualifying distributions                                          | <b>4</b>   |          |          |
| <b>5</b> Add lines 3 and 4                                                                                  | <b>5</b>   |          | 166,782. |
| <b>6</b> Deduction from distributable amount (see instructions)                                             | <b>6</b>   |          |          |
| <b>7 Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | <b>7</b>   |          | 166,782. |

**Part XII Qualifying Distributions** (see instructions)

|                                                                                                                                                               |            |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| <b>1</b> Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.                                                           |            |          |
| <b>a</b> Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26                                                                        | <b>1 a</b> | 289,147. |
| <b>b</b> Program-related investments – total from Part IX-B                                                                                                   | <b>1 b</b> |          |
| <b>2</b> Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes                                            | <b>2</b>   |          |
| <b>3</b> Amounts set aside for specific charitable projects that satisfy the                                                                                  |            |          |
| <b>a</b> Suitability test (prior IRS approval required)                                                                                                       | <b>3 a</b> |          |
| <b>b</b> Cash distribution test (attach the required schedule)                                                                                                | <b>3 b</b> |          |
| <b>4 Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                                           | <b>4</b>   | 289,147. |
| <b>5</b> Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) | <b>5</b>   |          |
| <b>6 Adjusted qualifying distributions.</b> Subtract line 5 from line 4                                                                                       | <b>6</b>   | 289,147. |

**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

**Part XIII Undistributed Income** (see instructions)

|                                                                                                                                                                            | (a)<br>Corpus | (b)<br>Years prior to 2011 | (c)<br>2011 | (d)<br>2012 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2012 from Part XI, line 7                                                                                                                       |               |                            |             | 166,782.    |
| 2 Undistributed income, if any, as of the end of 2012:                                                                                                                     |               |                            |             |             |
| a Enter amount for 2011 only                                                                                                                                               |               |                            | 0.          |             |
| b Total for prior years 20 __, 20 __, 20 __                                                                                                                                |               | 0.                         |             |             |
| 3 Excess distributions carryover, if any, to 2012:                                                                                                                         |               |                            |             |             |
| a From 2007                                                                                                                                                                |               |                            |             |             |
| b From 2008                                                                                                                                                                |               |                            |             |             |
| c From 2009                                                                                                                                                                |               |                            |             |             |
| d From 2010                                                                                                                                                                |               |                            |             |             |
| e From 2011                                                                                                                                                                | 1,834,925.    |                            |             |             |
| f Total of lines 3a through e                                                                                                                                              | 1,834,925.    |                            |             |             |
| 4 Qualifying distributions for 2012 from Part XII, line 4 ▶ \$ 289,147.                                                                                                    |               |                            |             |             |
| a Applied to 2011, but not more than line 2a                                                                                                                               |               |                            | 0.          |             |
| 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                                                                                                                                     |               |                            |             | 166,782.    |
| e Remaining amount distributed out of corpus                                                                                                                               | 122,365.      |                            |             |             |
| 5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a) )                                        | 0.            |                            |             | 0.          |
| 6 Enter the net total of each column as indicated below:                                                                                                                   |               |                            |             |             |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                          | 1,957,290.    |                            |             |             |
| 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 instructions                                                                           |               |                            | 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) (see instructions)                                  | 0.            |                            |             |             |
| 8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)                                                                              | 0.            |                            |             |             |
| 9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a                                                                                              | 1,957,290.    |                            |             |             |
| 10 Analysis of line 9                                                                                                                                                      |               |                            |             |             |
| a Excess from 2008                                                                                                                                                         |               |                            |             |             |
| b Excess from 2009                                                                                                                                                         |               |                            |             |             |
| c Excess from 2010                                                                                                                                                         |               |                            |             |             |
| d Excess from 2011                                                                                                                                                         | 1,834,925.    |                            |             |             |
| e Excess from 2012                                                                                                                                                         | 122,365.      |                            |             |             |

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9) N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

**2 a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

|                                                                                                                                                          | Tax year | Prior 3 years |          |          | (e) Total |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|----------|----------|-----------|
|                                                                                                                                                          | (a) 2012 | (b) 2011      | (c) 2010 | (d) 2009 |           |
| <b>b</b> 85% of line 2a                                                                                                                                  |          |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed                                                                             |          |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities                                                           |          |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c                                   |          |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon.                                                                                      |          |               |          |          |           |
| <b>a</b> 'Assets' alternative test – enter                                                                                                               |          |               |          |          |           |
| <b>(1)</b> Value of all assets                                                                                                                           |          |               |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                     |          |               |          |          |           |
| <b>b</b> 'Endowment' alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed                              |          |               |          |          |           |
| <b>c</b> 'Support' alternative test – enter.                                                                                                             |          |               |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) |          |               |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)                                      |          |               |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization                                                                                         |          |               |          |          |           |
| <b>(4)</b> Gross investment income                                                                                                                       |          |               |          |          |           |

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year – see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)  
SEE STATEMENT 9

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.  
NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:**  
Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or e-mail of the person to whom applications should be addressed.

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

**c** Any submission deadlines.

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

**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)  |                                                                                                           |                                |                                  |              |
| <i>a Paid during the year</i>        |                                                                                                           |                                |                                  |              |
| <b>Total</b>                         |                                                                                                           |                                |                                  | ▶ <b>3 a</b> |
| <i>b Approved for future payment</i> |                                                                                                           |                                |                                  |              |
| <b>Total</b>                         |                                                                                                           |                                |                                  | ▶ <b>3 b</b> |





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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No 1545 0047

**2012**

Name of the organization

SPENCER FAMILY FOUNDATION

Employer identification number

20-3401912

**Organization type** (check one)

**Filers of:**

Form 990 or 990-EZ

**Section:**

- 501(c)(\_\_\_\_) (enter number) organization  
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation  
 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).

**BAA 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

SPENCER FAMILY FOUNDATION

20-3401912

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                                             | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                                             |
|---------------|-----------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1             | JOHN & JANELLE SPENCER<br>-----<br>5665 MEADOWS RD<br>-----<br>LAKE OSWEGO, OR 97035<br>----- | \$ 324,131.                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| -----         | -----<br>-----<br>-----<br>-----                                                              | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)                       |
| -----         | -----<br>-----<br>-----<br>-----                                                              | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)                       |
| -----         | -----<br>-----<br>-----<br>-----                                                              | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)                       |
| -----         | -----<br>-----<br>-----<br>-----                                                              | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)                       |
| -----         | -----<br>-----<br>-----<br>-----                                                              | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)                       |

Name of organization

Employer identification number

SPENCER FAMILY FOUNDATION

20-3401912

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given                                                                        | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------|
| 1                         | TWO RESIDENTIAL UNITS LOCATED IN NUEVA SAN SALVADOR,<br>EL SALVADOR TO BE USED TO HOUSE ORPHANED BOYS AND<br>GIRLS. | \$ 316,429.                                    | 12/28/11             |
|                           |                                                                                                                     |                                                |                      |
|                           |                                                                                                                     |                                                |                      |
|                           |                                                                                                                     |                                                |                      |
|                           |                                                                                                                     |                                                |                      |
|                           |                                                                                                                     |                                                |                      |

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CLIENT SPENFOUN

SPENCER FAMILY FOUNDATION

20-3401912

12/18/13

11.28AM

STATEMENT 1  
FORM 990-PF, PART I, LINE 16A  
LEGAL FEES

|       | (A)<br>EXPENSES<br>PER BOOKS | (B) NET<br>INVESTMENT<br>INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|-------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| TOTAL | \$ 138.<br>\$ 138.           | \$ 0.                           | \$ 0.                         | \$ 138.<br>\$ 138.            |

STATEMENT 2  
FORM 990-PF, PART I, LINE 16B  
ACCOUNTING FEES

|       | (A)<br>EXPENSES<br>PER BOOKS | (B) NET<br>INVESTMENT<br>INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|-------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| TOTAL | \$ 10,205.<br>\$ 10,205.     | \$ 0.                           | \$ 0.                         | \$ 10,205.<br>\$ 10,205.      |

STATEMENT 3  
FORM 990-PF, PART I, LINE 18  
TAXES

|                     | (A)<br>EXPENSES<br>PER BOOKS | (B) NET<br>INVESTMENT<br>INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|---------------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| FEDERAL TAXES       | \$ 843.                      |                                 |                               | \$ 843.                       |
| OREGON INCOME TAXES | 381.                         |                                 |                               | 381.                          |
| PAYROLL TAXES       | 5,991.                       |                                 |                               | 5,991.                        |
| TOTAL               | \$ 7,215.<br>\$ 7,215.       | \$ 0.                           | \$ 0.                         | \$ 7,215.<br>\$ 7,215.        |

STATEMENT 4  
FORM 990-PF, PART I, LINE 23  
OTHER EXPENSES

|                        | (A)<br>EXPENSES<br>PER BOOKS | (B) NET<br>INVESTMENT<br>INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|------------------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| BUSINESS LICENSE       | \$ 50.                       |                                 |                               | \$ 50.                        |
| PAYROLL SERVICE        | 2,616.                       |                                 |                               | 2,616.                        |
| TANZANIA DENTAL CLINIC | 5,444.                       |                                 |                               | 5,444.                        |
| TOTAL                  | \$ 8,110.<br>\$ 8,110.       | \$ 0.                           | \$ 0.                         | \$ 8,110.<br>\$ 8,110.        |

