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## Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf)

2013

Open to Public Inspection

For calendar year 2013 or tax year beginning

, and ending

Name of foundation  
**ANNA MAY FAMILY FOUNDATION**

Number and street (or P O box number if mail is not delivered to street address)  
**1314-B CENTER DRIVE BOX 264**

City or town, state or province, country, and ZIP or foreign postal code  
**MEDFORD, OR 97501**

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, col (c), line 16)  
**\$ 3,351,990.** (Part I, column (d) must be on cash basis)

J Accounting method: ☒ Cash ☐ Accrual  
☐ Other (specify) \_\_\_\_\_

A Employer identification number  
**93-1269424**

B Telephone number  
**541-857-1040**

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 ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received				N/A	
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B					
3 Interest on savings and temporary cash investments		10,669.	10,669.		STATEMENT 1
4 Dividends and interest from securities		74,344.	74,344.		STATEMENT 2
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		240,480.			
b Gross sales price for all assets on line 6a					
7 Capital gain net income (from Part IV, line 2)			241,617.		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income		44,323.	43,723.		STATEMENT 3
12 Total Add lines 1 through 11		369,816.	370,353.		
13 Compensation of officers, directors, trustees, etc		27,083.	13,541.		13,542.
14 Other employee salaries and wages					
15 Pension plans, employee benefits		3,864.	1,932.		1,932.
16a Legal fees					
b Accounting fees STMT 4		13,316.	6,658.		6,658.
c Other professional fees STMT 5		23,778.	23,778.		0.
17 Interest					
18 Taxes STMT 6		5,409.	3,042.		2,367.
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings		1,684.	842.		842.
22 Printing and publications					
23 Other expenses STMT 7		3,190.	1,594.		1,596.
24 Total operating and administrative expenses. Add lines 13 through 23		78,324.	51,387.		26,937.
25 Contributions, gifts, grants paid		147,970.			147,970.
26 Total expenses and disbursements Add lines 24 and 25		226,294.	51,387.		174,907.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		143,522.			
b Net investment income (if negative, enter -0-)			318,966.		
c Adjusted net income (if negative, enter -0-)				N/A	

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments		107,847.	124,043.	124,734.
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons				
	7	Other notes and loans receivable ▶				
		Less: allowance for doubtful accounts ▶				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments - U.S. and state government obligations STMT 8		211,916.	266,939.	248,014.
	b	Investments - corporate stock STMT 9		2,239,542.	2,378,192.	2,826,856.
	c	Investments - corporate bonds				
	11	Investments - land, buildings, and equipment basis ▶				
	Less: accumulated depreciation ▶					
12	Investments - mortgage loans					
13	Investments - other STMT 10		223,769.	157,300.	152,386.	
14	Land, buildings, and equipment basis ▶					
	Less: accumulated depreciation ▶					
15	Other assets (describe ▶ INTEREST/DIVIDENDS )		1,085.	1,207.	0.	
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item 1)		2,784,159.	2,927,681.	3,351,990.	
Liabilities	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable				
	22	Other liabilities (describe ▶ )				
23	Total liabilities (add lines 17 through 22)		0.	0.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>					
	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 ▶ <input checked="" type="checkbox"/>					
	and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds		0.	0.	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund		0.	0.	
	29	Retained earnings, accumulated income, endowment, or other funds		2,784,159.	2,927,681.	
30	Total net assets or fund balances		2,784,159.	2,927,681.		
31	Total liabilities and net assets/fund balances		2,784,159.	2,927,681.		

## Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,784,159.
2	Enter amount from Part I, line 27a	2	143,522.
3	Other increases not included in line 2 (itemize) ▶	3	0.
4	Add lines 1, 2, and 3	4	2,927,681.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	2,927,681.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a UBS - PUBLICLY TRADED SECURITIES</b>	P	VARIOUS	12/31/13
<b>b UBS - PUBLICLY TRADED SECURITIES</b>	P	VARIOUS	12/31/13
<b>c DISALLOWED LOSS - WASH SALES</b>	P		
<b>d PASS THROUGH GAIN FROM K-1</b>	P		
<b>e CAPITAL GAINS DIVIDENDS</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a 1,104,578.</b>		<b>1,032,723.</b>	<b>71,855.</b>
<b>b 964,389.</b>		<b>821,889.</b>	<b>142,500.</b>
<b>c</b>		<b>-1,137.</b>	<b>1,137.</b>
<b>d</b>			<b>-1.</b>
<b>e 26,126.</b>			<b>26,126.</b>

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

(i) F M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
<b>a</b>			<b>71,855.</b>
<b>b</b>			<b>142,500.</b>
<b>c</b>			<b>1,137.</b>
<b>d</b>			<b>-1.</b>
<b>e</b>			<b>26,126.</b>

<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	<b>241,617.</b>
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	{ }	<b>3</b>	<b>N/A</b>

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

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

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

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

☐ Yes ☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2012	171,006.	3,095,698.	.055240
2011	128,792.	3,157,073.	.040795
2010	121,116.	2,964,631.	.040854
2009	119,500.	2,602,946.	.045910
2008	145,727.	3,131,608.	.046534

<b>2</b> Total of line 1, column (d)	<b>2</b>	<b>.229333</b>
<b>3</b> 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	<b>3</b>	<b>.045867</b>
<b>4</b> Enter the net value of noncharitable-use assets for 2013 from Part X, line 5	<b>4</b>	<b>3,164,749.</b>
<b>5</b> Multiply line 4 by line 3	<b>5</b>	<b>145,158.</b>
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	<b>3,190.</b>
<b>7</b> Add lines 5 and 6	<b>7</b>	<b>148,348.</b>
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	<b>174,907.</b>

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

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1 3,190.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2 0.
3 Add lines 1 and 2		3 3,190.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4 0.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5 3,190.
6 Credits/Payments:		
a 2013 estimated tax payments and 2012 overpayment credited to 2013	6a 1,445.	
b Exempt foreign organizations - tax withheld at source	6b	
c Tax paid with application for extension of time to file (Form 8868)	6c 2,600.	
d Backup withholding erroneously withheld	6d	
7 Total credits and payments. Add lines 6a through 6d	7 4,045.	
8 Enter any penalty 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	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10 855.	
11 Enter the amount of line 10 to be: Credited to 2014 estimated tax <input checked="" type="checkbox"/> 855. Refunded <input type="checkbox"/> 0.	11 0.	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XIV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> OR		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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**Part VII-A Statements Regarding Activities** (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <b>N/A</b>	13	X	
14	The books are in care of ► <b>AMY BELKIN, EXECUTIVE DIRECTOR</b> Telephone no. ► <b>541-857-1040</b> Located at ► <b>1314-B CENTER DRIVE BOX 264, MEDFORD, OR</b> ZIP+4 ► <b>97501</b>			
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 ► <b>15</b> <b>N/A</b>			
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►	16	Yes	No X

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

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

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>	1b	X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2013?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? If "Yes," list the years ► _____, _____, _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2013 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 2013)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		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 2013?		X

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

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

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).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

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.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE ATTACHED STATEMENT				
	0.00	0.	0.	0.
AMY BELKIN	EXECUTIVE DIRECTOR			
13148 CENTER DRIVE NO 264				
MEDFORD, OR 975801	20.00	27,083.	0.	0.

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

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

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

0

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

0

**Part IX-A** Summary of Direct Charitable Activities

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

	Expenses
1 NONE	
	0.
2	
3	
4	

**Part IX-B** Summary of Program-Related Investments

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

	Amount
1 NONE	
	0.
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3

0.

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

<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>1a</b>	3,039,628.
<b>b</b>	Average of monthly cash balances	<b>1b</b>	164,598.
<b>c</b>	Fair market value of all other assets	<b>1c</b>	8,717.
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	3,212,943.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</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>	3,212,943.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	48,194.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	3,164,749.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	158,237.

