

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



Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

2006

OMB No 1545-0052

| <u> </u> | For | caler | ndar year 2006, or | tax year beginning | | | | , and e | nding | | | | |
|----------------------------|----------------|---------------|---------------------------------------|---|---|-----------------------------------|------|--------------|---------------------|--|----------------------------|--|--|
| ₹ | G C | Check | all that apply: | Initial return | | Final return | | Amended retu | ırn 🗀 | Address change | | Name chan | ge |
| 4. | Use | the | IRS Name of foun | dation | | | | | | A Employer identificatio | n number | , | |
| <u>88</u> | | abel | l l | | | | | | | | | | |
| 82 | Oth | erwi | se, BLANCHI | FISCHER | FOUND | ATION | | | | 93-0790099 | } | | |
| 氢 | | print | 1 | eet (or P O box number | if mail is not de | elivered to street address | s) | | Room/suite | B Telephone number | | | |
| D FARLEY 0436825881 | | r type Spe | אמ כטכבו | V SUNSET | BLVD. | | | | 1-B | (503)819-8 | <u> 3205</u> | | |
| 曼 | | ructio | ons City or town, s | state, and ZIP code | | | | | | C If exemption application is | | | · 🔲 |
| 6 | | | PORTLAN | | <u>7239 </u> | | | | | D 1. Foreign organization | | | <u>, </u> |
| | H_C | _ | type of organizatio | | 501(c) <u>(3)</u> ex | kempt private founda | tion | | | Foreign organizations m check here and attach c | eeting the 8 omputation | .5% test, | · |
| | <u>L</u> | | | nexempt charitable | | Other taxable private | | | | E If private foundation sta | atus was t | erminated | |
| | | | arket value of all ass | | J Account | - | Cash | Accr | ual | under section 507(b)(1 |)(A), chec | k here 🕨 | · |
| | | | Part II, col (c), line | | | ther (specify) | | | | F If the foundation is in a | | | n |
| | | ·\$ art l | | nue and Expenses | (Part I, colu | mn (d) must be on | | | | under section 507(b)(1 | | | <u>- </u> |
| | På | art i | ☐ (The total of amount) | s in columns (b), (c), and e amounts in column (a) | f (d) may not | (a) Revenue ar expenses per bo | | (b) Net in | vestment ome | (c) Adjusted net income | for ch | Disbursement aritable purpos ash basis only) | ses |
| \Box | | 1 | | s, grants, etc., recen | | | | | | | | | |
| æ | | 2 | Check X if the Interest on savings ar | foundation is not required to | attach Sch B | | | | | | | | |
| × | | 3 | cash investments | • | | 2,8 | | | <u>2,820.</u> | | | | |
| 3 | | 4 | | rest from securities | | 42,6 | 54. | 4 | <u>2,654.</u> | 42,654. | STAT | 'EMENT | 2_ |
| ₹ F | | | Gross rents | | | | | | | | + | | |
| | | _ | Net rental income or (| · - | | 15,3 | 0.4 | | | | + | | |
| | ïe | b | Gross sales price for a | sale of assets not on II | ,512. | 15,5 | 04. | | | | ┼ | | |
| 3 | Revenue | 7 | assets on and oa | ne (from Part IV, line 2) | , , , , , , , | | | STA | EUTEAL | NIT | + | | |
| | æ | 8 | Net short-term cap | | <u> </u> | | | HE. | CEIV | 0. | + | | |
| Ø) | | ۵ | Income modificati | ال ي المسلم ووو | 1,0 | | | Alla | | | ' | | |
| J | | 10a | Gross sales less tetul | ECEIVI | <u>" (</u>) <u>%</u> (| | | AUG | 2 7 20 | 10 | † | | |
| | | | Less Cost of goods | 501d - 0.41 | 16,1 | | | TOO | DD: | | 1 | | |
| | | c | Gross profit or (los | 55) 16 9 4 200 | 1 1 | | | 4446 | BRANC | M | | | |
| | | 11 | Other incomes, ₹ | HO - | 17 | 18,2 | | <u> 1</u> | SOEM. | 18,213. | STAT | EMENT | 3 |
| | | 12 | Total. Addilines 1 | through 11 | <u>U</u> | 78,9 | | | <u>8,991.</u> | 63,687. | | | |
| | | 13 | Compensation of office | cors directors irustees, | etc | 65,8 | 00. | 2 | <u>1,933.</u> | 43,867. | <u>.</u> | <u>43,8</u> | <u>67.</u> |
| | | 14 | Other employee sa | laries and wages | | | | | | | | | |
| | ģ | 15 | Pension plans, em | ployee benefits | | | | | | | <u> </u> | | |
| | xpenses | ı | Legal fees | C.M. | Arm A | F 0 | | | 2 020 | 1 070 | | 1 0 | |
| 9 | ž Š | | Accounting fees Other professional | STI | MT 4 MT 5 | 5,9 | | | <u>3,939.</u> | 1,970. | | 1,9 | |
| 20 | E | ı | Interest | 1003 3 T | MI D | <u>+</u> | 70. | | 57. | 113. | + | т | <u>13.</u> |
| <u>~</u> | Administrative | ı | Taxes | ਼ੁਰਾਮ | MT 6 | 18,0 | 42 | 1 | 0,603. | 7,439. | + | 3,6 | 52 |
| 0 | istr | 19 | Depreciation and d | | .11 0 | 1,1 | | | 575 . | 575 | | | <u> </u> |
| SEP | 텵 | ı | Occupancy | | | 7,4 | | | 2,480. | 4,960 | | 4,9 | 60. |
| S | | ı | Travel, conference | s, and meetings | | 8,1 | | | 814. | 7,325. | | 7,3 | |
| | 77.1 | 22 | Printing and public | | | | 56. | | 16. | 140. | | | 40. |
| SCANNED | g | 23 | Other expenses | ST | MT 7 | 13,4 | | | 4,479. | 8,959. | | 8,9 | |
| Z | erating | 24 | Total operating ar | nd administrative | | | | | | | | | |
| | ē | İ | expenses. Add lin | es 13 through 23 | | 120,2 | | 4 | 4,896. | 75,348. | <u>. </u> | 70,9 | <u>87.</u> |
| Ŏ | | ŀ | Contributions, gifts | | | 29,0 | 89. | | | | | 29,0 | |
| | | 26 | Total expenses an | | | | | | | | | | |
| | | <u> </u> | Add lines 24 and 2 | | | 149,3 | 33. | 4 | <u>4,896.</u> | 75,348. | <u>-</u> | 100,0 | <u>76.</u> |
| | | l | Subtract line 26 fro | | | | | | | | | | |
| | | l | | er expenses and disbur | | -70,3 | 44. | | 4 005 | | + | | |
| | | ı | | come (if negative, ente me (if negative, enter -(| | | | 3 | <u>4,095.</u> | 0. | | | |
| | | | rajuated net micul | me (ii negative, citter -t | ·-, | | | | | <u> </u> | ч | | |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions

623501 01-29-07

| \equiv | | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End of | year |
|--------------|------|--|-------------------|----------------|---------------------------|
| P | art | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 36,584. | 25,871. | 25,871. |
| | 2 | Savings and temporary cash investments | 89,367. | 114,165. | 114,165. |
| ĺ | 3 | Accounts receivable > | | - | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable ▶ | | | |
| | | Less: allowance for doubtful accounts ▶ | į | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons | | 930. | 93 <u>0.</u> |
| | 7 | Other notes and loans receivable | | | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| S | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| As | | Investments - U.S. and state government obligations STMT 8 | 50,442. | 50,442. | 50,125. |
| | | Investments - corporate stock STMT 9 | 1,017,652. | 932,445. | 1,498,430. |
| | | Investments - corporate bonds | | <u> </u> | |
| | 11 | · | | | |
| | | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other STMT 12 | 227,700. | 227,700. | 227,700. |
| | | Land, buildings, and equipment: basis ► 8,616. | | , | |
| | | Less accumulated depreciation STMT 10 ► 5,922. | 2,844. | 2,694. | 2,694. |
| | 15 | Other assets (describe STATEMENT 11) | 2,767. | 2,767. | 2,767. |
| | | | | | |
| | 16 | Total assets (to be completed by all filers) | 1,427,356. | 1,357,014. | 1,922,682. |
| | | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| ຜູ | 19 | Deferred revenue | | | |
| Liabilities | | Loans from officers, directors, trustees, and other disqualified persons | | | |
| abi | ı | Mortgages and other notes payable | | | |
| = | | Other liabilities (describe) | | | |
| | | | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | | Foundations that follow SFAS 117, check here | | | |
| | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| Ses | 24 | Unrestricted | 1,427,356. | 1,357,014. | |
| <u>a</u> | 25 | Temporarily restricted | | | |
| Ba | 26 | Permanently restricted | | | |
| Fund Balance | | Foundations that do not follow SFAS 117, check here | | | |
| | | and complete lines 27 through 31. | | | |
| soc | 27 | Capital stock, trust principal, or current funds | | | |
| Net Assets | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| As | 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| ş | 30 | Total net assets or fund balances | 1,427,356. | 1,357,014. | |
| | | \ | | | |
| | 31 | Total liabilities and net assets/fund balances | 1,427,356. | 1,357,014. | |
| P | art | III Analysis of Changes in Net Assets or Fund Ba | alances | | |
| 1 | Tota | I net assets or fund balances at beginning of year - Part II, column (a), line | 30 | · | |
| | | st agree with end-of-year figure reported on prior year's return) | | 1 | 1,427,356. |
| | - | r amount from Part I, line 27a | | 2 | -70,342. |
| | | r increases not included in line 2 (itemize) | | 3 | 0. |
| | | lines 1, 2, and 3 | | 4 | 1,357,014. |
| | | eases not included in line 2 (itemize) | | 5 | 0. |
| | | I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | lumn (b), line 30 | 6 | 1,357,014. |
| | | | | | Form 990-PF (2006) |

| _ | Calendar year (or tax year beginning in) | Adjusted qualifying distributions | Net value of noncharitable-use assets | | (col. (b) divided by col. (c)) |
|---|--|-----------------------------------|---------------------------------------|----|--------------------------------|
| _ | 2005 | 112,808. | 1,791,482. | | .062969 |
| _ | 2004 | 121,579. | 1,770,703. | | .068661 |
| _ | 2003 | 114,677. | 1,604,350. | | .071479 |
| _ | 2002 | 156,583. | 1,782,350. | | .087852 |
| _ | 2001 | 163,366. | 2,108,721. | | .077472 |
| 2 | , | | | 2_ | .368433 |
| 3 | Average distribution ratio for the 5-year ba the foundation has been in existence if less | • • | or by the number of years | 3 | .073687 |
| 4 | Enter the net value of noncharitable-use as | sets for 2006 from Part X, line 5 | | 4 | 1,819,505. |
| 5 | Multiply line 4 by line 3 | | - | 5 | 134,074. |
| 6 | Enter 1% of net investment income (1% of | f Part I, line 27b) | • | 6 | 341. |
| 7 | Add lines 5 and 6 | | | 7 | 134,415. |
| | | | | | |

623521/01-29-07

Form **990-PF** (2006)

100,076.

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.

8 Enter qualifying distributions from Part XII, line 4

| | m 990-PF (2006) BLANCHE FISCHER FOUNDATION art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), | | 07900 - see ins | | Page 4 |
|----|---|--------------|--------------------|------------|------------------|
| | a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | 1 | | | |
| | Date of ruling letter: (attach copy of ruling letter if necessary-see instructions) | | | | |
| b | b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% | 1 | | | 682. |
| | of Part I, line 27b | | | | |
| C | c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) \int | | | | |
| 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 | | | 682. |
| 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 | | | 682. |
| 6 | 1 | | | | |
| а | a 2006 estimated tax payments and 2005 overpayment credited to 2006 6a 4, 3 | <u>87.</u> | İ | | |
| | b Exempt foreign organizations - tax withheld at source 6b | | 1 | | |
| | c Tax paid with application for extension of time to file (Form 8868) | | ĺ | | |
| | d Backup withholding erroneously withheld | | | _ | |
| | Total credits and payments. Add lines 6a through 6d | 7 | <u> </u> | 4 | <u>,387.</u> |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 8 | <u> </u> | | <u> 17.</u> |
| | · · · · · · · · · · · · · · · · · · · | 9 | | | |
| | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid STATEMENT 13 | 10 | | 3_ | ,688. |
| | Enter the amount of line 10 to be: Credited to 2007 estimated tax | d ▶ 11 | | | <u> </u> |
| | art VII-A Statements Regarding Activities | | | TV. | es No |
| | a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or into | ervene in | <u> </u> | | - |
| | any political campaign? | 10 | | a | X |
| D | b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition of the property "Yea" to the order of the property of th | • | _ | l b | <u> </u> |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials p | oublished or | | | |
| | distributed by the foundation in connection with the activities. 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: | | - ' | lc | |
| u | (1) On the foundation. ► \$ (2) On foundation managers. ► \$ | 0. | | - | |
| ۵ | e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | |
| ٠ | managers. > \$ | 11 | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 1 | 2 | x |
| | If "Yes," attach a detailed description of the activities | | - | | |
| | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpora | tion or | | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | 3 | x |
| | a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | la | X |
| | b If "Yes," has it filed a tax return on Form 990-T for this year? | N | . , _ — | b | |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | i - | 5 | X |
| | If "Yes," attach the statement required by General Instruction T. | | | | |
| 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 | e state law | | | |
| | remain in the governing instrument? | | | 6 2 | K |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | | L | 7 2 | X |
| | If "Yes," complete Part II, col (c), and Part XV. | | | | |
| 8a | a Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | |
| | 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 | | <u> [</u> | 3b 2 | K |
| | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for a section 4942(j)(3) or 4942(j)(5) for a section 4942(j)(6) for a sec | or calendar | | | _ |
| | year 2006 or the taxable year beginning in 2006 (see instructions for Part XIV)? If "Yes," complete Part XIV | | _ | | K |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | | 10 | X |
| | | | Form § | 19U-P | PF (2006) |