CLIENT SPENFOUN

SPENCER FAMILY FOUNDATION

20-3401912

12/18/13

11 28AM

**STATEMENT 5  
FORM 990-PF, PART I, LINE 25  
CONTRIBUTIONS, GIFTS, AND GRANTS**

CASH GRANTS AND ALLOCATIONS

|                                 |                                                    |            |
|---------------------------------|----------------------------------------------------|------------|
| CLASS OF ACTIVITY:              | MINISTRY ASSISTANCE                                |            |
| DONEE'S NAME:                   | MIRACLE CORNERS OF THE WORLD                       |            |
| DONEE'S ADDRESS:                | 166 MADISON AVE<br>NEW YORK, NY 10016              |            |
| RELATIONSHIP OF DONEE:          | NONE                                               |            |
| ORGANIZATIONAL STATUS OF DONEE: | EXEMPT                                             |            |
| AMOUNT GIVEN:                   |                                                    | \$ 25,000. |
| CLASS OF ACTIVITY:              | COUNSELING SERVICES                                |            |
| DONEE'S NAME:                   | NW CATHOLIC COUNSELING                             |            |
| DONEE'S ADDRESS:                | 8383 SANDY BLVD #205<br>PORTLAND, OR 97220         |            |
| RELATIONSHIP OF DONEE:          | NONE                                               |            |
| ORGANIZATIONAL STATUS OF DONEE: | EXEMPT                                             |            |
| AMOUNT GIVEN:                   |                                                    | 10,040.    |
| CLASS OF ACTIVITY:              | ASSISTANCE TO HOMELESS                             |            |
| DONEE'S NAME:                   | PROJECT BLOOM                                      |            |
| DONEE'S ADDRESS:                | 888 SW 5TH AVE<br>PORTLAND, OR 97204               |            |
| RELATIONSHIP OF DONEE:          | NONE                                               |            |
| ORGANIZATIONAL STATUS OF DONEE: | EXEMPT                                             |            |
| AMOUNT GIVEN:                   |                                                    | 75,000.    |
| CLASS OF ACTIVITY:              | ORPHANAGE                                          |            |
| DONEE'S NAME:                   | NATIONAL CHRISTIAN FOUNDATION PORTLAND             |            |
| DONEE'S ADDRESS:                | 7357 SW BEVELAND RD, STE 210<br>PORTLAND, OR 97223 |            |
| RELATIONSHIP OF DONEE:          | NONE                                               |            |
| ORGANIZATIONAL STATUS OF DONEE: | EXEMPT                                             |            |
| AMOUNT GIVEN:                   |                                                    | 70,000.    |
| CLASS OF ACTIVITY:              | LOW INCOME FURNITURE                               |            |
| DONEE'S NAME:                   | COMMUNITY WAREHOUSE                                |            |
| DONEE'S ADDRESS:                | 8380 SW NYBERG ST<br>TUALATIN, OR 97062            |            |
| RELATIONSHIP OF DONEE:          | NONE                                               |            |
| ORGANIZATIONAL STATUS OF DONEE: | EXEMPT                                             |            |
| AMOUNT GIVEN:                   |                                                    | 9,575.     |
| CLASS OF ACTIVITY:              | MEDICAL CARE                                       |            |
| DONEE'S NAME:                   | SMILE TRAIN                                        |            |
| DONEE'S ADDRESS:                |                                                    |            |
| RELATIONSHIP OF DONEE:          | NONE                                               |            |
| ORGANIZATIONAL STATUS OF DONEE: | EXEMPT                                             |            |
| AMOUNT GIVEN:                   |                                                    | 2,500.     |
| CLASS OF ACTIVITY:              | VARIOUS CHARITABLE PURPOS                          |            |
| DONEE'S NAME:                   | OTHER                                              |            |
| DONEE'S ADDRESS:                |                                                    |            |
| RELATIONSHIP OF DONEE:          | NONE                                               |            |
| ORGANIZATIONAL STATUS OF DONEE: | EXEMPT                                             |            |
| AMOUNT GIVEN:                   |                                                    | 4,200.     |

CLIENT SPENFOUN

SPENCER FAMILY FOUNDATION

20-3401912

12/18/13

11.28AM

**STATEMENT 5 (CONTINUED)**  
**FORM 990-PF, PART I, LINE 25**  
**CONTRIBUTIONS, GIFTS, AND GRANTS**

TOTAL \$ 196,315.

**STATEMENT 6**  
**FORM 990-PF, PART II, LINE 14**  
**LAND, BUILDINGS, AND EQUIPMENT**

| CATEGORY  | BASIS              | ACCUM.<br>DEPREC. | BOOK<br>VALUE      | FAIR MARKET<br>VALUE |
|-----------|--------------------|-------------------|--------------------|----------------------|
| BUILDINGS | \$ 216,051.        | \$ 7,529.         | \$ 208,522.        | \$ 316,429.          |
| LAND      | 100,378.           |                   | 100,378.           | 0.                   |
| TOTAL     | <u>\$ 316,429.</u> | <u>\$ 7,529.</u>  | <u>\$ 308,900.</u> | <u>\$ 316,429.</u>   |

**STATEMENT 7**  
**FORM 990-PF, PART II, LINE 22**  
**OTHER LIABILITIES**

|                     |                |
|---------------------|----------------|
| PAYROLL LIABILITIES | \$ 581.        |
| TOTAL               | <u>\$ 581.</u> |

**STATEMENT 8**  
**FORM 990-PF, PART VIII, LINE 1**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

| NAME AND ADDRESS                                                | TITLE AND<br>AVERAGE HOURS<br>PER WEEK DEVOTED | COMPEN-<br>SATION | CONTRI-<br>BUTION TO<br>EBP & DC | EXPENSE<br>ACCOUNT/<br>OTHER |
|-----------------------------------------------------------------|------------------------------------------------|-------------------|----------------------------------|------------------------------|
| JOHN SPENCER<br>16819 ALLEN ROAD<br>LAKE OSWEGO, OR 97035       | PRESIDENT<br>0                                 | \$ 0.             | \$ 0.                            | \$ 0.                        |
| JANELLE SPENCER<br>16819 ALLEN ROAD<br>LAKE OSWEGO, OR 97035    | SECRETARY/TREAS<br>0                           | 0.                | 0.                               | 0.                           |
| JASON SPENCER<br>903 COVE POINT LANE<br>TEGACAY, SC 29708       | DIRECTOR<br>0                                  | 0.                | 0.                               | 0.                           |
| AMY SPENCER<br>6713 MAHOGANY WOODS DRIVE<br>CHARLOTTE, NC 28210 | DIRECTOR<br>0                                  | 0.                | 0.                               | 0.                           |

CLIENT SPENFOUN

SPENCER FAMILY FOUNDATION

20-3401912

12/18/13

11 28AM

STATEMENT 8 (CONTINUED)  
 FORM 990-PF, PART VIII, LINE 1  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| <u>NAME AND ADDRESS</u>                                          | <u>TITLE AND<br/>AVERAGE HOURS<br/>PER WEEK DEVOTED</u> | <u>COMPEN-<br/>SATION</u> | <u>CONTRI-<br/>BUTION TO<br/>EBP &amp; DC</u> | <u>EXPENSE<br/>ACCOUNT/<br/>OTHER</u> |
|------------------------------------------------------------------|---------------------------------------------------------|---------------------------|-----------------------------------------------|---------------------------------------|
| LAURA SPENCER<br>2356 FENTON PARKWAY #304<br>SAN DIEGO, CA 92108 | DIRECTOR<br>0                                           | \$ 63,298.                | \$ 0.                                         | \$ 0.                                 |
|                                                                  |                                                         | TOTAL \$ <u>63,298.</u>   | \$ <u>0.</u>                                  | \$ <u>0.</u>                          |

STATEMENT 9  
 FORM 990-PF, PART XV, LINE 1A  
 FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

JOHN SPENCER  
 JANELLE SPENCER

# AVALÚO DE BIENES INMUEBLES

VALUÓ SOLICITADO POR \_\_\_\_\_  
 FECHA DE INSPECCIÓN: 01/07/DOS MIL TRECE TIPO DE INMUEBLE: CASA RESIDENCIAL  
 NOMBRE DE SOLICITANTE: HOGAR DE NIÑOS CRISTIANOS  
 NOMBRE DE PROPIETARIO DE INMUEBLE: ESQUINA DE LA 10 CALLE ORIENTE Y 13 AV. SUR, # 33, NUEVA SAN SALVADOR, DPTO. DE LA LIBERTAD  
 DIRECCIÓN LEGAL: DE LA LIBERTAD

DIRECCIÓN DE CAMPO (DE SER NECESARIO) COLONIA UTILA, 10 A. C/ORIENTE Y 13 AV. SUR, #33, SANTA TECLA, DPTO. LA LIBERTAD

PROPÓSITO DEL AVALÚO: Ofrece como garantía bancaria \_\_\_\_\_ Estimar el valor de mercado \_\_\_\_\_  
 SITUACIÓN LEGAL DE INMUEBLE: NO HAY INFORMACION