**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>	158,237.
<b>2a</b>	Tax on investment income for 2013 from Part VI, line 5	<b>2a</b>	3,190.
<b>b</b>	Income tax for 2013. (This does not include the tax from Part VI)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	3,190.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	155,047.
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	0.
<b>5</b>	Add lines 3 and 4	<b>5</b>	155,047.
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	0.
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	155,047.

**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>1a</b>	174,907.
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b>	0.
<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>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	174,907.
<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	<b>5</b>	3,190.
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	171,717.

**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.

Form 990-PF (2013)

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

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				155,047.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			53,572.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008				
b From 2009				
c From 2010				
d From 2011				
e From 2012				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2013 from Part XII, line 4: ▶ \$ 174,907.				
a Applied to 2012, but not more than line 2a			53,572.	
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 2013 distributable amount				121,335.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2013 (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	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2012. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014				33,712.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012				
e Excess from 2013				

## 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 2013, 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)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ADVANTAGE SMILES FOR KIDS 422 SW UMATILLA AVENUE REDMOND 97756	NONE	PC	ORTHODONTIC TREATMENT	1,500.
ASHLAND EMERGENCY FOOD BANK 560 CLOVER LANE ASHLAND 97520	NONE	PC	EMERGENCY FOOD DISTRIBUTION	2,500.
COMMUNITY HEALTH CENTER 19 MYRTLE STREET MEDFORD 97504	NONE	PC	EMERGENCY PRESCRIPTION MEDICATION ASSISTANCE/EMERGENCY GRANT	5,000.
COYOTE TRAILS P.O. BOX 3537 ASHLAND 97520	NONE	PC	TITLE 1 NATURE OBSERVATION WINTER CLASSROOM-BASED PROGRAMS	2,500.
CRATERIAN PERFORMANCES COMPANY 23 S. CENTRAL AVENUE MEDFORD 97501	NONE	PC	TEEN MUSICAL THEATER SCHOLARSHIPS	1,500.
Total SEE CONTINUATION SHEET(S) ▶ 3a				147,970.
b Approved for future payment				
NONE				
Total ▶ 3b				0.





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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
DOWN SYNDROME ASSOCIATION OF SOUTHERN OREGON 33N. CENTRAL AVENUE, SUITE 205 ASHLAND 97501	NONE	PC	OUTREACH AND FAMILY SUPPORT	2,300.
FAMILY NURTURING CENTER 212 NORTH OAKDALE AVE. MEDFORD 97501	NONE	PC	ENHANCED THERAPEUTIC SERVICES	10,000.
FAMILY SOLUTIONS 1836 FREMONT STREET ASHLAND 97520	NONE	PC	MENTAL HEALTH SERVICES TO CHILDREN AND FAMILIES	7,560.
HEARTS WITH A MISSION 711 MEDFORD CENTER #334 MEDFORD 97501	NONE	PC	H.A.N.D.S. - HELPING THE ABUSED, NEGLECTED AND DISADVANTAGED TO SUCCEED	7,500.
HOPE EQUESTRIAN PO BOX 396 EAGLE POINT 97524	NONE	PC	ADOPT A RIDER FUND	2,000.
JACKSON COUNTY 4-H LEADERS' ASSOCIATION 569 HANLEY ROAD CENTRAL POINT 97502	NONE	PC	SAMS VALLEY AND PATRICK ELEMENTARY AFTER SCHOOL PROGRAMS	2,000.
JACKSON CTY SEXUAL ASSAULT RESPONSE TEAM (SART) 43 NIRNINGLIGHT DRIVE ASHLAND 97520	NONE	PC	SEXUAL ASSAULT ACUTE RESPONSE PROGRAM	8,000.
KAIROS 715 SW RAMSEY AVENUE GRANTS PASS 97527	NONE	PC	THE SCHOOL COMMUNITY TEAM MENTORING INTEGRATION PROJECT	5,000.
KIDS UNLIMITED OF OREGON 821 NORTH RIVERSIDE MEDFORD 97501	NONE	PC	SUMMER CAMP CASE MANAGEMENT PROJECT SUPPORT	10,000.
KLAMATH BIRD OBSERVATORY PO BOX 758 ASHLAND 97520	NONE	PC	MORE KIDS IN THE WOODS	2,000.
<b>Total from continuation sheets</b>				<b>134,970.</b>