623531 01-29-07

623541 01-29-07

| BLANCHE FISCHER FOUNDATI | | | 93-07900 | <u> </u> | Page 6 |
|--|--|-----------------------------|--|----------------|-----------------------|
| Part VII-B Statements Regarding Activities for Which F | orm 4720 May Be I | Required Contin | ued | | |
| 5a During the year did the foundation pay or incur any amount to: | | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | | | s X No | | |
| (2) Influence the outcome of any specific public election (see section 4955); o | r to carry on, directly or indir | | | | |
| any voter registration drive? | | | s X No | | ľ |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | | Ye | s X No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | n described in section | | | | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | | s X No | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or | | | | |
| the prevention of cruelty to children or animals? | | Ye | s X No | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc | • | ın Regulations | _ | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instru | ctions)? | | N/A | 5b | |
| Organizations relying on a current notice regarding disaster assistance check h | ere | | | | ĺ |
| c if the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | | | | | |
| expenditure responsibility for the grant? | <i>y</i> | I/A | s L No | | |
| If "Yes," attach the statement required by Regulations section 53.4945 | • • | | } | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | \ | | 1 |
| a personal benefit contract? | | Ye | s X No | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | L | 6b | <u> </u> |
| If you answered "Yes" to 6b, also file Form 8870. | | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | helter transaction? | ☐ Ye | s 🗶 No 📙 | | |
| b If yes, did the foundation receive any proceeds or have any net income attribute | | | | 7b | |
| Part VIII Information About Officers, Directors, Trusto | ees, Foundation Ma | anagers, Highly | / | | |
| T did Employees, and Contractors | | | | | |
| List all officers, directors, trustees, foundation managers and their | | 14.50 | (a) 0 - to b - to to | | |
| (a) Name and address | (b) Title, and average hours per week devoted | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) l accoi | Expense unt, other |
| | to position | (If not paid, enter -0-) | compensation | allo | wances |
| | EXECUTIVE DIF | ECTOR | | | |
| C/O BLANCHE FISCHER FDN. 1509 SW SUNS | | | | | |
| PORTLAND, OR 97239 | 40.00 | 65,700. | 0. | | 0. |
| | DIRECTOR | | | | |
| C/O BLANCHE FISCHER FDN. 1509 SW SUNS | | | | | |
| PORTLAND, OR 97239 | 1.00 | 100. | 0. | | 0. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | <u>L</u> | | | |
| Compensation of five highest-paid employees (other than those inc | | enter "NONE." | (-0.0 | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) l | Expense unt, other |
| (a) name and address of dath employee paid more than \$60,000 | devoted to position | (c) compensation | compensation | allo | wances |
| NONE | | | | | |
| | | | | | |
| | | | | | · |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| otal number of other employees paid over \$50,000 | · | | | | 0 |

| Form 990-PF (2006) BLANCHE FISCHER FOUNDATION | 93- | 0790099 Page 7 |
|--|---------------------------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, For Paid Employees, and Contractors Continued | undation Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If 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 number of organizations and other beneficiaries served, conferences convened, research pape | t statistical information such as the | Expenses |
| | | |
| 1 CHARITABLE ACTIVITIES CONSIST SOLELY OF G | | |
| FOR DISABLED OR PHYSICALLY HANDICAPPED PE FINANCIAL NEED IN THE STATE OF OREGON. 8 | ORGS AND 48 IND. | _100,076. |
| FINANCIAL NEED IN THE STATE OF OREGON: 0 | ORGS AND 46 IND. | 100,076. |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments Describe the two largest program-related investments made by the foundation during the tax y | ear on lines 1 and 2 | Amount |
| 1 N/A | our off into 1 and 2. | , another |
| | | |
| | | |
| 2 | | |
| | | |
| All the second s | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |

Total. Add lines 1 through 3

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four | ndations | , see instructions) |
|----|--|-----------|-------------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| а | Average monthly fair market value of securities | 1a | 1,519,663. |
| Ь | Average of monthly cash balances | 1b | 93,459. |
| C | Fair market value of all other assets | 1c | 234,091. |
| d | Total (add lines 1a, b, and c) | 1d | 1,847,213. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 1,847,213. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 27,708. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 1,819,505. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 90,975. |
| P | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here X and do not complete this part.) | d certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | |
| 2a | Tax on investment income for 2006 from Part VI, line 5 | | |
| b | Income tax for 2006. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c | |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7_ | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 100,076. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3Ь | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 100,076. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 100,076. |
| | Note: The amount on line 6 will be used in Part V. column (h) in subsequent years when calculating whether the | foundet | ion qualifies for the section |

4940(e) reduction of tax in those years

| Part XIII Undistributed Income (see II | nstructions) | | | |
|--|---------------|----------------------------|-------------|----------------------|
| | (a) Corpus | (b) Years prior to 2005 | (c) 2005 | (d) 2006 |
| 1 Distributable amount for 2006 from Part XI, line 7 | | | | 0. |
| 2 Undistributed income, if any, as of the end of 2005 | | | | |
| a Enter amount for 2005 only | | | 0. | |
| b Total for prior years: | | | | |
| | | 0. | | |
| 3 Excess distributions carryover, if any, to 2006: | | | | |
| a From 2001 | | | | |
| b From 2002 | | | | |
| c From 2003 | | | ŀ | |
| d From 2004 | | | | |
| e From 2005 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2006 from | | | | |
| Part XII, line 4: ► \$ N/A | | | | |
| a Applied to 2005, 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 2006 distributable amount | | | | 0. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2006 (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 2005. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2006. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2007 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| | 0. | | | |
| section 170(b)(1)(E) or 4942(g)(3) | | | | |
| 8 Excess distributions carryover from 2001 | ا م | | ļ | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2007. | _ | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2002 | 1 | | | |
| b Excess from 2003 | | | | |
| c Excess from 2004 | | | | |
| d Excess from 2005 | | } | | |

e Excess from 2006

| | FISCHER FOU | | | <u>93-079</u> | 0099 Page 10 |
|--|-------------------------------|---------------------------------------|-----------------------------|------------------------------|--------------------------|
| Part XIV Private Operating F | oundations (see ins | tructions and Part VII-A | A, question 9) | | |
| 1 a If the foundation has received a ruling o | r determination letter that i | t is a private operating | | | |
| foundation, and the ruling is effective fo | r 2006, enter the date of th | e ruling | • | | |
| b Check box to indicate whether the found | dation is a private operating | foundation described in | section X 4 | 942(j)(3) or 494 | 2(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | 0. | 0. | 0. | 0. | _ 0. |
| b 85% of line 2a | 0.1 | 0. | 0. | 0. | 0. |
| | | | | | |
| c Qualifying distributions from Part XII, | 100 076 | 110 000 | 101 570 | 116 266 | 450 700 |
| line 4 for each year listed | 100,076. | 112,808. | 121,579. | 116,266. | 450,729. |
| d Amounts included in line 2c not | | | | İ | |
| used directly for active conduct of | | | | | _ |
| exempt activities | 0. | 0. | 0. | 0. | <u> </u> |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | İ | | | | |
| Subtract line 2d from line 2c | _100,076. | 112,808. | 121,579 | 116,266. | 450,729. |
| 3 Complete 3a, b, or c for the | | | | | |
| alternative test relied upon: a "Assets" alternative test - enter: | | | | | |
| (1) Value of all assets | | | | | 0. |
| ` ` | | | ··· | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | 0. |
| b "Endowment" alternative test - enter | | | | | |
| 2/3 of minimum investment return | | | | | |
| shown in Part X, line 6 for each year | 60 650 | E0 716 | E0 000 | F2 470 | 222 060 |
| listed | 60,650. | 59,716. | 59,023. | 53,479. | 232,868. |
| c "Support" alternative test - enter: | | | | | |
| (1) Total support other than gross | | | | | |
| investment income (interest, dividends, rents, payments on | İ | | | | |
| securities loans (section | | | | | |
| 512(a)(5)), or royalties) | | | | | 0. |
| (2) Support from general public | | | | | |
| and 5 or more exempt organizations as provided in | | | | | |
| section 4942(j)(3)(B)(iii) | | | | | 0. |
| (3) Largest amount of support from | | " | | | |
| an exempt organization | | | | | 0. |
| (4) Gross investment income | | | | | 0. |
| Part XV Supplementary Info | rmation (Complet | e this part only if | the foundation I | nad \$5.000 or mor | e in assets |
| at any time during t | | | | 40,000 01 11101 | |
| | | | | - | |
| 1 Information Regarding Foundation | • | 00/ -fib- t-t-l | h | | -4 |
| a List any managers of the foundation wh year (but only if they have contributed in | | | butions received by the it | oundation before the close | or any tax |
| | 11010 111411 40,000), (000 00 | outil 007 (0)(2).) | | | |
| NONE | | | | | |
| b List any managers of the foundation wh | | | or an equally large portion | of the ownership of a part | nership or |
| other entity) of which the foundation has | s a 10% or greater interest | • | | | |
| NONE | | · · · · · · · · · · · · · · · · · · · | | | |
| 2 Information Regarding Contributi | | • • • | • | | |
| Check here 🕨 📖 if the foundation o | | | | | |
| the foundation makes gifts, grants, etc. | (see instructions) to indivi | duals or organizations un | der other conditions, con | iplete items 2a, b, c, and d | <u> </u> |
| a The name, address, and telephone num | ber of the person to whom | applications should be a | ddressed: | | |
| BLANCHE FISCHER FOUN | DATION, (50) | 3) 819-8205 | | | |
| 1509 SW SUNSET BLVD. | | • | 97239 | | |
| b The form in which applications should b | | | | | |
| PER APPLICATION - SE | | • | | | |
| c Any submission deadlines: | <u> </u> | | 11 111011 | | - |
| NONE | | | | | |
| | e cuch as hy annaronhisal | grage phorable fields to | unde of institutions, or st | per factors. | |
| d Any restrictions or limitations on awards | | • | | | מת א מתיי |
| APPLICANTS MUST HAVE | | | | F WIND DEWONS | TVVIE |
| FINANCIAL NEED WHILE | KESIDING II | N THE STATE | OF OREGON. | | 000 DE (0000) |
| 623601/01-29-07 | | | | F | orm 990-PF (2006) |