## ANÁLISIS DE ENTORNO

|                                                                                                                                                                      |                                                                                                                       |                                                                                                                 |                                                                                                      |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PLUSVALÍA</b>                                                                                                                                                     | <b>VALOR DEL BIEN RESPECTO AL ENTORNO</b>                                                                             | <b>OFERTA</b>                                                                                                   | <b>DEMANDA</b>                                                                                       | <b>FACTORES DESVALORIZANTES</b>                                                                                                                                                                                                                              | <b>USO DEL TERRENO</b>                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> CRECIENTE<br><input checked="" type="checkbox"/> ESTABLE<br><input type="checkbox"/> EN DETERIORO<br><input type="checkbox"/> EN TRANSICIÓN | <input type="checkbox"/> SUPERIOR<br><input checked="" type="checkbox"/> SIMILAR<br><input type="checkbox"/> INFERIOR | <input checked="" type="checkbox"/> BUENA<br><input type="checkbox"/> REGULAR<br><input type="checkbox"/> POBRE | <input type="checkbox"/> BUENA<br><input type="checkbox"/> REGULAR<br><input type="checkbox"/> POBRE | <input type="checkbox"/> ZONA ROJA<br><input type="checkbox"/> QUEBRADAS<br><input checked="" type="checkbox"/> NO POSEE<br>VALORIZANTES<br><input type="checkbox"/> TALLERES<br><input type="checkbox"/> CANTINAS<br><input type="checkbox"/> ZONA MARGINAL | <input type="checkbox"/> RESIDENCIAL<br><input type="checkbox"/> COMERCIAL<br><input type="checkbox"/> MULTIFUNDAO<br><input type="checkbox"/> INDUSTRIAL<br><input type="checkbox"/> RECREATIVO<br><input type="checkbox"/> EDUCATIVO<br><input type="checkbox"/> (Otro, digitar) |

RANGO DE PRECIOS EN ENTORNO: COMPARABLE UNO    COMPARABLE DOS    COMPARABLE TRES  
 \$ 150,000.00    a    \$ 170,000.00

LUGARES IMPORTANTES DE ENTORNO: CENTRO DE SANTA TECLA AL RUMBO NOR PONIENTE.

ACCESO AL INMUEBLE: CALLE VEHICULAR ASFALTADA  
 OBSERVACIONES:  
 EL INMUEBLE SE DESARROLLA A NIVEL DE LA CALLE, ENTORNO RESIDENCIAL PRIVADO, SOBRE CALLE POCO TRANSITADA  
 CON TAPIALES PERIMETRALES- \*\*

## DESCRIPCIÓN DE LA PROPIEDAD

| RESPECTO AL ÁREA DE TERRENO                                                                                                                                                                                                                         | RESPECTO A LOS SERVICIOS PÚBLICOS                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ÁREA SEGÚN REGISTRO (m <sup>2</sup> ): <u>289.15</u><br>ÁREA SEGÚN PLANO (m <sup>2</sup> ): _____<br>ÁREA SEGÚN AVALÚO (m <sup>2</sup> ): <u>278.00</u><br>CONFIGURACIÓN DE ÁREA: _____<br>TOPOGRAFÍA: _____<br>USO DE LA ZONA: <u>HABITACIONAL</u> | FRENTA A CALLE (Pavimento / Piedra / Otro) _____ PAVIMENTADO _____<br>ACERAS: _____ CORDÓN Y CAÑO / CUNETAS: _____<br>ALUM. PÚBL.: _____ TELÉFONO: _____ TV/CABLE: _____<br>AGUA POTABLE: _____ RED _____ POZO _____<br>ALCANTARILLADO: _____ SANITARIO _____ FLUVIAL _____<br>ELECTRIFICACIÓN: _____ AÉREA _____ SUBTERRÁNEA _____ |

MEDIDAS PERIMÉTRICAS-COLINDANCIAS  
 PONIENTE: CALLE 13AV. SUR  
 NORTE: CALLE 10 CALLE ORIENTE.  
 ORIENTE: TERRENO  
 SUR: CASA.

OBSERVACIONES:  
 SOBRE EL INMUEBLE SE DESARROLLA UNA CONSTRUCCION DE SISTEMA MIXTO DE DOS PLANTAS CON ACABADOS DE LUJO MODERADOS LA CONSTRUCCION HA SIDO REMODELADA PARA QUE FUNSIONE UN HOGAR DE NIÑOS CRISTIANOS.

## DESCRIPCIÓN DE LA CONSTRUCCIÓN

EDAD ESTIMADA DE LA CONSTRUCCIÓN (años): 80 VIDA ÚTIL REMANENTE (años): 50  
 CONSTRUCCIÓN COMPLETA: \_\_\_\_\_ PORCENTAJE TERMINADO: X

|                                                                                                                                            |                                                                                                                                                            |                                                                                                                          |                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DISTRIBUCIÓN ARQUITECTÓNICA</b>                                                                                                         | <b>EDIFICACIÓN</b>                                                                                                                                         | <b>DISEÑO</b>                                                                                                            | <b>TIPO CONSTRUCCIÓN</b>                                                                                                                                        |
| <input type="checkbox"/> BUENA<br><input type="checkbox"/> REGULAR<br><input type="checkbox"/> DEFICIENTE<br><input type="checkbox"/> MALA | <input checked="" type="checkbox"/> VIVIENDA UNIFAMILIAR<br><input type="checkbox"/> CONDOMINIO HORIZONTAL<br><input type="checkbox"/> CONDOMINIO VERTICAL | <input type="checkbox"/> 1 PLANTA<br><input checked="" type="checkbox"/> 2 PLANTAS<br><input type="checkbox"/> 3 PLANTAS | <input checked="" type="checkbox"/> MAMPONERÍA<br><input type="checkbox"/> CONCRETO<br><input type="checkbox"/> MADERA<br><input type="checkbox"/> PREFABRICADO |

## ACABADOS EXTERIORES DE LA VIVIENDA

| VENTANERÍA                                                                                                                                        | FACHADA                                                                                                                                                                                                                                        | TECHOS                                                                                                                                                                                                                             | ESTADO DE CONSERVACIÓN                                                                                                                                                                       | REPARACIONES                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TIPO: <u>SOLAIRE</u><br>VIDRIO: <u>CRISTAL</u><br>COLOR: <u>TRANSL.</u><br>MARCO: <u>ALUMINIO</u><br>COLOR: <u>CAFÉ</u><br>OTRO: <u>CORREDISA</u> | <input checked="" type="checkbox"/> ENCHAPADO<br><input type="checkbox"/> MAMPO, EXPUESTA<br><input type="checkbox"/> MAMPO REPELLADA<br><input type="checkbox"/> MADERA<br><input type="checkbox"/> ESTUCCO<br><input type="checkbox"/> OTROS | <input type="checkbox"/> DUALITA<br><input type="checkbox"/> TEJA BARRO<br><input type="checkbox"/> TEJA METAL<br><input type="checkbox"/> S/ INGLE ASFÁLTICO<br><input type="checkbox"/> LAMINA<br><input type="checkbox"/> OTROS | <input type="checkbox"/> NUEVO<br><input checked="" type="checkbox"/> BUENO<br><input type="checkbox"/> MEDIO<br><input type="checkbox"/> REGULAR<br><input type="checkbox"/> REP. BENCILLAS | <input type="checkbox"/> REP. MEDIAS<br><input type="checkbox"/> REP. IMPORTANTES<br><input type="checkbox"/> DAÑOS GRAVES<br><input type="checkbox"/> EN DESECHO<br><input type="checkbox"/> INSERVIBLE<br><input type="checkbox"/> EN CONSTRUCCIÓN |

OBSERVACIONES:  
 LA CONSTRUCCION ES DE SISTEMA MIXTO DE DOS PLANTAS CON PAREDES REPELLADAS, AFINADAS, PINTADAS.  
 PORTON DE HIERRO CORREDISA DE DOBLE HOJA, PUERTA DE HIERRO EN ACCESO PRINCIPAL.

**ACABADOS INTERIORES DE LA VIVIENDA**

|                                                                                                                                                                                                               |                                                                                                                                                                                                                      |                                                                                                                                                                                                                 |                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>PISOS</b>                                                                                                                                                                                                  | <b>CIELO RASOS</b>                                                                                                                                                                                                   | <b>PAREDES INTERNAS</b>                                                                                                                                                                                         | <b>TECHOS</b>                                                                                                              |
| <input type="checkbox"/> ALFOMBRADO<br><input type="checkbox"/> CERÁMICO<br><input type="checkbox"/> MADERA<br><input type="checkbox"/> TERRAZO<br><input type="checkbox"/> LOSETA<br>OTRO <u>PIEDRA LAJA</u> | <input type="checkbox"/> TABLA ROCA<br><input type="checkbox"/> FIBROCEMENTO<br><input type="checkbox"/> TABLILLA<br><input type="checkbox"/> AITTESONADOS<br><input type="checkbox"/> MADERA LAMINADA<br>OTRO _____ | <input type="checkbox"/> MAPOSTERIA<br><input type="checkbox"/> BALDOSAS PREFAB.<br><input type="checkbox"/> MURO SECO<br><input type="checkbox"/> DOBLE FORRO<br><input type="checkbox"/> MADERA<br>OTRO _____ | <input type="checkbox"/> MADERA<br><input type="checkbox"/> ACERO<br>CONTRAPISOS<br>TIPO _____<br>ENTREPISOS<br>TIPO _____ |