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MAGDALENE HOME 12 BLACK OAK DRIVE MEDFORD 97501	NONE	PC	HOMELESS TEEN MOTHER EMERGENCY FUND	2,000.
MEDFORD SCHOOL DISTRICT 549C 500 MONROE MEDFORD 97501	NONE	PC	EMERGENCY FUNDS FOR BASIC NEEDS/EMERGENCY GRANT	10,000.
MEDIATION WORKS 33 N. CENTRAL, SUITE 219 MEDFORD 97501	NONE	PC	STUDENT PEER MEDIATION PROGRAM	3,000.
OREGON CONSERVATORY OF PERFORMING ARTS P.O. BOX 1359 MEDFORD 97501	NONE	PC	OCPA SCHOLARSHIP PROGRAM	1,500.
PEACE HOUSE 543 S. MOUNTAIN AVENUE ASHLAND 97520	NONE	PC	UNCLE FOODS DINER	2,500.
ROGUE COMMUNITY COLLEGE 3345 REDWOOD HWY GRANTS PASS 97527	NONE	PC	HOLA - HELPING OREGON LATINOS ADVANCE	1,760.
ROGUE GALLERY & ART CENTER 40 SO. BARTLETT MEDFORD 97501	NONE	PC	ELEMENTARY SCHOOL ARTS OUTREACH PROGRAM	1,850.
RVCOG 155 N. 1ST STR. CENTRAL POINT 97502	NONE	PC	EMERGENCY FUND/EMERGENCY GRANT	2,500.
ROGUE VALLEY MANOR COMMUNITY SERVICES, INC. 1045 ELLENDALE DRIVE MEDFORD 97504	NONE	PC	FOSTER GRANDPARENT PROGRAM OF SOUTHERN OREGON	3,000.
ROGUE VALLEY SMART 670 SUPERIOR CT. STE 108 MEDFORD 97504	NONE	PC	RV SMART READING PROGRAM FOR CHILDREN IN ELEMENTARY SCHOOL	7,500.
Total from continuation sheets				



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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SALVATION ARMY 304 BEATTY MEDFORD 97501	NONE	PC	HOPE HOUSE TRANSITIONAL SHELTER FOR HOMELESS MEN, WOMEN, CHILDREN (IN FAMILIES)	7,500.
SCIENCEWORKS HANDS-ON MUSEUM 1500 E. MAIN ST. ASHLAND 97520	NONE	PC	INSPIRING MINDS -- ENRICHING THE LIVES OF AT-RISK CHILDREN	2,000.
SOUTHERN OREGON CHILD STUDY & FAMILY COUNCIL (PROJECT LISTO) P.O. BOX 3697 CENTRAL POINT 97502	NONE	PC	LISTO FAMILY LITERACY PROGRAM FOR LOW-INCOME LATINOS	8,000.
SOUTHERN OREGON EDUCATIONAL SERVICE DISTRICT-ESD 101 NORTH GRAPE ST MEDFORD 97501	NONE	PC	HISPANIC ACADEMIC OUTREACH (HAO)	4,000.
ST. MARK'S EPISCOPAL 426 W. 6TH STREET MEDFORD 97501	NONE	PC	ST. MARK'S FOOD PANTRY	4,000.
ST. VINCENT DE PAUL SOCIETY 2424 NORTH PACIFIC HWY MEDFORD 97501	NONE	PC	EMERGENCY FUND/EMERGENCY GRANT	5,000.
UNITED WAY OF JACKSON COUNTY 711 E MAIN STE 17 MEDFORD 97504	NONE	PC	FOR HOPE (HELPING OUT PEOPLE EVERY DAY) CHEST, AN EMERGENCY ASSISTANCE FUND	5,000.
UPPER ROGUE COMMUNITY CENTER P.O. BOX 216 SHADY COVE 97539	NONE	PC	EMERGENCY SERVICES/EMERGENCY GRANT	2,500.
WILDERNESS TRAILS P.O. BOX 4655 MEDFORD 97501	NONE	PC	CAMPER SPONSORSHIPS FOR AT-RISK YOUTH	1,000.
YMCA: ROGUE VALLEY FAMILY YMCA 522 WEST SIXTH STREET MEDFORD 97501	NONE	PC	FINANCIAL ASSISTANCE FOR CHILD CARE PROJECT	4,000.
<b>Total from continuation sheets</b>				