| Fart AV Supplementary informatio | | | | |
|---|--|--------------------------------|----------------------------------|--------------------------|
| 3 Grants and Contributions Paid During the | | Payment | | |
| 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 |
| Name and address (home or business) | or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| SEE SCHEDULE C | NONE | NONE | | 29,089. |
| | | | | |
| | | | : | |
| Total | | 1 | ▶ 3a | 29,089. |
| NONE | | | | |
| Total | | | ▶ 3b | 0. |
| 323611/01-29-07 | | | Fo | orm 990-PF (2006) |

Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated. | Unrelated | business income | | ded by section 512, 513, or 514 | (e) |
|---|-----------------|-----------------|-----------------------|---------------------------------|-----------------------------------|
| - | (a) Business | (b) Amount | (C) Exclu- sion | (d) Amount | Related or exempt function income |
| 1 Program service revenue: | code | 741104111 | code | Aillouit | - Idiotori indonio |
| a | | | - | | |
| b | | | + | | |
| C | <u> </u> | | - | | |
| d | - | | | | |
| e | | | - | | |
| | - | | - | | |
| g Fees and contracts from government agencies | | | - | | |
| 2 Membership dues and assessments | | | + - | | |
| 3 Interest on savings and temporary cash investments | | | | | 2,820. 42,654. |
| 4 Dividends and interest from securities | | <u> </u> | | | 42,654. |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | · |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | | | 18,213. |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | <u> </u> | | | | 15,304. |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| 8 | | | <u> </u> | | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0 | | 0. | 78,991. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 78,991. |
| (See worksheet in line 13 instructions to verify calculations.) | ·· | | | | |

| Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes | Part XVI-B Relationship of Activiti |
|--|-------------------------------------|
|--|-------------------------------------|

| Line No. ▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). |
|---------------|---|
| | THIS ORGANIZATION ENGAGES IN NO SERVICE PER SE, AND SEEKS NO |
| | CONTRIBUTIONS. IT MAINTAINS ITS INVESTMENTS AND FROM THAT SOURCE |
| | OBTAINS THE FUNDS THAT IT PAYS OUT TO OR FOR QUALIFYING APPLICANTS |
| | AND CHARITABLE ORGANIZATIONS, WHICH ALSO HAVE 501(C) (3) STATUS. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

623621 01-29-07

| Fori | n 990-f | PF (2006) BLANC | HE FIS | CHER | FOUN | DATION | | | 93 | -079009 | 9 P | age 13 |
|-----------|--------------------------------|--|--------------------|---------------|---------------------------------------|-----------------------|----------|--|----------------------|--------------------------|-------------|---------------|
| P | art X | | | Transfe | rs To a | ınd Transacti | ons a | nd Relations | hips With N | loncharitab | | |
| | | Exempt Organ | | | | | | | | | Vac | NIa |
| 1 | | e organization directly or indi | | | | | | | ion 501(c) of | | Yes | No |
| _ | | ode (other than section 501(c | | | | | ıı organ | izations? | | - | | |
| а | | fers from the reporting found | ation to a non | cnaritable e | exempt org | janization or: | | | | 100 | | |
| | (1) (| | | | | | | | | 18(| | X |
| | | Other assets transactions: | | | | | | | | 1a(2 | - | ├ ^ |
| U | | transactions. Sales of assets to a noncharita | hla avamat ar | aanization | | | | | | 1b(| | x |
| | | rurchases of assets from a no | | - | nization | | | | | 1b(| | X |
| | ٠, | tental of facilities, equipment, | | . • | mzauon | | | | | 1b(3 | | X |
| | ٠, | teimbursement arrangements | | | | | | | | 1b(4 | | X |
| | | oans or loan guarantees | | | | | | | | 1b(| | X |
| | | erformance of services or me | embership or i | fundraising | solicitatio | ns | | | | 1b(| | X |
| C | • • | ng of facilities, equipment, ma | • | | | | | | | 10 | | X |
| | | answer to any of the above is | | | | | ould alv | vays show the fair r | narket value of th | ne goods, other a | ssets, | |
| | or se | vices given by the reporting f | oundation. If t | the foundat | ion receive | ed less than fair mai | ket valu | e in any transaction | or sharing arrai | ngement, show II | 1 | |
| | colun | nn (d) the value of the goods, | other assets, | or services | received. | | | | | | | |
| (a) | Line no | (b) Amount involved | (c) N | ame of nor | ncharitable | exempt organization | n | (d) Description | of transfers, transa | actions, and sharing | аталдет | ents |
| | | | | | N/A | | | | | <u> </u> | | |
| | | <u> </u> | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | · | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | · · · · | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | | | - | | | | | | | | | |
| | | <u> </u> | | · | · · · · · · | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| - | | | | | | | - | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 20 | Is the | foundation directly or indirec | tly affiliated w | ith, or relat | ed to, one | or more tax-exemp | organi | zations described | | | | |
| | | ction 501(c) of the Code (othe | • | • | | • | | | | Y6 | s 🕽 | No 🖸 |
| b | | s," complete the following sch | | | , | | | | | | | |
| | | (a) Name of org | | | | (b) Type of organ | zation | | (c) Description of | of relationship | | |
| | | N/A | | | | _ | | | | | | |
| | | | | | | | | | | <u> </u> | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | enalties of perjury, I declare that I I nplete Declaration of preparer (oth | | | | | | | of my knowledge and | d belief, it is true, co | rrect, | |
| | | 000 | 27 | | | | | ^ | | | | |
| او | $\frac{1}{2}$ | | X/ | | | | 701 | | LIAE DIE | RECTOR | | |
| Sign Here | y 8 | gnature of officer or trustee | Õ. | 2 - | , | Date | | Title Cr | neck if | Preparer's SSI | or PTIN | |
| 6 | ج ج | Preparer's signature | 0/1 | | 11 | | | se l se | :lf- | 1 ` | | |
| ß | Paid sparer's se Only | DEAN | J. RC | THEN | et tiou | , C.P.A. | U | O / O T / T O e | | <u> </u> | | |
| | Paid Preparer's Use Only | firm's name (or yours DEAN of self-employed). 7912 | | 35TH | | | 2 | | EIN > | | | |
| | ₫⊃ | | LAND, | OR 97 | | | 4 | | Phone no. | (503) 2 | 45-2 | 2254 |
| | | FOR 1 | <u>, 447447 , </u> | <u> </u> | . <u> </u> | <u> </u> | | | 11 110110 110. | 1001 | | |