**DESCRIPCIÓN DE LOS AMBIENTES**

**NIVELES DE INMUEBLE**

**PRIMER NIVEL**

|                                             |                                        |                                       |                                             |                                              |                                        |
|---------------------------------------------|----------------------------------------|---------------------------------------|---------------------------------------------|----------------------------------------------|----------------------------------------|
| <input type="checkbox"/> SALA               | <input type="checkbox"/> COMEDOR       | <input type="checkbox"/> COCINA       | <input type="checkbox"/> SALA COMEDOR       | <input type="checkbox"/> SALA-COMEDOR-COCINA | <input type="checkbox"/> SALA FAMILIAR |
| <input type="checkbox"/> BODEGA             | <input type="checkbox"/> ESTUDIO       | <input type="checkbox"/> JARDÍN       | <input type="checkbox"/> ÁREA DE SERV.      | <input type="checkbox"/> ÁREA DE OFICIOS     | <input type="checkbox"/> TERRAZA       |
| <input type="checkbox"/> COCHERA SIN TECHAR | <input type="checkbox"/> COCHERA TECH. | <input type="checkbox"/> No. DE BAÑOS | <input type="checkbox"/> No. DE DORMITORIOS | <input type="checkbox"/> No. DE DORMITORIOS  |                                        |

OTROS : ÁREA DE OFICINA CONBAÑO COMPLETO, EN AREA DE GAJARE HOY SALON DE COMPUTO

**SEGUNDO NIVEL**

|                                  |                                  |                                       |                                        |                                             |                                           |                                 |
|----------------------------------|----------------------------------|---------------------------------------|----------------------------------------|---------------------------------------------|-------------------------------------------|---------------------------------|
| <input type="checkbox"/> ESTUDIO | <input type="checkbox"/> TERRAZA | <input type="checkbox"/> No. DE BAÑOS | <input type="checkbox"/> SALA FAMILIAR | <input type="checkbox"/> No. DE DORMITORIOS | <input type="checkbox"/> ÁREA DE SERVICIO | <input type="checkbox"/> BODEGA |
|----------------------------------|----------------------------------|---------------------------------------|----------------------------------------|---------------------------------------------|-------------------------------------------|---------------------------------|

OTROS : P. VENTILACION, Y PATIO TECHADO. AREA DE SERV. TECHADO CON BODEGA SEPARADO DE DE AREA HAB.

| TERRENO           | ÁREA TERRENO x VALOR v2 |               |                      | TERRENO            |
|-------------------|-------------------------|---------------|----------------------|--------------------|
|                   | TERRENO v2              |               | VALOR v2 EN \$       |                    |
| Terreno plano     | 413.71                  | x             | \$125.00             | \$51,713.75        |
| Terreno inclinado |                         | x             |                      | \$0.00             |
| Terreno quebrado  |                         | x             |                      | \$0.00             |
| <b>397.76</b>     | <b>TOTAL ÁREAS</b>      | <b>413.71</b> | <b>VALOR TERRENO</b> | <b>\$51,713.75</b> |

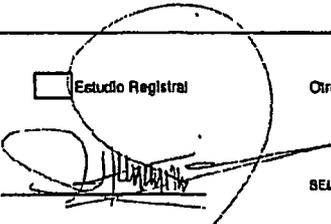
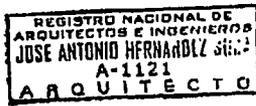
| CONSTRUCCIÓN      | ÁREA CONSTRUCCIÓN x VALOR m2 |               |                           | EDIFICACIONES      |
|-------------------|------------------------------|---------------|---------------------------|--------------------|
|                   | CONSTRUCCIÓN m2              |               | VALOR m2 EN \$            |                    |
| MIXTO DOS PLANTAS | 166.77                       | x             | \$414.88                  | \$69,206.21        |
| MIXTO UNA PLANTA  | 65.69                        | x             | \$319.22                  | \$20,969.58        |
| CISTERNA          | 1.00                         | x             | \$1,250.00                | \$1,250.00         |
|                   |                              | x             |                           | \$0.00             |
|                   |                              | x             |                           | \$0.00             |
| Otros             |                              | x             |                           |                    |
|                   | <b>TOTAL ÁREAS</b>           | <b>233.46</b> | <b>VALOR CONSTRUCCIÓN</b> | <b>\$91,425.78</b> |

| RESUMEN                  |                                |                        |
|--------------------------|--------------------------------|------------------------|
| <b>Valor en dólares:</b> | <b>Terreno + Edificaciones</b> | <b>US\$ 143,139.53</b> |

**OBSERVACIONES FINALES**

- El valor estimado, esta en base a las condiciones en que se encuentra el Inmueble, sus características y valores de construcción vigente a la fecha.
  - Propiedad en buen estado de mantenimiento y uso a pesar del tiempo de ejecución de la obra
  - El costo por m2 de construcción incluye la depreciación
  - Nota: se ha valuado de acuerdo a medidas y area según documentos legales que se tuvieron a la vista.
  - Este informe se elaboro por medio del enfoque del costo debido a que no hay comparables similares el sujeto en el sector.
  - 
  -
- Valuó valido solo al momento y la fecha en que fue realizado.  
 Importante: El presente valuó no incluye ningún tipo de Impuestos, y esta basado únicamente en la documentación que lo respalda.  
 Este informe y su resultado es una opinión técnica y de ninguna manera es causa de reclamo por parte del cliente.  
 El cliente acepta voluntariamente negociar con libertad, basándose en el valor encontrado.  
 Este informe no es valido en ninguna institución financiero dentro del sistema bancario.

SE ADJUNTAN AL PRESENTE LA SIGUIENTE DOCUMENTACIÓN:

|                                         |                                                         |                                            |                                                                                       |
|-----------------------------------------|---------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Plano Catastro | <input checked="" type="checkbox"/> Memoria Fotográfica | <input type="checkbox"/> Estudio Registral | Otros _____                                                                           |
| REALIZO:                                | <u>ARQ. JOSE ANTONIO HERNÁNDEZ SOSA</u>                 | FIRMA:                                     |   |
| REVISO:                                 | <u>ARQ. JOSE ANTONIO HERNÁNDEZ SOSA</u>                 | SELLO:                                     |  |

VALUACION DE INMUEBLE

AVALUO METODO DEL COSTO

| CALCULO DE VALORES UNITARIOS |          |     |      |        |        |      |          |       |            |                 |          |         |
|------------------------------|----------|-----|------|--------|--------|------|----------|-------|------------|-----------------|----------|---------|
| COMPONENTE                   | VRN      | VUT | EDAD | FE     | FD     | Ffu  | ED. REM. | %REM. | ED. EFECT. | FR <sub>e</sub> | VNR      | VUR     |
| MIXTO DOS PLANTAS            | \$650.00 | 70  | 30   | 0.9181 | 0.6384 | 1.00 | 0        | 0%    | 30.00      | 0.6384          | \$414.98 | 44.69   |
| MIXTO UNA PLANTA             | \$590.00 | 70  | 30   | 0.9181 | 0.6384 | 1.00 | 0        | 0%    | 30.00      | 0.6384          | \$319.22 | 44.69   |
|                              | \$0.00   | 70  | 40   | 0.9181 | 0.4992 | 1.00 | 0        | 0%    | 40.00      | 0.4992          | \$0.00   | #DIV/0! |
|                              | \$0.00   | 70  | 5    | 0.9181 | 0.8963 | 1.00 | 0        | 0%    | 5.00       | 0.8963          | \$0.00   | #DIV/0! |

| CALCULO DE VALORES TOTALES |           |                     |              |
|----------------------------|-----------|---------------------|--------------|
| COMPONENTE                 | ÁREA (M²) | VALOR UNITARIO (M²) | VALOR TOTAL  |
| ÁREA DE LOTE               | 413.71 M² | \$125.00 /M²        | \$51,713.75  |
| VALOR TERRENO              |           |                     |              |
| COMPONENTE                 | ÁREA (M²) | VALOR UNITARIO (M²) | VALOR TOTAL  |
| MIXTO DOS PLANTAS          | 166.77 M² | \$414.98 /M²        | \$69,206.18  |
| MIXTO UNA PLANTA           | 65.69 M²  | \$319.22 /M²        | \$20,969.25  |
| CISTERNA                   | 5.00 M²   | \$250.00 /M²        | \$1,250.00   |
| 0                          |           | S G.                | \$0.00       |
| VALOR CONSTRUCCIONES       |           |                     |              |
| VALOR DEL INMUEBLE         |           |                     | \$139,183.18 |