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

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
EASTERN AMER NAT GAS	72.	72.	
EASTERN AMER NAT GAS OID	125.	125.	
ENTERPRISE PRODUCTS PARTNERS LP	2.	2.	
UBS	6,629.	6,629.	
UBS - US GOVT INT	3,841.	3,841.	
TOTAL TO PART I, LINE 3	10,669.	10,669.	

## FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
ENTERPRISE PRODUCTS PARTNERS	100,470.	-1.	100,471.	100,471.	
TO PART I, LINE 4	100,470.	-1.	100,471.	100,471.	

## FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PASS THRU FROM PARTNERSHIP K-1	3.	3.	
OTHER INVESTMENT INCOME/LOSS	41,260.	41,260.	
NON TAXABLE INCOME	189.	0.	
PASS THRU FROM PARTNERSHIP K-1	848.	0.	
NET UBI INCOME FROM 990T	-437.	0.	
OTHER INVESTMENT INCOME/LOSS	2,460.	2,460.	
TOTAL TO FORM 990-PF, PART I, LINE 11	44,323.	43,723.	

## FORM 990-PF

## ACCOUNTING FEES

## STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	13,316.	6,658.		6,658.
TO FORM 990-PF, PG 1, LN 16B	13,316.	6,658.		6,658.

## FORM 990-PF

## OTHER PROFESSIONAL FEES

## STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVISORY FEES	23,778.	23,778.		0.
TO FORM 990-PF, PG 1, LN 16C	23,778.	23,778.		0.

## FORM 990-PF

## TAXES

## STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OREGON STATE TAX	792.	0.		792.
FOREIGN TAX	1,468.	1,468.		0.
PAYROLL TAXES	3,149.	1,574.		1,575.
TO FORM 990-PF, PG 1, LN 18	5,409.	3,042.		2,367.

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DUES & SUBSCRIPTIONS	775.	387.		388.
MISCELLANEOUS	255.	127.		128.
INSURANCE	750.	375.		375.
OFFICE EXPENSE	230.	115.		115.
REIMBURSEMENTS	1,180.	590.		590.
TO FORM 990-PF, PG 1, LN 23	3,190.	1,594.		1,596.

## FORM 990-PF

## U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS

## STATEMENT 8

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHED STATEMENT	X		266,939.	248,014.
TOTAL U.S. GOVERNMENT OBLIGATIONS			266,939.	248,014.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			266,939.	248,014.

## FORM 990-PF

## CORPORATE STOCK

## STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHED STATEMENT	2,378,192.	2,826,856.
TOTAL TO FORM 990-PF, PART II, LINE 10B	2,378,192.	2,826,856.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 10

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHED STATEMENT - OTHER ASSETS	COST	157,300.	152,386.
TOTAL TO FORM 990-PF, PART II, LINE 13		157,300.	152,386.