2006 DEPRECIATION AND AMORTIZATION REPORT

| | Ending Accumulated Depreciation | .987. | 397. | 715. | 299. | 2,184. | 316. | 746. | 278. | 5,922. | |
|--------------------|--|--------------------|-------------|---------------------|---------------------|---------------------|-------------------|--------------------|--------------------|--------------------------|--|
| | Current Year Deduction | 160. | 70. | 134. | 62. | .0 | 73. | 373. | 278. | 1,150. | |
| | Current Sec 179 Expense | | | | | | | | | | |
| | Beginning Accumulated Depreciation | 827. | 327. | 581. | 237. | 2,184. | 243. | 373. | | 4,772. | |
| • | Basis For Depreciation | 1,599. | 669 | 1,343. | 309. | 2,184. | 364. | 1,118. | 1,000. | 8,616. | |
| ļ | Reduction in Basis | | , | 7. | | | | | | | |
| | Section 179 Expense | | | | | | | | | | |
| 990-PF | Bus % Excl | | | | | | - | | | • | |
| | Unadjusted Cost Or Basis | 1,599. | . 669 | 1,343. | 309. | 2,184. | 364. | 1,118. | 1,000. | 8,616. | |
| | No | 1716 | 13416 | 9 732 | 9 141 | 9 1 | 1116 | 1 41 6 | 1416 | | |
| | Life | 10.00 HY16 | 10.00 HY16 | 10.00 H | 5.00 H | 3.00 | 5.00 н | 3.00 н | 3.00 н | | |
| | Method | | - | | | | | | | | |
| | Date Acquired | 10/27/00 SL | 05/07/01 SE | 08/29/01 SL | 02/28/02 SL | 04/17/02 SL | 08/28/02 SL | 12/31/04 SL | 02/28/06 SL | | |
| FORM 990-PF PAGE 1 | Description | 6 OFFICE FURNITURE | 8 CHAIR | DESK & FILE CABINET | 10 CONFERENCE PHONE | 11 DESKTOP COMPUTER | 12 DIGITAL CAMERA | 13 LAPTOP COMPUTER | 14 LAPTOP COMPUTER | * TOTAL 990-PF PG 1 DEPR | |
| FORM 95 | Asset | 9 | ω | 6 | 10 | 11 | 12 | 13 | 14 | | |
| | | | | | | | | | | | |

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

| FORM 990-PF INTEREST ON SAVI | NGS AND T | EMPORARY C | ASH I | INVESTMENTS | STATEMENT | 1 |
|---|-----------------------|---|----------------------|--------------------------------------|---|------------------|
| SOURCE | | | | | AMOUNT | |
| MERRILL LYNCH | | | | - | 2,82 | 20. |
| TOTAL TO FORM 990-PF, PART I, | LINE 3, | COLUMN A | | = | 2,82 | 20. |
| FORM 990-PF DIVIDEND | S AND INT | EREST FROM | SEC | JRITIES | STATEMENT | 2 |
| SOURCE | GRC | SS AMOUNT | | PITAL GAINS DIVIDENDS | COLUMN (A) |) |
| MERRILL LYNCH DIVIDENDS MERRILL LYNCH INTEREST | | 39,029. 3,625. | | 0. | 39,02 3,62 | |
| TOTAL TO FM 990-PF, PART I, L | N 4 | 42,654. | | 0. | 42,6 | 54. |
| FORM 990-PF | OTHER | INCOME | | | STATEMENT | 3 |
| DESCRIPTION | | (A) REVENUE | | (B) NET INVEST- | (C) ADJUSTEI |) |
| | | PER BOOK | S | MENT INCOME | NET INCOM | |
| SALE OF ROCK IN PLACE FROM QU. | ARRY | PER BOOK | 213. | MENT INCOME 18,213 | NET INCOM | ΜE |
| SALE OF ROCK IN PLACE FROM QU | | PER BOOK | | | NET INCOM . 18,23 | ME 13. |
| SALE OF ROCK IN PLACE FROM QUATOTAL TO FORM 990-PF, PART I, | LINE 11 | PER BOOK | 213. | 18,213 | NET INCOM . 18,23 | ME 13. |
| SALE OF ROCK IN PLACE FROM QUATOTAL TO FORM 990-PF, PART I, | LINE 11 | PER BOOK 18, 18, TING FEES (B) NET INV | 213. 213. EST- | 18,213 | NET INCOME. 18,22 . 18,22 STATEMENT (D) CHARITAI | ME 13. 13. |
| | ACCOUN (A) EXPENSES | PER BOOK 18, 18, TING FEES (B) NET INV | 213. 213. EST- | 18,213 18,213 (C) ADJUSTED NET INCOM | NET INCOME 18,22 18,22 STATEMENT (D) CHARITAL PURPOSI | ME 13. 13. 4 BLE |

| FORM 990-PF' | OTHER PROFES | SIONAL FEES | Si | PATEMENT 5 |
|---|------------------------------------|-----------------------------------|------------------------------------|------------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| OUTSIDE SERVICES | 170. | 57. | 113. | 113. |
| TO FORM 990-PF, PG 1, LN 16C | 170. | 57. | 113. | 113. |
| FORM 990-PF | ТАХ | ES | Si | PATEMENT 6 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| PAYROLL TAXES LICENSES & FEES INTERNAL REVENUE SERVICE | 5,389. 85. | • | 3,593. 57. | 3,596. 57. |
| TAX INTERNAL REVENUE SERVICE | 8,306. | 8,306. | 0. | 0. |
| PEN & INT OREGON DEPT OF JUSTICE | 3,789. 473. | | 3,789. 0. | 0. 0. |
| TO FORM 990-PF, PG 1, LN 18 | 18,042. | 10,603. | 7,439. | 3,653. |
| FORM 990-PF | OTHER E | XPENSES | Sī | CATEMENT 7 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| INSURANCE DUES & REGISTRATIONS OFFICE AND TELEPHONE BANK CHARGES & FEES | 2,274. 4,279. 6,515. 370. | - | 1,516. 2,853. 4,343. 247. | 1,516. 2,853. 4,343. 247. |
| TO FORM 990-PF, PG 1, LN 23 | 13,438. | 4,479. | 8,959. | 8,959. |

| FORM 990-PF U.S. AND STATE/O | CITY GOV | ERNMENT | OBLIGATIONS | STATEMENT | 8 |
|-------------------------------------|-----------------|----------------|-----------------------------|------------|------------|
| DESCRIPTION | U.S. GOV'T | OTHER GOV'T | BOOK VALUE | FAIR MARKE | T |
| FED HOME LOAN BANK DUE 2-15-07 | X | | 50,442. | 50,1 | 25. |
| TOTAL U.S. GOVERNMENT OBLIGATIONS | | • | 50,442. | 50,1 | 25. |
| TOTAL STATE AND MUNICIPAL GOVERNMEN | NT OBLIG | ATIONS | | | |
| TOTAL TO FORM 990-PF, PART II, LINE | E 10A | : | 50,442. | 50,1 | 25. |
| FORM 990-PF COF | RPORATE | STOCK | | STATEMENT | 9 |
| DESCRIPTION | | | BOOK VALUE | FAIR MARKE | т |
| SEE SCHEDULE A | | • | 932,445. | 1,498,4 | 30. |
| TOTAL TO FORM 990-PF, PART II, LINE | E 10B | : | 932,445. | 1,498,4 | 30. |
| FORM 990-PF DEPRECIATION OF ASSET | rs not h | ELD FOR | INVESTMENT | STATEMENT | 10 |
| DESCRIPTION | COST OTHER B | | ACCUMULATED DEPRECIATION | BOOK VALUI | E |
| OFFICE FURNITURE | | 1,599. | 987. | | 12. |
| CHAIR DESK & FILE CABINET | | 699. 1,343. | 397. 715. | | 02. 28. |
| CONFERENCE PHONE | | 309. | 299. | | 10. |
| DESKTOP COMPUTER DIGITAL CAMERA | | 2,184. 364. | 2,184. 316. | | 0. 48. |
| LAPTOP COMPUTER | | 1,118. | 746. | | 40. 72. |
| LAPTOP COMPUTER | | 1,000. | 278. | | 22. |
| | | | | | |