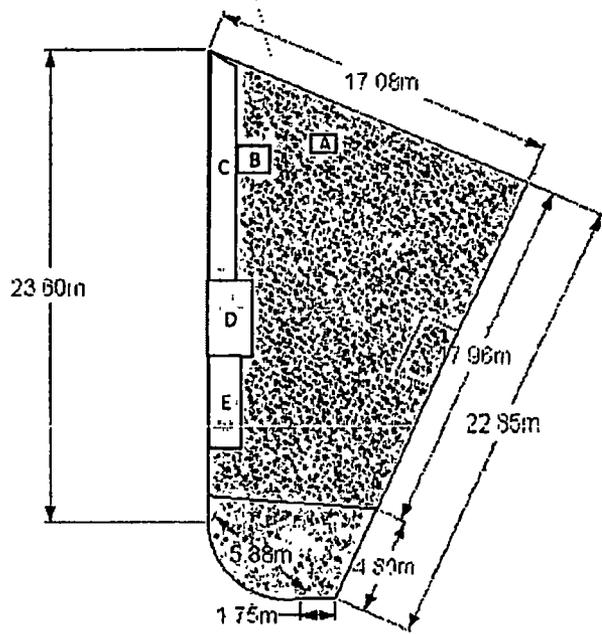
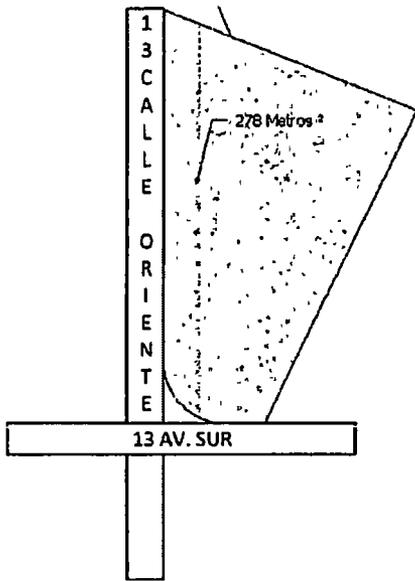
VRN= VALOR DE REPOSICION NUEVO FE= FACTOR ESTADO CONSERVACION CED. REM.= EDAD DE REMODELACION FR<sub>e</sub>= FACTOR DEPRECIACION REMODELADO  
 VUT= VIDA UTIL. TOTAL FFD= FACTOR DEPRECIACION % REM.= PORCENTAJE DE REMODELACION VNR= VALOR NETO DE REPOSICION  
 EDAD= EDAD DE LA CONSTRUCCION FFU= FACTOR FUNCIONALIDAD ED. EFECT.= EDAD EFECTIVA POR REMODELACION VUR= VIDA UTIL. REMANENTE

# PLANTA ARQUITECTONICA

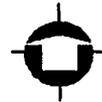
| CALCULO DE AREAS |       |   |       |                |
|------------------|-------|---|-------|----------------|
| PRIMERA PLANTA   |       |   |       |                |
| C                | 6.85  | x | -1.67 | 11.4395        |
| D                | 4     | x | 4     | 16             |
| E                | 12.75 | x | 3     | 38.25          |
|                  | 0     | x | 0     | 0              |
|                  | 0     | x | 0     | 0              |
|                  | 0     | x | 0     | 0              |
|                  | 0     | x | 0     | 0              |
| <b>TOTAL</b>     |       |   |       | <b>65.6895</b> |

| CALCULO DE AREAS |   |   |        |               |
|------------------|---|---|--------|---------------|
| SEGUNDA PLANTA   |   |   |        |               |
|                  | 1 | x | 298.15 | 298.15        |
| C                | 1 | x | -11.44 | -11.44        |
| D                | 1 | x | -16    | -16           |
| E                | 1 | x | -38.25 | -38.25        |
| F                | 1 | x | 9      | 9             |
| C,D,E,F          | 1 | x | -74.69 | -74.69        |
|                  | 0 | x | 0      | 0             |
| <b>TOTAL</b>     |   |   |        | <b>166.77</b> |

TOTAL    232.4595    m2



# CROQUIS DE UBICACIÓN



# FOTOGRAFIAS DEL INMUEBLE



FACHADA PRINCIPAL



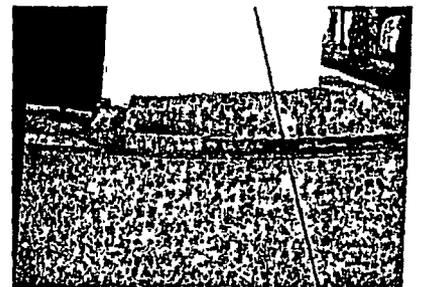
ACCESO S/ 10C.OTE.



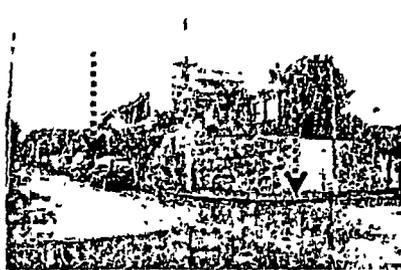
ACCESO PRINCIPAL



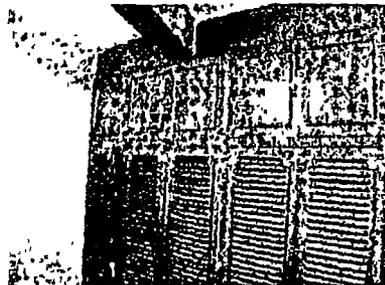
NOMENCLATURA



NOMENCLATURA



ESQUINA 1A.C/OTE.Y 13AV.SUR



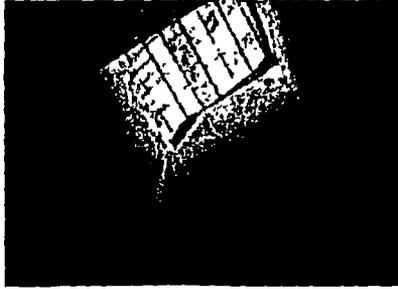
DETALLE DE CLOSET



GARAJE HOY SALA COMPUTO.



AREA DE SEVICIO TECHADO



PATIO TECHADO



AREA SERV. 2A.PLANTA C/PAT

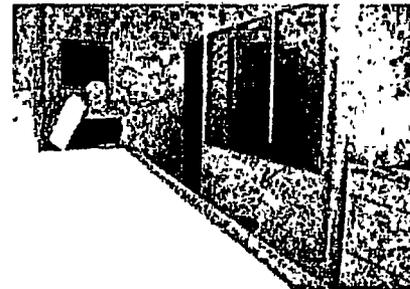
FOTOGRAFÍAS DEL INMUEBLE.



CIELO FALSO



AREA DE SERVICIO



AREA DE SERVICIO 2A. PLANTA



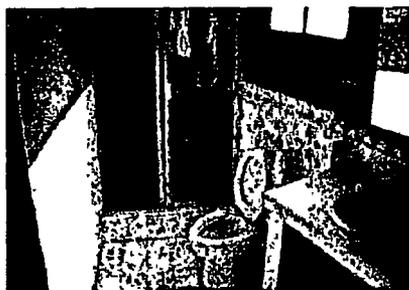
CUARTO EN 2A. PLANTA



SALA FAMILIAR 2A. PLANTA.



BAÑO



BAÑO



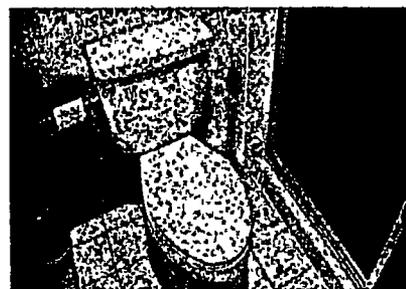
DORMITORIO



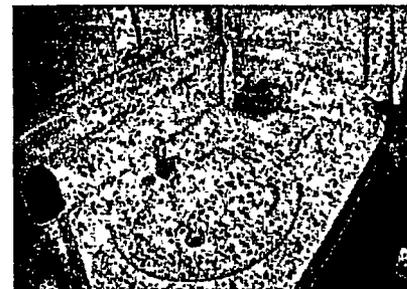
DORMITORIO



AREA OFICINA



BAÑO OFICINA



BAÑO OFICINA.

# AVALÚO DE BIENES INMUEBLES

VALUÓ SOLICITADO POR \_\_\_\_\_  
 FECHA DE INSPECCIÓN: 01/07/DOS MIL TRECE TIPO DE INMUEBLE: CASA RESIDENCIAL  
 NOMBRE DE SOLICITANTE: HOGAR DE NIÑOS CRISTIANOS  
 NOMBRE DE PROPIETARIO DE INMUEBLE: SOBRE LA 10A. CALLE ORIENTE, CASA # 82, NUEVA SAN SALVADOR, DPTO. DE LA LIBERTAD, SAN SALVADOR, EL SALVADOR.  
 DIRECCIÓN LEGAL: \_\_\_\_\_

DIRECCIÓN DE CAMPO (DE SER NECESARIO) COLONIA UTILA, SOBRE 10 CALLE ORIENTE CASA # 82, SANTA TECLA DEPARTAMENTO DE LA LIBERTAD.

PROPÓSITO DEL AVALÚO: Ofrece como garantía bancaria Estimar el valor de mercado \_\_\_\_\_  
 SITUACIÓN LEGAL DE INMUEBLE: NO HAY INFORMACION.