FORM 990-PF

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

STATEMENT 11

---

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

---

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

---

TELEPHONE NUMBER

---

(541) 601-9915

---

FORM AND CONTENT OF APPLICATIONS

---

WRITTEN

---

ANY SUBMISSION DEADLINES

---

NONE

---

RESTRICTIONS AND LIMITATIONS ON AWARDS

---

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

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

(A)	(B)	(C)	(D)	(E)
Name-Office-Address	Title	Weekly hours		
<b>Michael Lynch</b> 1314-B Center Drive Box 264 Medford, OR 97501 Bus 541-857-1040	President	1/2 hr	\$0	\$0
<b>Douglass Schmor</b> 1314-B Center Drive Box 264 Medford, OR 97501 Bus 541-857-1040	Vice President	1/2 hr	\$0	\$0
<b>John Dailey</b> 1314-B Center Drive Box 264 Medford, OR 97501 Bus 541-857-1040	Treasurer	1/2 hr	\$0	\$0
<b>Karen Bartalini</b> 1314-B Center Drive Box 264 Medford, OR 97501 Bus 541-857-1040	Director	1/2 hr	\$0	\$0
<b>Ralph Burrelle</b> 1314-B Center Drive Box 264 Medford, OR 97501 Bus. 541-857-1040	Director	1/2 hr	\$0	\$0
<b>Steve Erb</b> 1314-B Center Drive Box 264 Medford, OR 97501 Bus 541-857-1040	Director	1/2 hr	\$0	\$0
<b>Bob Scheelen</b> 1314-B Center Drive Box 264 Medford, OR 97501 Bus 541-857-1040	Director	1/2 hr	\$0	\$0
<b>Jaymey Sweeney</b> 1314-B Center Drive Box 264 Medford, OR 97501 Bus 541-857-1040	Director	1/2 hr	\$0	\$0
<b>Amy Belkin</b> 1314-B Center Drive Box 264 Medford, OR 97501 Bus 541-857-1040	Secretary & Executive Director	7 hr	\$27,083	\$0

**Anna May Family Foundation**  
**Investment Book and Fair Value**  
 12/31/2013  
 93-1269424

Line 10a		<b>Book Value</b>	<b>Fair Market Value</b>
<b>U.S. and state government obligations</b>		Column ( b )	Column ( c )
UBS Paine Webber	A/C 07232	<u>266,939</u>	<u>248,014</u>
Line 10b			
<b>Corporate Stock</b>			
UBS Paine Webber	A/C 07231	190,131	268,875
UBS Paine Webber	A/C 07232	330,511	341,925
UBS Paine Webber	A/C 07233	462,865	501,847
UBS Paine Webber	A/C 07236	100,782	149,330
UBS Paine Webber	A/C 07237	114,422	145,711
UBS Paine Webber	A/C 07238	91,131	123,104
UBS Paine Webber	A/C 07239	369,981	462,077
UBS Paine Webber	A/C 09213	76,293	121,745
UBS Paine Webber	A/C 34823	196,363	281,134
	A/C 35850	<u>445,713</u>	<u>431,107</u>
		<u>2,378,192</u>	<u>2,826,856</u>
Line 13			
<b>Other Assets</b>			
UBS Paine Webber	A/C 07232	148,583	143,669
Eastern American Natural Gas Tr		<u>8,717</u>	<u>8,717</u>
		<u>157,300</u>	<u>152,386</u>



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

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.  
► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- 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.

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

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 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**AMY BELKIN, EXECUTIVE DIRECTOR**

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

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year **2013** or
- ☐ tax year beginning , and ending

- 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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	<b>4,045.</b>
b If this application is for Forms 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.	3b	\$	<b>4,045.</b>
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	<b>0.</b>

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

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

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

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

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

Enter filer's identifying number, see instructions

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

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

04

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

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

AMY BELKIN, EXECUTIVE DIRECTOR

- The books are in the care of ☒ 1314-B CENTER DRIVE BOX 264 - MEDFORD, OR 97501

Telephone No ☒ 541-857-1040

Fax No. ☐

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

4 I request an additional 3-month extension of time until NOVEMBER 15, 2014.

5 For calendar year 2013, or other tax year beginning ☐ , and ending ☐.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS NECESSARY TO ACCUMULATE AND COMPILE THE INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	4,045.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	4,045.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

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

Signature *Amy Belkin* Title *CPR*

Date *8-5-14*

Form 8868 (Rev. 1-2014)