| FORM 990-PF OTHER ASSET | S | STATEMENT 11 |
|--|------------|--------------------------|
| DESCRIPTION | BOOK VALUE | FAIR MARKET VALUE |
| ARTIFACTS AND PAINTINGS, DRIFTWOOD LIBRARY | 2,767. | 2,767. |
| TOTAL TO FORM 990-PF, PART II, LINE 15 | 2,767. | 2,767. |
| FORM 990-PF OTHER INVESTME | NTS | STATEMENT 12 |
| DESCRIPTION | BOOK VALUE | FAIR MARKET VALUE |
| ROCK QUARRY | 227,700. | 227,700. |
| TOTAL TO FORM 990-PF, PART II, LINE 13 | 227,700. | 227,700. |
| FORM 990-PF INTEREST AND PENALT | TES | STATEMENT 13 |
| AMOUNT DUE FROM FORM 990-PF, PART VI UNDERPAYMENT PENALTY SECTION 6652 LATE FILING PENALTY | | -3,705. 17. 8,210. |
| TOTAL AMOUNT DUE | | 4,522. |

| | Form 990-PF - BLANCHE FISCHER | · · · · · · · · · · · · · · · · · · · | JN | |
|-------------|-------------------------------------|---------------------------------------|------------|--------------------|
| | FID # 93-0790099 200 | امر ا | | |
| • | COLLEDIA E | | L | |
| | SCHEDULE A | | | · · · <u>- · -</u> |
| | | Deceleration | Endo | fuces |
|) . 4 II I | 101 1 | Beg of year | End o | |
| art II Line | 10b, Investments in corporate stock | Book value | Book value | Mkt. value |
| 1000 | ALASKA AIR GROUP, INC. | 30131.09 | 30131.09 | 39500.0 |
| 2000 | ANDRX CROP. | 36602.38 | 0.00 | 0.0 |
| 2000 | AT & T, INC. | 47600.00 | 47600.00 | |
| 1000 | BAKER HUGHES, INC. | 33692.89 | 33692.89 | |
| 2000 | DENDREON CORP | 30395.00 | 0.00 | 0.0 |
| 1000 | DIAMONDS TRUST SERIES I | 98190.00 | 98190.00 | |
| 500 | DUPONT E I DE NEMOURS | 3993.66 | 3993.66 | 24355.0 |
| 500 | EXXON MOBIL CORP. | 1947.81 | 1947.81 | 38315.0 |
| 2000 | FLIR SYSTEMS, INC. | 7095.33 | 7095.33 | 63660.0 |
| 1000 | FPL GROUP, INC. | 11243.64 | 11243.64 | |
| 1000 | H. J. HEINZ CO. | 8333.11 | 8333.11 | 45010.0 |
| 1000 | HONEYWELL INT'L, INC. | 11012.62 | 11012.62 | |
| 1000 | IDEARC INC. | 0.00 | 2266.32 | 2865.0 |
| 2000 | J P MORGAN CHASE AND CO. | 100900.00 | 100900.00 | |
| 2000 | KINDER MORGAN ENERGY PARTNERS LI | | 68920.00 | 95800.0 |
| 1000 | JOHNSON AND JOHNSON | 65280.00 | 65280.00 | |
| 500 | LILLY ELI CO. | 34485.20 | 34485.20 | |
| 2000 | MICROSOFT CORP. | 12433.53 | 12433.53 | 59720.0 |
| 3000 | PENNICHUCK CORP. | 37792.31 | 37792.31 | 60690.0 |
| 621 | PENNICHUCK CORP. | 7823.01 | 0.00 | 0.0 |
| 2000 | PFIZER INC. | 2311.82 | 2311.82 | 51800.0 |
| 588 | POLYCOM INC. | 18204.48 | | |
| 2000 | PITNEY BOWES INC. | 84882.00 | 84882.00 | 92380.0 |
| 2000 | SAFEWAY, INC. | 74280.03 | 74280.03 | 69120.0 |
| 1000 | SUNOCO INC. | 20775.00 | 20775.00 | 62360.0 |
| 500 | SUNOCO INC. | 10387.50 | 0.00 | 0.0 |
| 2000 | VERIZON COMMUNICATIONS | 61820.00 | 59553.68 | |
| 2000 | WEYERHAEUSER CO. | 97120.00 | ! | |
| | | | | |
| | | | | |
| | | 1017652.41 | 932444.52 | 1498430.0 |

| TIN 093-0790099 | 66006 | | , | |
|--------------------------|---|---|--|---------------------------------|
| 2006 Grant List | ist | | | |
| | | | | |
| DATE | AMOUNT PAID TO | AID TO | GRANTEE | PURPOSE |
| Individuals 1/17/2006 | 500 00 K | 500 00 Kraspis Clith | Michael E Warren 201 S Demonstrumo St. Cons Bay 07147 | S. Camping |
| 1/17/2006 | S00 000 | NBMC Audiology Department | Angela Lessard 678 H St. Coos Bay | Hearing aids |
| 1/17/2006 | 150 00 T | 150 00 The Scooter Store | Vickie Fandrei, 1550 SE Oak Grove Blvd , Milwaukie 97267 | Scooter |
| 1/17/2006 | 500 00 A | 500 00 Access Conversions | Ronald Daniel, 4647 Winter Ave #76, Klamath Falls, 97603 | Tiedowns for van |
| 1/17/2006 | 250 00 F | 250 00 Performance Mobility | Waddah Soffan, 1430 SW 12th Ave #1711, Portland 97201 | Hand controls for vehicle |
| 1/17/2006 | 250 00 ₺ | 250 00 Hearing & Speech Institute | Edward Matthies, 23421 S Molalia Ave , Sp. 29, Oregon City 97045 | |
| 1/17/2006 | 50 00 F | 50 00 Performance Mobility | Glennadine Johnson-Wade, 10900 SW Bvtn-Hillsdale Hwy #12, Beaverton 97005 | Hand controls for vehicle |
| 1/17/2006 | 250 00 1 | 250 00 Performance Mobility | Glennadine Johnson-Wade, 10900 SW Bytn-Hillsdale Hwy #12, Beaverton 97005 | Hand controls for vehicle |
| 2002/2/2 | 900 000 | SOU DU CIRCUIT CITY | Sam inving, 535 SE 12th Ave , Portland 9/214 | Computer and adaptive software |
| 2/28/2006 | 250 00 Stutzman | 250 00 Intaxt Alus 250 00 Shitzman's Stove Company | Path Sanders 535 S 12th St. # 1 phanon 97355 | Renair accessible cookton |
| 2/28/2006 | 400 00 0 | 400 00 Custom Excavation & Building | Joe E Stout, 970 10th Pl. Aumsville, 97325 | Trenching for ramp |
| 2/28/2006 | 200 00 B | 200 00 Blind Ambition | Ayla Montgomery, 1722 SE 60th Ct. Hillsboro 97123 | Blind dragon boat team |
| 3/2/2006 | 500 00 H | 500 00 Hanger Orthotics | Steven Israel, 520 SE Ash, Dallas 97338 | Artificial limb |
| 3/12/2006 | 160 00 F | 160 00 Forward Stnde | Mane Blanchard, 4012 SE Nehalem St , Portland 97202 | Therapeutic exercise |
| 3/16/2006 | 500 00 S | 500 00 Sleep Country | Michael Goff, 2114 Columbia Blvd #164, St Helens 97051 | Mattress to avoid bed sores |
| 4/5/2006 | 750 00 F | 750 00 Progressive Options | Ronald C Schleger, 5256 Highway 20, Toldeo, 97391 | Self advocacy conference |
| 4/5/2006 | 450 00 C | 450 00 Care Medical | Andrea Faciane, 116 NW 3rd #f-12, Portland 97209 | Wheelchair repairs |
| 4/5/2006 | 00 069 | 650 00 GW Micro, Inc | Darson LaPan, 1430 SW 12th Ave #/13, Portland 9/201 | Windoweyes |
| 4/5/2006 | 00 001 | 100 00 The Corvallis Clinic | Dawn R. Crsoo, 950 NW Hayes Ave #2, Corvallis, 97330 | Hearing aid molds and batteries |
| 4/3/2006 | 329 00 7 | 529 00 American Remoted Plastics | Jones On Elean Econ No Purificial Court of Safetti 97301 | Kollin snower |
| 4/14/2006 | 000000000000000000000000000000000000000 | 700 00 No Boundanes | Daniel P. Clark 121 Ash Creek Rd Riddle 97459 | Scooter |
| 4/14/2006 | 300 00 | 300 00 Gateway Medical Equipment | Kelly Hodakinson, 460 22nd St. Springfield, 97477 | Wheelchair accessories |
| 6/19/2006 | 100 00 | 100 00 Disability Law Resource Project | DREDF, 2112 Sixth St, Berkeley, CA 94170 | Oregon project |
| 9/19/2006 | 300 00 | 300 00 Wheelchair Works | Anthony Bennett, 21951 SW Sherwood Blvd #3, Sherwood 97140 | Scooter |
| 9/19/2006 | 000 009 | Oregon Artificial Limb | Michael Preston, PO Box 849, Madras 97741 | Artificial limb |
| 9/27/2006 | 350 00 F | 350 00 Freedom Scientific | Gustavo Leal, 2392 Stonefield Way, Medford 97501 | WYNN Reader |
| 9/27/2006 | 400 00 A | 400 00 Accessible Solutions | Susan Thorpe, 1585 9th St., Hood River 97031 | Van lift |
| 9/29/2006 | 500 00 4 | 500 00 All in One Mobility | Petra Medina, 1430 SW 12th Ave #215, Portland 97201 | Wheelchair repairs |
| 9/29/2006 | 200 000 | SUD UD Unlimited Choices | | Acessibility at home |
| 11/16/2006 | 250 00 H | 250 00 LeRoy Parks Innovations | Can Chalco DO Box 1704 Clarkama 97015 | Hand rails for inhome |
| 11/20/2008 | 200 005 | 500 00 Michael P Hooks | Jerma Balonzo 1839 NE 14th Δye #575 Dodland 97212 | IAMS |
| 12/8/2006 | 300 00 | acific Medical Supply | Karen Espirivel 4241 Meadowhrook Ct NF Keizer 97303 | Lift chair |
| 12/8/2006 | 200 00 | 200 00 Judith Falconer | Cheryl R Brown, 1619 SW Obsidian Ave #1, Redmond 97756 | BrainTrain |
| 12/8/2006 | ₩ 00 009 | 600 00 MPJ Mobility | Michael Richards, 9300 W Sneddon Lane, Coos Bay 97470 | Van lift |
| 12/8/2006 | 200 00 C | Countryman Homes, LLC | Helen Schliesmayer, 6376 NE 13th Ave SE, Salem 97306 | Acessibility at home |
| 12/8/2006 | 50 00 E | 50 00 Enable Mart | Linda Akagi, 1220 SW 12th Ave #205 Portland 97205 | Glide point mouse |
| 12/8/2006 | 150 00 A | 150 00 Accessible Solutions | Anne Thistlethwaite, 15446 Fountainwood PI, Tigard 97224 | Hand controls for vehicle |
| 12/8/2006 | 00 009 № | 600 00 Mobility Access Options | Dorothy Holley, 1785 Drury Lane, Grants Pass 97527 | Hand controls for vehicle |
| 12/8/2006 | 500 00 R | 500 00 Remodeling by David Michael | Tom Sundberg, 11963 SW Tualatin Rd , Tualatin 97062 | Acessibility at home |
| 12/8/2006 | 200 00 \ | 500 00 Wenbourne & Sons | Charles C Rogers, 2666 Fir St , North Bend 97459 | Acessibility at home |
| 12/8/2006 | 200 00 H | 500 00 Hoveround Corp | Cynthia Peeder, 1530 Madison St. SE, Albany 97322 | Scooter |
| 12/8/2006 | 500 000 | Orthopedic Technologies | Harvey Johnston, PO Box 355, Toledo 97391 | Knee braces |
| 12/11/2006 | 125 00 1 | 125 00 Home Depot | Hazel S. Muller, 42/3 Lemon St. SE, Salem 9/305 | Acessibility at home |
| - i- | 925 00 F | 925 00 Fred Crowley Construction | Daria I ompkins, 450 Rooselvelt St #22, Madras 97741 | Acessibility at home |
| 2000/00/0 | | | Consist Consist And Constant C | |

| TIN 093-0790099 2006 Grant List DATE AMOUNT PAID TO GRANTEE Organizations 2/6/2006 2/8/2006 2/8/2006 CAPD, 1629 K St 2/8/2006 2/8/2006 AAPD, 1629 K St 2/8/2006 2/8/2006 CORIL, 1021 SW 2/8/2006 1/2/2006 CORIL, PO Box 9 9/19/2006 2.500 00 Childrens Mobility Fund Martien Frangion 9/19/2006 2.500 00 Childrens Mobility Fund CORIL, PO Box 9 1/2/29/2006 2.500 00 CARIL H A S L, 1252 Rec 1/2/29/2006 6.000 00 Center on Self Determination Center on Self Determination | BLANCHE FISCHER FOUNDATION | | |
|--|---|--|-------------------------------|
| MOUNT PAID TO 250 00 American Assoc of People with Disabilities 200 00 Eastern Oregon Center for Ind Living 124 99 Hearing Planet 175 00 Rising Star Press 500 00 Childrens Mobility Fund 500 00 CORIL 500 00 CORIL 500 00 Coreiter on Self Determination | 6 | | |
| AMOUNT PAID TO 250 00 Amencan Assoc of People with Disabilities 200 00 Eastern Oregon Center for Ind Living 124 99 Hearing Planet 175 00 Rising Star Press 500 00 Childrens Mobility Fund 500 00 CORIL 2,500 00 H A S L 6,000 00 Center on Self Determination | | | |
| AMOUNT PAID TO 250 00 Amencan Assoc of People with Disabilities 200 00 Eastern Oregon Center for Ind Living 124 99 Hearing Planet 175 00 Rising Star Press 500 00 Childrens Mobility Fund 500 00 CORIL 2,500 00 H A S L 6,000 00 Center on Self Determination | | | |
| AMOUNT PAID TO 250 00 American Assoc of People with Disabilities 250 00 Eastern Oregon Center for Ind Living 124 99 Hearing Planet 175 00 Rising Star Press 500 00 Childrens Mobility Fund 500 00 CORIL 2,500 00 H A S L 6,000 00 Center on Self Determination | | | |
| 250 00 American Assoc of People with Disabilities 200 00 Eastern Oregon Center for Ind Living 124 99 Hearing Planet 175 00 Rising Star Press 500 00 Childrens Mobility Fund 500 00 CORIL 2,500 00 H A S L 6,000 00 Center on Self Determination | UNT PAID TO | GRANTEE | PURPOSE |
| 250 00 American Assoc of People with Disabilities 200 00 Eastern Oregon Center for Ind Living 124 99 Hearing Planet 175 00 Rising Star Press 500 00 Childrens Mobility Fund 500 00 CORIL 2,500 00 H A S L 6,000 00 Center on Self Determination | | | |
| Oregon Center for Ind Living Planet Itar Press Is Mobility Fund In Self Determination | 0 00 American Assoc of People with Disabilities | AAPD, 1629 K St NW #950, Washington, DC 20006 | Program grant |
| Planet Itar Press Is Mobility Fund on Self Determination | 0 00 Eastern Oregon Center for Ind Living | EOCIL, 1021 SW Fifth Ave , Ontano 97912 | Program support |
| itar Press is Mobility Fund on Self Determination | 4 99 Hearing Planet | Self Help Hard of Hearing, 1131 Manetta Lane, Dallas 97338 | Pocket Talker |
| is Mobility Fund on Self Determination | 5 00 Rising Star Press | CORIL, PO Box 9425, Bend 97708 | Books for clients |
| on Self Determination | 0 00 Childrens Mobility Fund | Marlene Frangione Foundation, 1312 Shoreline Circle, Sebastian, FL 32958 | Project at Providence Medical |
| on Self Determination | 0 00 CORIL | CORIL, PO Box 9425, Bend 97708 | Brain Injury conference |
| | 0 00 HASL | H A S L, 1252 Redwood Ave, Grants Pass 97527 | Transportation project |
| | 0 00 Center on Self Determination | Center on Self Determination, P O Box 574, Portland 97207 | Rural transportation training |
| 10,249.99 | 9.99 | | |
| | | | |
| 29.088.99 TOTAL | 8.99 TOTAL | | |