## ANÁLISIS DE ENTORNO

|                                                                                                                                                                                          |                                                                                                                                                                    |                                                                                                                                  |                                                                                                                        |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PLUSVALÍA</b><br><input type="checkbox"/> CRECIENTE<br><input checked="" type="checkbox"/> ESTABLE<br><input type="checkbox"/> EN DETERIORO<br><input type="checkbox"/> EN TRANSICIÓN | <b>VALOR DEL BIEN RESPECTO AL ENTORNO</b><br><input type="checkbox"/> SUPERIOR<br><input checked="" type="checkbox"/> SIMILAR<br><input type="checkbox"/> INFERIOR | <b>OFERTA</b><br><input checked="" type="checkbox"/> BUENA<br><input type="checkbox"/> REGULAR<br><input type="checkbox"/> POBRE | <b>DEMANDA</b><br><input type="checkbox"/> BUENA<br><input type="checkbox"/> REGULAR<br><input type="checkbox"/> POBRE | <b>FACTORES DESVALORIZANTES</b><br><input type="checkbox"/> ZONA ROJA<br><input type="checkbox"/> QUEBRADAS<br><input type="checkbox"/> NO POSEE<br><input type="checkbox"/> TALLERES<br><input type="checkbox"/> CANTINAS<br><input type="checkbox"/> ZONA MARGINAL | <b>USO DEL TERRENO</b><br><input checked="" type="checkbox"/> RESIDENCIAL<br><input type="checkbox"/> COMERCIAL<br><input type="checkbox"/> SUB-URBANO<br><input type="checkbox"/> INDUSTRIAL<br><input type="checkbox"/> RECREATIVO<br><input type="checkbox"/> EDUCATIVO<br><small>(Dibos, digitar)</small> |
| <b>RANGO DE PRECIOS EN ENTORNO</b><br>\$ 150,000.00 a \$ 170,000.00                                                                                                                      |                                                                                                                                                                    | <b>COMPARABLE UNO</b>                                                                                                            | <b>COMPARABLE DOS</b>                                                                                                  | <b>COMPARABLE TRES</b>                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                               |
| <b>LUGARES IMPORTANTES DE ENTORNO</b> <u>CENTRO DE SANTA TECLA O NUEVA SAN SALVADOR, AL RUMBO NOR PONENTE.</u>                                                                           |                                                                                                                                                                    |                                                                                                                                  |                                                                                                                        |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                               |

ACCESO AL INMUEBLE CALLE ASFALTADA.  
 OBSERVACIONES: \_\_\_\_\_

INMUEBLE A UN NIVEL SUPERIOR DE LA RASANTE DE LA CALLE, SOBRE ESTE INMUEBLE SE DESARROLLA UNA CONSTRUCCION DE SISTEMA MIXTO DE DOS PLANTAS Y UNA AREA DE GARAJE TECHADO CON PLAFON, PARA DOS VEHICULOS A NIVEL DE CALLE ENTORNO RESIDENCIAL EN LA ZONA PONIENTE DE LA CIUDAD DE SAN SALVADOR EN LA QUE SE DENOMINA SANTA TECLA O NUEVA SAN SALVADOR.

## DESCRIPCIÓN DE LA PROPIEDAD

| RESPECTO AL ÁREA DE TERRENO                                                                                                                                                                                                               | RESPECTO A LOS SERVICIOS PÚBLICOS                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ÁREA SEGÚN REGISTRO (m <sup>2</sup> ): <u>270.50</u><br>ÁREA SEGÚN PLANO (m <sup>2</sup> ): _____<br>ÁREA SEGÚN AVALÚO (m <sup>2</sup> ): <u>289.14</u><br>CONFIGURACIÓN DE ÁREA TOPOGRÁFICA: _____<br>USO DE LA ZONA <u>HABITACIONAL</u> | FRENTE A CALLE (Pavimento / Piedra / Otro) _____ PAVIMENTADO _____<br>ACERAS: _____ CORDÓN Y CAÑO / CUNETAS: _____<br>ALUM. PÚBL.: _____ TELÉFONO: _____ TVIGABLE: _____<br>AGUA POTABLE: _____ RED _____ POZO _____<br>ALCANTARILLADO _____ SANITARIO _____ FLUMIAL _____<br>ELECTRIFICACIÓN: _____ AÉREA _____ SUBTERRANEA _____ |

MEDIDAS PERIMÉTRICAS COLINDANCIAS  
 PONENTE: CASA  
 NORTE: CASA  
 ORIENTE: CASA  
 SUR: CALLE, 10 CALLE ORIENTE

OBSERVACIONES: SOBRE LA PROPIEDAD SE DESARROLLA UNA CONSTRUCCION DE SISTEMA MIXTO DE DOS PLANTAS A UN NIVEL SUPERIOR DE LA RASANTE DE LA CALLE Y UNA AREA DE GARAJE TECHADA CON PLAFON A NIVEL DE CALLE

## DESCRIPCIÓN DE LA CONSTRUCCIÓN

EDAD ESTIMADA DE LA CONSTRUCCIÓN (años): 80 VIDA ÚTIL REMANENTE (años): 50  
 CONSTRUCCIÓN COMPLETA: \_\_\_\_\_ PORCENTAJE TERMINADO: X

|                                                                                                                                                                                             |                                                                                                                                                                       |                                                                                                                                           |                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DISTRIBUCIÓN ARQUITECTÓNICA</b><br><input checked="" type="checkbox"/> BUENA<br><input type="checkbox"/> REGULAR<br><input type="checkbox"/> DEFICIENTE<br><input type="checkbox"/> MALA | <b>EDIFICACIÓN</b><br><input type="checkbox"/> VIVIENDA UNIFAMILIAR<br><input type="checkbox"/> CONDOMINIO HORIZONTAL<br><input type="checkbox"/> CONDOMINIO VERTICAL | <b>DISEÑO</b><br><input type="checkbox"/> 1 PLANTA<br><input checked="" type="checkbox"/> 2 PLANTAS<br><input type="checkbox"/> 3 PLANTAS | <b>TIPO CONSTRUCCIÓN</b><br><input checked="" type="checkbox"/> MAMPONERÍA<br><input type="checkbox"/> CONCRETO<br><input type="checkbox"/> MADERA<br><input type="checkbox"/> PREFABRICADO |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## ACABADOS EXTERIORES DE LA VIVIENDA

|                                                                                                                                                     |                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>VENTANERÍA</b><br>TIPO <u>FRANCES</u><br>VIDRIO <u>CRISTAL</u><br>COLOR <u>TRANL</u><br>MARCO <u>ALUMINIO</u><br>COLOR <u>CAFÉ</u><br>OTRO _____ | <b>FACHADA</b><br><input checked="" type="checkbox"/> ENCHAPADO<br><input type="checkbox"/> MAIPO, EXPUESTA<br><input type="checkbox"/> MAIPO REPELLADA<br><input type="checkbox"/> MADERA<br><input type="checkbox"/> ESTUCCO<br><input type="checkbox"/> OTROS _____ | <b>TECHOS</b><br><input checked="" type="checkbox"/> DURALITA<br><input type="checkbox"/> TEJA BARRO<br><input type="checkbox"/> TEJA METAL<br><input type="checkbox"/> SHINGLE ASFÁLTICO<br><input type="checkbox"/> LAMINA<br><input type="checkbox"/> OTROS _____ | <b>ESTADO DE CONSERVACIÓN</b><br><input type="checkbox"/> NUEVO<br><input checked="" type="checkbox"/> BUENO<br><input type="checkbox"/> MEDIO<br><input type="checkbox"/> REGULAR<br><input type="checkbox"/> REP. GENCILLAS<br><input type="checkbox"/> REP. MEDIAS<br><input type="checkbox"/> REP. IMPORTANTES<br><input type="checkbox"/> DAÑOS GRAVES<br><input type="checkbox"/> EN DESECCIO<br><input type="checkbox"/> INSERVIBLE<br><input type="checkbox"/> EN CONSTRUCCIÓN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

OBSERVACIONES: LA PROPIEDAD CUENTA CON ACABADOS DE LADRILLO SALTIX REPELLADO AFINADO Y PINTADO, CON VENTANAS TIPO BAY WINDOW EN 2A. PLANTA. Y PISOS PALADIANO EN LAS DOS PLANTA, CERAMICA, PISOS REPELLADOS EN PATIO DE SERVICIO

**ACABADOS INTERIORES DE LA VIVIENDA**

|                                                                                                                                                                                                                              |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                               |                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PISOS</b><br><input type="checkbox"/> ALFOMBRADO<br><input type="checkbox"/> CERÁMICO<br><input type="checkbox"/> MADERA<br><input type="checkbox"/> TERRAZO<br><input type="checkbox"/> LOSETA<br>OTRO: <u>PALADIANO</u> | <b>CICLO RASOS</b><br><input type="checkbox"/> TABLA ROCA<br><input type="checkbox"/> FIBROCEMENTO<br><input type="checkbox"/> TABLILLA<br><input type="checkbox"/> ARTESONADOS<br><input type="checkbox"/> MADERA LAMINADA<br>OTRO: _____ | <b>PAREDES INTERNAS</b><br><input type="checkbox"/> MAMPOSTERÍA<br><input type="checkbox"/> BALDOSAS PREFAB.<br><input type="checkbox"/> LINDO SECO<br><input type="checkbox"/> DOBLE FORRO<br><input type="checkbox"/> MADERA<br>OTRO: _____ | <b>TECHOS</b><br><input type="checkbox"/> MADERA<br><input type="checkbox"/> ACEBO<br>CONTRAPISOS<br>TIPO: _____<br>ENTREPISOS<br>TIPO: _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|

**DESCRIPCIÓN DE LOS AMBIENTES**

**NIVELES DE INMUEBLE**

**PRIMER NIVEL**

|                                             |                                        |                                       |                                          |                                              |                                        |
|---------------------------------------------|----------------------------------------|---------------------------------------|------------------------------------------|----------------------------------------------|----------------------------------------|
| <input type="checkbox"/> SALA               | <input type="checkbox"/> COMEDOR       | <input type="checkbox"/> COCINA       | <input type="checkbox"/> SALA COMEDOR    | <input type="checkbox"/> SALA-COMEDOR-COCINA | <input type="checkbox"/> SALA FAMILIAR |
| <input type="checkbox"/> BODEGA             | <input type="checkbox"/> ESTUDIO       | <input type="checkbox"/> JARDÍN       | <input type="checkbox"/> ÁREA DE SERV.   | <input type="checkbox"/> ÁREA DE OFICIOS     | <input type="checkbox"/> TERRAZA       |
| <input type="checkbox"/> COCHERA SIN TECHAR | <input type="checkbox"/> COCHERA TECH. | <input type="checkbox"/> No. DE BAÑOS | <input type="checkbox"/> No. DORMITORIOS |                                              |                                        |

OTROS: DOS PATIOS, AREA SERVICIO COMPLETA.