1509 S.W. SUNSET BLVD., SUITE 1-B
PORTLAND, OR 97239
PHONE: 503.819.8205
E-MAIL: BFF@BFF.ORG WEB: WWW.BFF.ORG

The Blanche Fischer Foundation is a private, nonprofit charitable institution founded in 1981 for the purpose of assisting persons who have a disability that challenges them physically and who have financial need. There are three criteria for consideration for a grant from the foundation:

- 1. You must be an Oregon resident;
- 2. You must have a disability of a physical nature; and
- 3. You must demonstrate financial need.

Applicants may apply for financial aid for education, special equipment or for such other purposes as the foundation finds appropriate.

Please Note

- The application must be filled out completely and signed by the applicant or applicant's legal guardian.
- Medical or other satisfactory verification of disability (letter from physician or other health care professional) is required.
- We do not accept faxed applications. You must MAIL the original, along with documentation, to the foundation. This is necessary for the foundation to comply with state and federal requirements.

GRANT APPLICATION

| Name of a | pplicant (person for w | hom assistance is request | ed): | | |
|------------|------------------------|---------------------------|---------|-----|---|
| Address: _ | Street No. | Apt./Unit | City | ZIP | _ |
| Telephone | :/TTY: () | • | E-mail: | | |

I. INFORMATION ABOUT YOUR DISABILITY

| 1. | Briefly describe your disability: | |
|-----|--|---|
| | | |
| 2. | How long has this condition existed? | |
| 3. | Is your condition permanent? | |
| | If no, expected duration: | |
| 4. | How does this affect your daily life and independence? | |
| 5. | For what purpose are you requesting funding? | |
| 6. | How much does it cost? \$ | |
| 7. | How much do you need the Blanche Fischer Foundation to co | ontribute? \$ |
| 8. | How will this grant improve your quality of life? | |
| 9. | Name and address of vendor or supplier (attach copy of price) Yes, it's attached! | quote or order information): |
| 10 | Have you applied for grants from any other source(s)? | Yes No |
| 10. | | |
| | From whom? | How much? \$ |
| 11. | Have any been approved? Yes No | |
| | By whom? | In what amount(s)? \$ |
| 12. | Have you ever received vocational training? | □No |
| 13. | From whom (state agency, federal, private organization)? | |
| | When? | |
| | <u> </u> | No |
| 14. | Attach a letter or report from your doctor or other license worker, case manager, etc.) verifying your disability. | ed health care professional (social Yes, it's attached! |

II. APPLICATION FOR BENEFIT

NOTE: ALL household members must be considered in replying to income-related questions.

| Ge | neral Information | | | | | | | |
|---|---|---|---|----------------------|--|--|--|--|
| Applicant's birth date | | | | | | | | |
| If a minor, name of parent(s) or guardian(s): | | | | | | | | |
| Age | of each child in household: | | | | | | | |
| Nur | nber and relationship (parent, sp | ouse, caregiver, etc.) of a | adults in household: | | | | | |
| | | | | | | | | |
| Nur | nber of wage earners in househo | ld: | | | | | | |
| Occ | upation(s): | | | | | | | |
| Em | ployer(s) name(s): | | | | | | | |
| Wo | k phone (if applicable): (|) | | | | | | |
| Inc | ome and Expenses | | | | | | | |
| Α. | Monthly INCOME – Salary ar 1. Primary wage-earner: Gross monthly salary: Monthly take-home pay: 2. Second wage-earner: Gross monthly salary: Monthly take-home pay: | s | Monthly INCOME – Other Social Security Child support Food stamps/Oregon Trail Other (describe): | \$ \$ \$ \$ | | | | |
| C. | Monthly EXPENSES Category Food Clothing Utilities Health care (medical, dental, vision, prescriptions, etc.) Insurance Payments (credit cards, car payments, loans, etc.) Other (describe): | Monthly Payment \$ \$ \$ \$ \$ \$ \$ \$ \$ | Balance Owed \$ \$ \$ | | | | | |
| D. | What kind of medical insurance None Private health insurance Medicare Oregon Health Plan Other (describe): | ce, if any, do you have? Yes No Yes No Yes No Yes No | Check all applicable responses: | | | | | |

ap090102 doc

| E. | ASSETS. | | | | |
|------|---|--------------------------|-------------------|--------------------------------|---------|
| • | Do you rent or own your residence? | Rent | Own | | |
| | What is your monthly payment? | \$ | | | |
| | Do you own any other real property? | Yes | ☐ No | | |
| | If yes, please describe: | | | | _ |
| | Automobile(s): | | | | |
| | Automobile 1 | | | | |
| | Make and year: | | | Value \$ | |
| | Automobile 2 | | | | |
| | Make and year: | | | Value \$ | |
| | Amount of cash in bank accounts and any sliving trusts: | · | · | ncluding retirement plar | s and |
| | Describe: | | | Value \$ | |
| | | | | value 5 | |
| m | Ill grants made assume the accuracy of this applica nade only to the supplier of goods or services I fur nade at the sole discretion of the Blanche Fischer F | ther understand | that all decision | s as to eligibility and grants | |
| | understand that all grants awarded by the Blanche and state tax returns, and as such, grantees' names, | | | | deral |
| Sig | nature(s): | | | | |
| App | licant | Parent | /Guardian (circ | le whichever is appropriate) | |
| Date | • | Parent | /Guardian (circ | le whichever is appropriate) | |
| Woi | r response to the following question will not in the land you like us to send you a Voter Registration esentative and U.S. Congressional representation | n Card, a <u>lo</u> ng v | vith the names | of your state senator, | cation: |
| | ore mailing this application 1. Are all sections complete? 2. Have you attached documentation from the section of the s | | | nal verifying disability? | |
| Mail | the completed application and documentation | to: | | | |

Mail the completed application and documentation to

BLANCHE FISCHER FOUNDATION 1509 S.W. SUNSET BLVD., SUITE 1-B PORTLAND, OR 97239