**SEGUNDO NIVEL**

|                                  |                                  |                                       |                                        |                                          |                                           |                                 |
|----------------------------------|----------------------------------|---------------------------------------|----------------------------------------|------------------------------------------|-------------------------------------------|---------------------------------|
| <input type="checkbox"/> ESTUDIO | <input type="checkbox"/> TERRAZA | <input type="checkbox"/> No. DE BAÑOS | <input type="checkbox"/> SALA FAMILIAR | <input type="checkbox"/> No. DORMITORIOS | <input type="checkbox"/> ÁREA DE SERVICIO | <input type="checkbox"/> BODEGA |
|----------------------------------|----------------------------------|---------------------------------------|----------------------------------------|------------------------------------------|-------------------------------------------|---------------------------------|

OTROS: TERRAZA NO TECHADA.

| TERRENO           | ÁREA TERRENO x VALOR v2 |        |                      | TERRENO            |
|-------------------|-------------------------|--------|----------------------|--------------------|
|                   | TERRENO v2              |        | VALOR v2 EN \$       |                    |
| Terreno plano     | 387.03                  | x      | \$125.00             | \$48,378.75        |
| Terreno inclinado |                         | x      |                      | \$0.00             |
| Terreno quebrado  |                         | x      |                      | \$0.00             |
| 385.09            | <b>TOTAL ÁREAS</b>      | 387.03 | <b>VALOR TERRENO</b> | <b>\$48,378.75</b> |

| CONSTRUCCIÓN      | ÁREA CONSTRUCCIÓN x VALOR m2 |        |                           | EDIFICACIONES       |
|-------------------|------------------------------|--------|---------------------------|---------------------|
|                   | CONSTRUCCIÓN m2              |        | VALOR m2 EN \$            |                     |
| MIXTO DOS PLANTAS | 210.31                       | x      | \$480.40                  | \$101,032.92        |
| MIXTO UNA PLANTA  | 65.11                        | x      | \$343.14                  | \$22,341.85         |
| CISTERNA 5 M3     | 1.00                         | x      | \$1,250.00                | \$1,250.00          |
|                   |                              | x      |                           | \$0.00              |
|                   |                              | x      |                           | \$0.00              |
| Otros             |                              | x      |                           |                     |
|                   | <b>TOTAL ÁREAS</b>           | 276.42 | <b>VALOR CONSTRUCCIÓN</b> | <b>\$124,624.77</b> |

| RESUMEN           |                                |                        |
|-------------------|--------------------------------|------------------------|
| Valor en dólares: | <b>Terreno + Edificaciones</b> | <b>US\$ 173,003.52</b> |

**OBSERVACIONES FINALES**

- El valor estimado, esta en base a las condiciones en que se encuentra el inmueble, sus características y valores de construcción vigente a la fecha.
- Propiedad en buen estado de mantenimiento y uso a pasar del tiempo de ejecución de la obra
- El costo por m2 de construcción incluye la depreciación
- Nota: Se utilizo enfoque del costo por no encontrar homologables similares en el sector.
- Terreno y construcción a un nivel superior de la rasante de la calle, con acabados de lujo moderado, con buen mantenimiento.
- Este informe se elaboro por medio del enfoque del costo debido a que no hay comparables similares al sujeto en el sector.
- Nota: se ha valuado de acuerdo a medidas y area según documentos legales que se tuvieron a la vista.  
Valuó válido solo al momento y la fecha en que fue realizado.  
Importante: El presente valuó no incluye ningún tipo de impuestos, y esta basado únicamente en la documentación que lo respalda.  
Este informe y su resultado es una opinión técnica y de ninguna manera es causa de reclamo por parte del cliente.  
El cliente acepta voluntariamente negociar con libertad, basándose en el valor encontrado.  
Este informe no es valido on ninguna institución financiero dentro del sistema bancario.

SE ADJUNTAN AL PRESENTE LA SIGUIENTE DOCUMENTACIÓN:

|                                         |                                                         |                                                                                             |                                                                                              |
|-----------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Plano Catastro | <input checked="" type="checkbox"/> Memoria Fotográfica | <input type="checkbox"/> Estudio Registral                                                  | Otros                                                                                        |
| REALIZÓ:                                | <u>ARQ. JOSE ANTONIO HERNÁNDEZ SOSA</u>                 |                                                                                             |                                                                                              |
| REVISÓ:                                 | <u>ARQ. JOSE ANTONIO HERNÁNDEZ SOSA</u>                 | FIRMA:  | SELLO:  |

VALUACION DE INMUEBLE

AVALUO METODO DEL COSTO

CALCULO DE VALORES UNITARIOS

| COMPONENTE        | VRN        | VUT | EDAD | FE     | FD     | FFu  | ED. REM | % REM. | ED. EFECT. | FRa    | VNR        | VUR    |
|-------------------|------------|-----|------|--------|--------|------|---------|--------|------------|--------|------------|--------|
| MIXTO DOS PLANTAS | \$700.00   | 80  | 30   | 0.9194 | 0.6863 | 1.00 | 0       | 0%     | 30.00      | 0.6863 | \$480.40   | \$4.90 |
| MIXTO UNA PLANTA  | \$500.00   | 80  | 30   | 0.9191 | 0.6863 | 1.00 | 0       | 0%     | 30.00      | 0.6863 | \$343.14   | \$4.90 |
| CISTERNA          | \$250.00   | 70  | 30   | 0.9191 | 0.6384 | 1.00 | 0       | 0%     | 30.00      | 0.6384 | \$159.61   | 44.69  |
|                   | \$1,500.00 | 70  | 5    | 0.9191 | 0.8963 | 1.00 | 0       | 0%     | 5.00       | 0.8963 | \$1,344.38 | 62.74  |

CALCULO DE VALORES TOTALES

| COMPONENTE           | ÁREA (V <sup>2</sup> ) | VALOR UNITARIO (V <sup>2</sup> ) | VALOR TOTAL  |
|----------------------|------------------------|----------------------------------|--------------|
| ÁREA DE LOTE         | 387.03 V <sup>2</sup>  | \$125.00 /V <sup>2</sup>         | \$48,378.75  |
| VALOR TERRENO        |                        |                                  |              |
| COMPONENTE           | ÁREA (M <sup>2</sup> ) | VALOR UNITARIO (M <sup>2</sup> ) | VALOR TOTAL  |
| MIXTO DOS PLANTAS    | 210.31 M <sup>2</sup>  | \$480.40 /M <sup>2</sup>         | \$101,033.17 |
| MIXTO UNA PLANTA     | 65.11 M <sup>2</sup>   | \$343.14 /M <sup>2</sup>         | \$22,342.09  |
| CISTERNA             | 5.00 M <sup>2</sup>    | \$250.00 /M <sup>2</sup>         | \$1,250.00   |
|                      |                        | S. G.                            | \$0.00       |
| VALOR CONSTRUCCIONES |                        |                                  |              |
| VALOR DEL INMUEBLE   |                        |                                  |              |

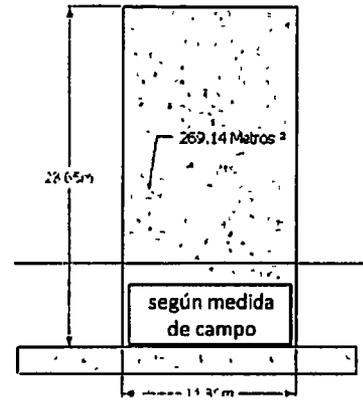
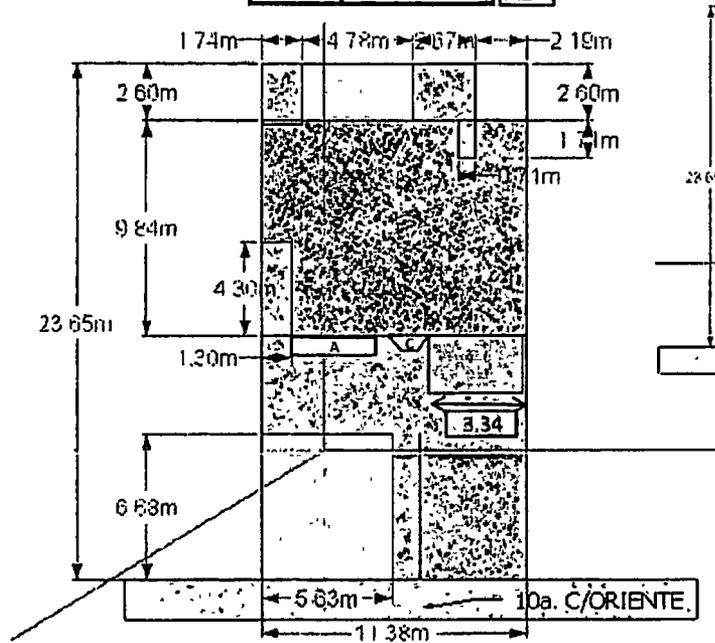
VRN= VALOR DE REPOSICION NUEVO FE= FACTOR ESTADO CONSERVACION ED. REM= EDAD DE REMODELACION FRa= FACTOR DEPRECIACION REMODELADO  
 VUT= VIDA UTIL TOTAL FD= FACTOR DEPRECIACION % REM= PORCENTAJE DE REMODELACION VNR= VALOR NETO DE REPOSICION  
 EDAD= EDAD DE LA CONSTRUCCION FFu= FACTOR FUNCIONALIDAD ED. EFECT.= EDAD EFECTIVA POR REMODELACION VUR= VIDA UTIL REMANENTE

# PLANTA ARQUITECTONICA

| CALCULO DE AREAS |      |   |      |                |
|------------------|------|---|------|----------------|
| PRIMERA PLANTA   |      |   |      |                |
|                  | 4.78 | x | 2.6  | 12.428         |
|                  | 2.19 | x | 2.6  | 5.694          |
|                  | 8.66 | x | 5.63 | 37.8084        |
| A                | 1.2  | x | 3.6  | 4.32           |
| C                | 1    | x | 5.06 | 5.06           |
|                  | 0    | x | 0    | 0              |
|                  | 0    | x | 0    | 0              |
| <b>TOTAL</b>     |      |   |      | <b>65.1104</b> |

| CALCULO DE AREAS |      |   |       |                 |
|------------------|------|---|-------|-----------------|
| SEGUNDA PLANTA   |      |   |       |                 |
|                  | 9.84 | x | 11.38 | 111.8792        |
|                  | 4.3  | x | -1.3  | -5.59           |
|                  | 1.71 | x | -0.71 | -1.2141         |
|                  | 9.84 | x | 11.38 | 111.8792        |
|                  | 4.3  | x | -1.31 | -5.633          |
|                  | 1.71 | x | -0.71 | -1.2141         |
|                  | 0    | x | 0     | 0               |
| <b>TOTAL</b>     |      |   |       | <b>210.3072</b> |

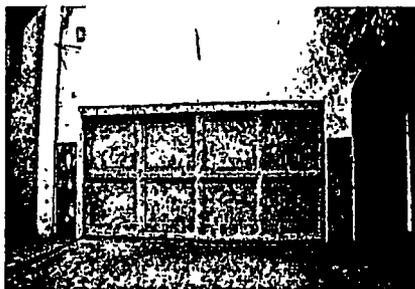
**TOTAL 275.4176 m<sup>2</sup>**



# CROQUIS DE UBICACIÓN



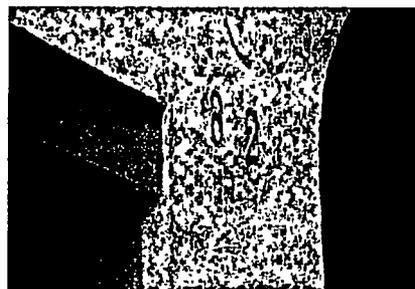
# FOTOGRAFIAS DEL INMUEBLE



FACHADA PRINCIPAL



FACHADA PRINCIPAL



NOMENCLATURA



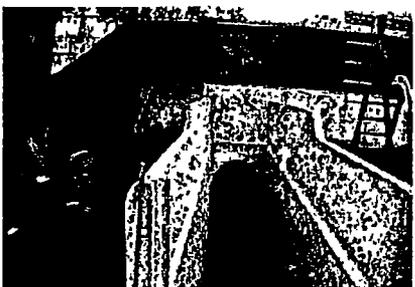
ACCESO PRINCIPAL



ACCESO PRINCIPAL



FACHADA INTERNA



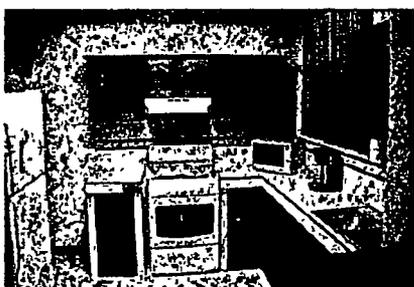
ACCESO PPAL AL INMUEBLE



JARDIN A UN NIVEL SUPERIOR



COMEDOR



COCINA

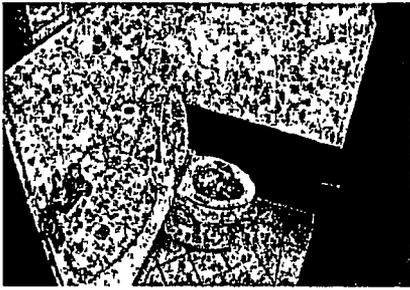


AREA SERVICIO



AREA SERVICIO

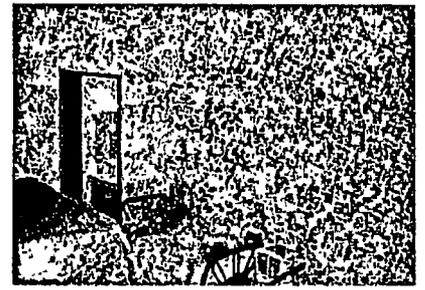
FOTOGRAFÍAS DEL INMUEBLE.



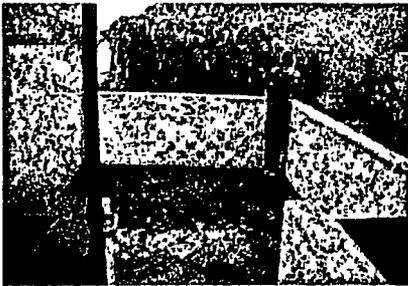
BAÑO SOCIAL



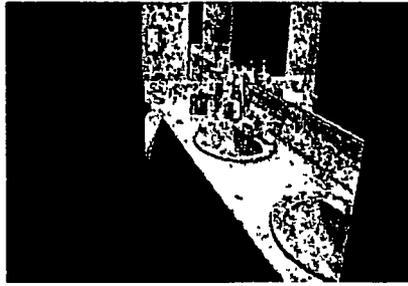
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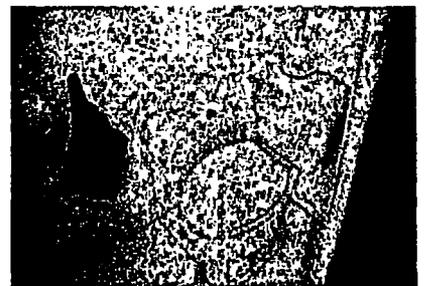
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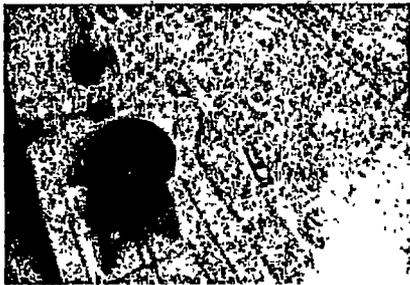
TERRAZA



DORMITORIO VESTIDOR



BAÑO



DUCHA



DORMITORIO



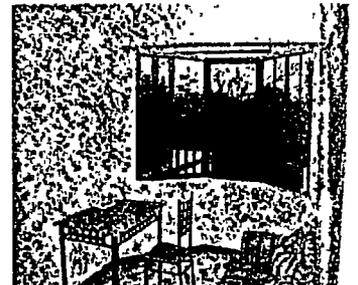
CLOCETS.



BAÑO



DORMITORIO



SALA FAMILIAR.

## Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Enter filer's identifying number, see instructions

|                                                                                                          |                                                                                         |                                         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------|
| <b>Type or print</b><br><br><small>File by the due date for filing your return. See instructions</small> | Name of exempt organization or other filer, see instructions                            | Employer identification number (EIN) or |
|                                                                                                          | SPENCER FAMILY FOUNDATION                                                               | 20-3401912                              |
|                                                                                                          | Number, street, and room or suite number. If a P.O. box, see instructions               | Social security number (SSN)            |
|                                                                                                          | 5665 MEADOWS ROAD, #310                                                                 |                                         |
|                                                                                                          | City, town or post office, state, and ZIP code. For a foreign address, see instructions |                                         |
|                                                                                                          | LAKE OSWEGO, OR 97035                                                                   |                                         |

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-T (corporation) | 07          |
| 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 (section 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)         | 06          | Form 8870                | 12          |

• The books are in the care of ▶ JOHN SPENCER -----

Telephone No. ▶ \_\_\_\_\_ 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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 14, to file the exempt organization return for the organization named above.

The extension is for the organization's return for

- ▶  calendar year 20 \_\_\_\_ or
- ▶  tax year beginning 7/01, 20 12, and ending 6/30, 20 13

2 If the tax year entered in line 1 is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period

|                                                                                                                                                                                             |           |    |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|------|
| <b>3a</b> 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                                   | <b>3a</b> | \$ | 107. |
| <b>b</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 | <b>3b</b> | \$ | 0.   |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions              | <b>3c</b> | \$ | 107. |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions