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Form **990-PF**

Department of the Treasury
Internal Revenue Service (77)

Return of Private Foundation

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

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

OMB No 1545-0052

2007

For calendar year 2007, or tax year beginning , and ending

G Check all that apply: ☐ Initial return ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

AUG 2 1 2010

Use the IRS label. Otherwise, print or type. See Specific Instructions.

Name of foundation
BLANCHE FISCHER FOUNDATION

A Employer identification number
93-0790099

Number and street (or P O box number if mail is not delivered to street address)
1509 SW SUNSET BLVD.

Room/suite
1-B

B Telephone number
(503)819-8205

City or town, state, and ZIP code
PORTLAND, OR 97239

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 ▶ ☐

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

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

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶$ 1,992,058.

J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

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

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)
Revenue	1 Contributions, gifts, grants, etc., received				
	2 Check ▶ ☒ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	5,291.	5,291.	5,291.	STATEMENT 1
	4 Dividends and interest from securities	42,873.	42,873.	42,873.	STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	1,018.			
	b Gross sales price for all assets on line 6a 176,908.				
	7 Capital gain net income (from Part IV, line 2)		1,018.		
	8 Net short-term capital gain			0.	
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	17,538.	17,538.	17,538.	STATEMENT 3
	12 Total. Add lines 1 through 11	66,720.	66,720.	65,702.	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	67,150.	22,383.	44,767.	44,767.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees STMT 4	1,332.	888.	444.	444.
	c Other professional fees				
	17 Interest				
	18 Taxes STMT 5	7,118.	1,842.	5,276.	3,686.
	19 Depreciation and depletion	1,282.	641.	641.	
	20 Occupancy	8,070.	2,690.	5,380.	5,380.
	21 Travel, conferences, and meetings	10,915.	1,092.	9,823.	9,823.
	22 Printing and publications				
	23 Other expenses STMT 6	6,880.	2,294.	4,586.	4,586.
	24 Total operating and administrative expenses. Add lines 13 through 23	102,747.	31,830.	70,917.	68,686.
	25 Contributions, gifts, grants paid	48,250.			48,250.
	26 Total expenses and disbursements. Add lines 24 and 25	150,997.	31,830.	70,917.	116,936.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-84,277.			
	b Net investment income (if negative, enter -0-)		34,890.		
	c Adjusted net income (if negative, enter -0-)			0.	

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Form **990-PF** (2007)

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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	25,871.	58,915.	58,915.
	2 Savings and temporary cash investments	114,165.	172,048.	172,048.
	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	930.	2,278.	2,278.
	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 7	50,442.	0.	0.
	b Investments - corporate stock STMT 8	932,445.	806,997.	1,526,818.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 9	227,700.	227,700.	227,700.
	14 Land, buildings, and equipment: basis ▶ 9,236.			
	Less accumulated depreciation STMT 10 ▶ 7,204.	2,694.	2,032.	2,032.
	15 Other assets (describe ▶ STATEMENT 11)	2,767.	2,767.	2,267.
	16 **Total assets** (to be completed by all filers)	1,357,014.	1,272,737.	1,992,058.
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 ▶ [X] and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	1,357,014.	1,272,737.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ [ ] and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances**	1,357,014.	1,272,737.	
	31 **Total liabilities and net assets/fund balances**	1,357,014.	1,272,737.	

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	1,357,014.
2	Enter amount from Part I, line 27a	2	-84,277.
3	Other increases not included in line 2 (itemize) ▶	3	0.
4	Add lines 1, 2, and 3	4	1,272,737.
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	1,272,737.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	2000 SH JP MORGAN CHASE & CO.	P	01/19/01	10/17/07
b	250 SH DIAMONDS TRUST SERIES 1	P	11/19/03	07/10/07
c	FED HOME LOAN BANK BOND	P	02/24/00	02/15/07
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	93,239.		100,900.	-7,661.
b	33,669.		24,548.	9,121.
c	50,000.		50,442.	-442.
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
	(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	
a				-7,661.
b				9,121.
c				-442.
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	1,018.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8	3	0.

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 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))
2006	100,076.	1,835,648.	.054518
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

2	**Total** of line 1, column (d)	2	.345479
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.069096
4	Enter the net value of noncharitable-use assets for 2007 from Part X, line 5	4	1,957,142.
5	Multiply line 4 by line 3	5	135,231.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	349.
7	Add lines 5 and 6	7	135,580.
8	Enter qualifying distributions from Part XII, line 4	8	116,936.

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 ▶ ☐ and enter "N/A" on line 1. Date of ruling letter: _____ (attach copy of ruling letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	698.
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	698.
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	698.
6	Credits/Payments:		
a	2007 estimated tax payments and 2006 overpayment credited to 2007 — 6a		
b	Exempt foreign organizations - tax withheld at source — 6b		
c	Tax paid with application for extension of time to file (Form 8868) — 6c		
d	Backup withholding erroneously withheld — 6d		
7	Total credits and payments. Add lines 6a through 6d	7	0.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	33.
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** SEE STATEMENT 12 ▶	9	731.
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be: **Credited to 2008 estimated tax** ▶ **Refunded** ▶	11	

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?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? *If the answer is "Yes" to* **1a** *or* **1b**, *attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*	1b		X
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ $ 0. (2) On foundation managers. ▶ $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 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.*	2		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*	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		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?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	X	
8a	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*	8b	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 2007 or the taxable year beginning in 2007 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

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

11a	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)	11a		X
b	If "Yes," did the foundation have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in the attachment for line 11a? N/A	11b		
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ WWW.BFF.ORG

14 The books are in care of ▶ JOHN DZIENNIK Telephone no. ▶ (503) 819-8205

Located at ▶ 1509 SW SUNSET BLVD. # 1-B, PORTLAND, OR ZIP+4 ▶ 97201

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
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? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ 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)? ☐ Yes ☒ 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.) ☐ Yes ☒ 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 page 22 of the instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
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 2007?	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 2007, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2007? ☐ Yes ☒ No			
	If "Yes," list the years ▶ _____, _____, _____, _____.			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions.) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____.			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2007 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 2007.)* N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2007?	4b		X

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	5b	
	Organizations relying on a current notice regarding disaster assistance check here	▶ ☐		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it 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?		6b	X
	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 shelter transaction?	☐ Yes ☒ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	

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
JOHN P. DZIENNIK C/O BLANCHE FISCHER FDN. 1509 SW SUNS PORTLAND, OR 97239	EXECUTIVE DIRECTOR 40.00	67,150.	0.	0.
JEAN E. M. SHEPHERD C/O BLANCHE FISCHER FDN. 1509 SW SUNS PORTLAND, OR 97239	DIRECTOR 1.00	0.	0.	0.

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

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

Total number of other employees paid over $50,000 ▶ 0

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

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

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

Total number of others receiving over $50,000 for professional services ▶ 0

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 CHARITABLE ACTIVITIES CONSIST SOLELY OF GIVING MONEY TO OR FOR DISABLED OR PHYSICALLY HANDICAPPED PEOPLE SHOWING FINANCIAL NEED IN THE STATE OF OREGON. 9 ORGS AND 77 IND.	116,936.
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 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	0.

Form **990-PF** (2007)

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02-20-08

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	1,574,903.
b	Average of monthly cash balances	1b	177,283.
c	Fair market value of all other assets	1c	234,760.
d	**Total** (add lines 1a, b, and c)	1d	1,986,946.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,986,946.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	29,804.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,957,142.
6	**Minimum investment return.** Enter 5% of line 5	6	97,857.

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

1	Minimum investment return from Part X, line 6		1	
2a	Tax on investment income for 2007 from Part VI, line 5	2a		
b	Income tax for 2007. (This does not include the tax from Part VI.)	2b		
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	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	116,936.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	116,936.
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	116,936.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2006	(c) 2006	(d) 2007
1 Distributable amount for 2007 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2006				
a Enter amount for 2006 only			0.	
b Total for prior years: _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2007:				
a From 2002				
b From 2003				
c From 2004				
d From 2005				
e From 2006				
f **Total** of lines 3a through e	0.			
4 Qualifying distributions for 2007 from Part XII, line 4: ▶ $ N/A				
a Applied to 2006, 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 2007 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2007 (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 2006. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2007. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2008				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2002 not applied on line 5 or line 7	0.			
9 **Excess distributions carryover to 2008.** Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2003				
b Excess from 2004				
c Excess from 2005				
d Excess from 2006				
e Excess from 2007				

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

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 2007, enter the date of the ruling ▶

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

	Tax year	Prior 3 years			
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	0.	0.	0.	0.	0.
b 85% of line 2a	0.	0.	0.	0.	0.
c Qualifying distributions from Part XII, line 4 for each year listed	116,936.	100,076.	112,808.	121,579.	451,399.
d Amounts included in line 2c not used directly for active conduct of exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	116,936.	100,076.	112,808.	121,579.	451,399.
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 listed	65,238.	61,188.	59,716.	59,023.	245,165.
c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on 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 Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year-see the instructions.)

1 **Information Regarding Foundation Managers:**

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

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ▶ [ ] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:

BLANCHE FISCHER FOUNDATION, (503) 819-8205
1509 SW SUNSET BLVD., #1-B, PORTLAND, OR 97239

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

PER APPLICATION - SEE COPY OF APPLICATION ATTACHED

c Any submission deadlines:

NONE

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

APPLICANTS MUST HAVE DISABILITIES OF A PHYSICAL NATURE AND DEMONSTRATE FINANCIAL NEED WHILE RESIDING IN THE STATE OF OREGON.

Part XV Supplementary Information (continued)

3 **Grants and Contributions Paid During the Year or Approved for Future 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
a *Paid during the year*				
SEE SCHEDULE C	NONE	NONE		48,250.
Total			▶ 3a	48,250.
b *Approved for future payment*				
NONE				
Total			▶ 3b	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income (a) Business code	Unrelated business income (b) Amount	Excluded by section 512, 513, or 514 (c) Exclusion code	Excluded by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					5,291.
4 Dividends and interest from securities					42,873.
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					17,538.
8 Gain or (loss) from sales of assets other than inventory					1,018.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	66,720.
13 Total. Add line 12, columns (b), (d), and (e)				13	66,720.

(See worksheet in line 13 instructions to verify calculations.)

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

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.

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

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

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

b If "Yes," complete the following schedule.

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

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

Sign Here

Signature of officer or trustee — Date: 12/9/2010 — Title: EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature — Date: 08/01/10 — Check if self-employed ▶ ☒ — Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code ▶ DEAN J. ROTHENFLUCH, C.P.A.
7912 S.W. 35TH AVE., SUITE 2
PORTLAND, OR 97219-2427

EIN ▶

Phone no. (503) 245-2254

Form **990-PF** (2007)

723622
02-20-08

FORM 990-PF OTHER ASSETS STATEMENT 11

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ARTIFACTS AND PAINTINGS, DRIFTWOOD LIBRARY	2,767.	2,767.	2,267.
TO FORM 990-PF, PART II, LINE 15	2,767.	2,767.	2,267.

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

SOURCE	AMOUNT
MERRILL LYNCH	5,282.
UMPQUA BANK	9.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	5,291.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
MERRILL LYNCH DIVIDENDS	41,060.	0.	41,060.
MERRILL LYNCH INTEREST	1,813.	0.	1,813.
TOTAL TO FM 990-PF, PART I, LN 4	42,873.	0.	42,873.

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
SALE OF ROCK IN PLACE FROM QUARRY	17,529.	17,529.	17,529.
PRIOR YEAR BASIS ADJUSTMENT	9.	9.	9.
TOTAL TO FORM 990-PF, PART I, LINE 11	17,538.	17,538.	17,538.

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	1,332.	888.	444.	444.
TO FORM 990-PF, PG 1, LN 16B	1,332.	888.	444.	444.

FORM 990-PF TAXES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	5,428.	1,809.	3,619.	3,619.
LICENSES & FEES	100.	33.	67.	67.
INTERNAL REVENUE SERVICE	1,590.	0.	1,590.	0.
TO FORM 990-PF, PG 1, LN 18	7,118.	1,842.	5,276.	3,686.

FORM 990-PF OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INSURANCE	548.	183.	365.	365.
DUES & REGISTRATIONS	620.	207.	413.	413.
OFFICE AND TELEPHONE	5,237.	1,746.	3,491.	3,491.
BANK CHARGES & FEES	475.	158.	317.	317.
TO FORM 990-PF, PG 1, LN 23	6,880.	2,294.	4,586.	4,586.

FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT 7

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
FED HOME LOAN BANK DUE 2-15-07	X		0.	0.
TOTAL U.S. GOVERNMENT OBLIGATIONS				
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			0.	0.

FORM 990-PF CORPORATE STOCK STATEMENT 8

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
SEE SCHEDULE A	806,997.	1,526,818.
TOTAL TO FORM 990-PF, PART II, LINE 10B	806,997.	1,526,818.

FORM 990-PF OTHER INVESTMENTS STATEMENT 9

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ROCK QUARRY	COST	227,700.	227,700.
TOTAL TO FORM 990-PF, PART II, LINE 13		227,700.	227,700.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 10

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE FURNITURE	1,599.	1,147.	452.
CHAIR	699.	467.	232.
DESK & FILE CABINET	1,343.	849.	494.
CONFERENCE PHONE	309.	309.	0.
DESKTOP COMPUTER	2,184.	2,184.	0.
DIGITAL CAMERA	364.	364.	0.
LAPTOP COMPUTER	1,118.	1,118.	0.
LAPTOP COMPUTER	1,000.	611.	389.
CANON PRINTER	620.	155.	465.
TOTAL TO FM 990-PF, PART II, LN 14	9,236.	7,204.	2,032.

Form 990-PF - BLANCHE FISCHER FOUNDATION				
FID # 93-0790099 2007				
SCHEDULE A				
		Beg of year	End of year	
Part II Line 10b, Investments in corporate stock		Book value	Book value	Mkt. value
1000	ALASKA AIR GROUP, INC.	30131.09	30131.09	25010.00
2000	AT & T, INC.	47600.00	47600.00	83120.00
1000	BAKER HUGHES, INC.	33692.89	33692.89	81100.00
750	DIAMONDS TRUST SERIES I	73642.50	73642.50	99412.50
250	DIAMONDS TRUST SERIES I	24547.50	0.00	0.00
500	DUPONT E I DE NEMOURS	3993.66	3993.66	22045.00
500	EXXON MOBIL CORP.	1947.81	1947.81	46845.00
2000	FLIR SYSTEMS, INC.	7095.33	7095.33	125200.00
1000	FPL GROUP, INC.	11243.64	11243.64	67780.00
1000	H . J . HEINZ CO .	8333.11	8333.11	46680.00
1000	HONEYWELL INT'L, INC.	11012.62	11012.62	61570.00
100	IDEARC INC.	2266.32	2266.32	1756.00
2000	J P MORGAN CHASE AND CO.	100900.00	0.00	0.00
2000	KINDER MORGAN ENERGY PARTNERS LI	68920.00	68920.00	107980.00
1000	JOHNSON AND JOHNSON	65280.00	65280.00	66700.00
500	LILLY ELI CO.	34485.20	34485.20	26695.00
2000	MICROSOFT CORP.	12433.53	12433.53	71200.00
3000	PENNICHUCK CORP.	37792.31	37792.31	80130.00
2000	PFIZER INC.	2311.82	2311.82	45460.00
588	POLYCOM INC.	18204.48	18204.48	16334.64
2000	PITNEY BOWES INC.	84882.00	84882.00	76080.00
2000	SAFEWAY, INC.	74280.03	74280.03	68420.00
1000	SUNOCO INC.	20775.00	20775.00	72440.00
2000	VERIZON COMMUNICATIONS	59553.68	59553.68	87380.00
2000	WEYERHAEUSER CO.	97120.00	97120.00	147480.00
		932444.52	806997.02	1526818.14

BLANCHE FISCHER FOUNDATION				
TIN 093-0790099				
2007 Grant List				
DATE	AMOUNT	PAID TO	GRANTEE	PURPOSE
Individuals				
2/12/2007	150 00	Rick's Medical Supply	Maureen Gates, 1401 NW Veterans Way, Roseburg 97470	Lift chair
2/12/2007	750 00	Advanced Mobility	Robert Regedal, 119 SE Taft, Bend 97702	Scooter
2/12/2007	200 00	Pacific Medical Supply	Betty Carrington, 580 Ash St , Independence 97351	Heavyweight walker
3/26/2007	500 00	Next Level Assistive Technology	Wendy Gonzalez, 5811 SE Lexington St , Portland 97206	KNFB reader
3/26/2007	500 00	MPJ Inc	Calvin Hyatt, 275 N. Maple, Coos Bay, 97420	Wheelchair lift
3/26/2007	600 00	Becker Oregon	Jennifer Abboud, 5078 Pummel Ct SE, Salem 97317	Ankle orthotics
3/26/2007	200.00	Wheelchair Works	Allen Kofsky, 1234 Maple St , Lake Oswego, 97034	Power wheelchair
4/17/2007	250 00	United Seating & Mobility	David Groom, 459 SW J St , Grants Pass 97526	Wheelchair controls
5/17/2007	500 00	Hanger Orthotics	Tonya Ayers, 2939 W. Jay St , Roseburg 97470	Orthotics for shoes
5/17/2007	200 00	Judith Falconer	Sheryl Gallagher, 43815 SE Herrick Rd , Sandy 97155	Braintrain
5/17/2007	500.00	United Seating & Mobility	Levi Murray, 90822 Windy Lane, Coos Bay 97420	Adaptive car seat
5/17/2007	500 00	Care Medical	Raymond Gonzalez, 2585 Cherry Ave NE, Salem 97301	Power wheelchair
5/17/2007	500 00	All-Med Inc	Richard Bartoli, 2567 Wood Ave , Eugene 97402	Power wheelchair
5/17/2007	500.00	Portland Clinic	Stella Visser, 20462 SW Rosalie, Aloha 97007	Hearing aids
5/17/2007	750 00	Maintenance and More	John Denker, 54620 Cascade Fence Rd , Neskowin 97146	Accessibility at home
5/17/2007	500 00	Care Medical	Oliver Orak, 3349 SE 161st Ave., Portland 97236	Scooter
5/17/2007	100 00	HDIS	Merton Cameron, 990 E 37th Ave , Eugene 97405	Exercise equipment
5/17/2007	500 00	Advanced Mobility	Donald Leslie, 1039 NE Lotus St D-28, Bend 97701	Hand controls for vehicle
5/17/2007	400 00	Ontario Audiology	Richard Bradbury, 777 Stanton Blvd., Ontario 97914	Hearing aid repairs
5/17/2007	200 00	Hanger Orthotics	Lee Ann Lishi, 2615 Claxter Rd SE, Salem 97301	Shoe orthotics
5/22/2007	225 00	Gresham Podiatry Center	Maria N Police, 3214 SE Holgate #418, Portland 97202	Knee braces
5/22/2007	500 00	Performance Mobility	Roger Frank, 6405 SW 36th Ave Portland 97221	Van Lift Repairs
5/22/2007	450 00	Rosenberg Building Supply	Enrique Castaneda, 36445 Necarney City Rd , Nehalem 97131	Accessibility at home
5/22/2007	200 00	All-Med Inc.	Judi Campbell, 705 S Seneca Rd , Eugene 97402	Wheelchair repairs
5/22/2007	750 00	Next Level Assistive Technology	Mari Satter, 215 SE 162nd Ave #9, Portland 97233	JAWS program
5/22/2007	750 00	Enable Mart	Nicholas Johnson, 5526 NE Jessup St , Portland, OR 97218	JAWS program
5/22/2007	500 00	All in One Mobility	Charlotte Rogers, 2641 SE 175th Pl , Portland 97236	Van lift
6/8/2007	300 00	Spectrum	Ronald N Hankins, 1700 Hamilton Ave #302, North Bend 97459	Compression hose
6/8/2007	500 00	Sam Monkester	Reg Tjoelker, 3436 S. Myrtle Creek Rd , Myrtel Creek 97457	Accessibility at home
6/8/2007	500 00	M C Construction	Debbie Arnett, 28265 Hunter Creek Heights, Gold Beach 97444	Accessibility at home
6/8/2007	500 00	A T Tech Solutions	Monty D Cotton, 20 Ash St , Roseburg, 97470	Workstation for chair user
6/8/2007	300 00	Schucks	Corrine White, 24630 Ilwellan Rd , Corvallis 97333	Auto Repairs
6/8/2007	500 00	Northwest Health and Safety	Oliver Orak, 3349 SE 161st Ave , Portland 97236	Scooter
6/8/2007	500 00	Foothills Medical Supply	Angel Lucero, 8067 Mt Angel Hwy, Silverton 97381	Van lift
6/8/2007	850 00	Paul Gutt	Joel Lasorella 7527 N Williams Ave , Portland 97217	Accessibility at home
6/8/2007	175.00	Judith Falconer	Kathy Jean Johnson, 14677 Bluegrass Lane, Sisters 97754	Braintrain
7/19/2007	400 00	MPJ Inc	Betty Mallgren, 2287 17th St , North Bend 97459	Ramp for van
7/19/2007	150 00	Judith Falconer	Patrick Madden, 2050 SW Timber Ave #5, Redmond 97756	Braintrain
7/19/2007	250 00	Spinlife com	C R Hayes, 1085 Lockhaven Dr #62, Keizer 97303	Wheelchair
7/19/2007	500 00	MPJ Inc	Earl DeMello, 52334 Pine Forest Rd , La Pine 97739	Van lift
7/19/2007	750 00	United Seating & Mobility	William McLouglin, 2255 W Burnside #105, Portland 97210	Wheelchair

BLANCHE FISCHER FOUNDATION				
TIN 093-0790099				
2007 Grant List				
DATE	AMOUNT	PAID TO	GRANTEE	PURPOSE
7/19/2007	500 00	Hearing and Speech	Stella Visser, 20462 SW Rosa Dr , Beaverton 97007	Hearing aids
7/19/2007	500 00	United Seating & Mobility	Dale Jackson, 1855 Ocean Blvd SE, Coos Bay, OR 97420	Van Lift Repairs
7/19/2007	500 00	R & J Mobility	Linda Brown, 88 N Jade, Otis 97368	Van lift
7/19/2007	500 00	Spinlife.com	Saed Bannoura, 6519 NE Sandy #404, Portland 97213	Wheelchair
8/31/2007	600 00	Auto Mobility	Steven Mueller, P O Box 526, Oakland 97462	Tiedowns for wheelchair
9/4/2007	600 00	Sharon Davenport	Alexander Snegirev, 710 N. Pershing St. F, Mt Angel 97362	Ectodermal Dysplasia conference
9/4/2007	500.00	Care Medical	Darlene Schleve, 3310 SE 159th Ave , Portland 97236	Van lift
9/4/2007	125 00	Tuality Medical Equipment	Penny Niles, 31380 NW Kaybern St #12, North Plains 97133	Back brace
9/4/2007	500 00	Maxi Aids	Terrance Black, 636 N Lombard, Portland 97217	Assistive devices for blind
9/4/2007	500 00	Vinnie Construction	Eric Cohen, P O Box 342, Sprague River 97639	Accessibility at home
9/4/2007	100 00	Discount Ramps com	Lucianne Adney, 660 Ranch Rd #309, Reedsport 97467	Suitcase ramp
9/4/2007	500 00	CareLift	Joanne Guenther, 1625 SE 159th Ave Portland 97233	Van lift
10/10/2007	400 00	Oreck Floor Care	Jill Harwood, 34152 Scott Rd , Cottage Grove 97424	Air filtration system
10/10/2007	500 00	Care Medical	JoAnne Lebahn, 2244 SW 29th, Troutdale 97060	Wheelchair
10/10/2007	500 00	R & J Mobility	Calvin Crowe, Jr , P. O Box 862, Florence 97439	Tiedowns for wheelchair
10/10/2007	500 00	Private Door	Robert McEwen, 57386 Eagle Rd , Heppner 97836	Electric door opener
10/10/2007	250.00	Medical Express	Donna McNine, 91370 Kelly Lane, Coos Bay 97420	Lift chair
10/10/2007	400.00	Central Oregon ENT	Glenda Kelley, 1727 Bronzewood Ave , Bend 97702	Hearing aids
10/10/2007	400 00	Wheelchair Works	Juan Arauza, 186 N. Fifth Ave, Cornelius 97113	Wheelchair
10/10/2007	600.00	Performance Mobility	Jerry McGill, 2301 Siskiyou #131, Ashland 97520	Van lift
10/10/2007	180.00	Western States Chiropractic College	Julie Nack, P. O Box 90331, Portland 97290	Shoe orthotics
11/2/2007	400.00	Central Oregon Ear, Nose and Throat	Glenda Kelley, 1727 SE Bronzewood Ave , Bend 97702	Hearing Aids
11/7/2007	410.00	1-800 Wheelchair	Mike Stanbro, 710 Second St , North Powder 97867	Wheelchair
11/7/2007	250 00	Ski for Light	Patricia Kepler, 5850 SW 177th Ave , Aloha 97007	Ski team for blind
11/7/2007	550.00	Wisdom Ware	Mary Satter, 215 SE 162nd Ave. 39, Portland 97233	Zoom text
11/17/2007	300 00	Claudia Fowler	Terrence Black, 636 N. Lombard, Portland 97217	Adaptive Software
11/19/2007	600 00	MPJ Inc	Jocelyn Carter, 3585 Kinsrow Ave #309, Eugene 97401	Van lift
11/19/2007	500 00	FreeDom Mobility	Perrilee Deboy, 42 Bridgeport Dr , Eagle Point 97534	Wheelchair
12/7/2007	700.00	Steve Plinski	Greg Odermatt., 61658 Old Wagon Rd , Coos Bay 97420	Accessibility at home
12/7/2007	250 00	Ski for Light	Deborah Huggins, 1839 NE Couch St , Portland 97232	Ski team for blind
12/27/2007	350 00	Kiwanis Camp	Angel Rose Machado, 11736 SE Ankeny, Portland 97216	Camp for disabled
12/27/2007	500 00	Joy of Living Assistance Dogs	Glenda Lee, 547 SW Sheila St, Dallas 97338	Assistance dog for mobility
12/27/2007	600 00	Rifton Equipment	Alan Rosales Malagon, 980 NW 14th Ave , Canby 97013	Adaptive tricycle
12/27/2007	250 00	Wigs Wear House	Debbie DiNucci, 1578 NE 19th, Gresham 97030	Alopecia wigs
12/27/2007	750 00	Work Horse Construction	Robert L Stanley, P. O Box 541, Lakeside 97449	Accessibility at home
12/27/2007	60.00	Walgreens	Penny Ellett, 1225 SE Belmont #228, Portland 97214	Talking glucometer
	33,475.00			
Organizations				
2/12/2007	5,500 00	Vision Northwest	Vision Northwest, 9225 SW Hall #G, Portland 97225	CSUN AT Conference
4/17/2007	750 00	Blind Ambition	Blind Ambition, PO Box 4011, Portland 97240	Blind dragon boat team
5/17/2007	25 00	Easter Seals	Easter Seals, 5757 SW Macadam, Portland 97239	Bicycle program

BLANCHE FISCHER FOUNDATION				
TIN 093-0790099				
2007 Grant List				
DATE	AMOUNT	PAID TO	GRANTEE	PURPOSE
5/17/2007	250.00	American Amputee Foundation	American Amputee Foundation, 5835 NE 27th, Portland 97211	Program support
9/4/2007	500.00	C O R I L	CORIL, P O Box 9425, Bend 97708	BIAO conference
9/4/2007	250 00	Mobility Unlimited	Mobility Unlimited, 1214 Stowe Ave , Medford 97501	Program support
12/27/2007	2,500 00	E O C I L	EOCIL, 1021 SW Fifth Ave, Ontario 97914	Program support
12/27/2007	2,500 00	C O R I L	CORIL, P. O. Box 9425, Bend 97708	Program support
12/27/2007	2,500 00	H A S L	HASL, 305 N E St , Grants Pass 97526	Program support
	14,775.00			
	48,250.00	***TOTAL***		

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1 990-PF

Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
6	OFFICE FURNITURE	10/27/00	SL	10.00	HY	16	1,599.				1,599.	987.		160.	1,147.
8	CHAIR	05/07/01	SL	10.00	HY	16	699.				699.	397.		70.	467.
9	DESK & FILE CABINET	08/29/01	SL	10.00	HY	16	1,343.				1,343.	715.		134.	849.
10	CONFERENCE PHONE	02/28/02	SL	5.00	HY	16	309.				309.	299.		10.	309.
11	DESKTOP COMPUTER	04/17/02	SL	3.00	HY	16	2,184.				2,184.	2,184.		0.	2,184.
12	DIGITAL CAMERA	08/28/02	SL	5.00	HY	16	364.				364.	316.		48.	364.
13	LAPTOP COMPUTER	12/31/04	SL	3.00	HY	16	1,118.				1,118.	746.		372.	1,118.
14	LAPTOP COMPUTER	02/28/06	SL	3.00	HY	16	1,000.				1,000.	278.		333.	611.
15	CANON PRINTER	03/31/07	SL	3.00	HY	16	620.				620.			155.	155.
	* TOTAL 990-PF PG 1 DEPR						9,236.				9,236.	5,922.		1,282.	7,204.

728111
08-23-07

(D) - Asset disposed

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

BLANCHE FISCHER FOUNDATION

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 applicant *(person for whom assistance is requested)*:

_____

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? ☐ Yes ☐ No

   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 contribute? $_____

8. How will this grant improve your quality of life? _____

   _____

9. Name and address of vendor or supplier ***(attach copy of price quote or order information)***: _____

   _____

   ☐ **Yes, it's attached!**

10. Have you applied for grants from any other source(s)? ☐ Yes ☐ No

    From whom? _____ How much? $_____

11. Have any been approved? ☐ Yes ☐ No

    By whom? _____ In what amount(s)? $ _____

12. Have you ever received vocational training? ☐ Yes ☐ No

13. From whom (state agency, federal, private organization)? _____

    When? _____

    Did this training result in employment? ☐ Yes ☐ No

14. **Attach a letter or report from your doctor or other licensed health care professional (social worker, case manager, etc.) verifying your disability.** ☐ **Yes, it's attached!**

II. APPLICATION FOR BENEFIT

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

General Information

Applicant's birth date _____

If a minor, name of parent(s) or guardian(s):_____

Age of each child in household:_____

Number and relationship (parent, spouse, caregiver, etc.) of adults in household: _____

_____

Number of wage earners in household: _____

Occupation(s): _____

Employer(s) name(s): _____

Work phone (if applicable): (_____) _____

Income and Expenses

A. **Monthly INCOME** – Salary and Wages:

1. Primary wage-earner:
   Gross **monthly** salary: $ _____
   Monthly take-home pay: $ _____

2. Second wage-earner:
   Gross **monthly** salary: $ _____
   Monthly take-home pay: $ _____

B. **Monthly INCOME** – Other

Social Security	$ _____
Child support	$ _____
Food stamps/Oregon Trail	$ _____
Other (describe):	$ _____

_____

C. **Monthly EXPENSES**

Category	**Monthly Payment**	**Balance Owed**
Food	$ _____	
Clothing	$ _____	
Utilities	$ _____	
Health care (medical, dental, vision, prescriptions, etc.)	$ _____	$ _____
Insurance	$ _____	
Payments (credit cards, car payments, loans, etc.)	$ _____	$ _____
Other (describe): _____	$ _____	$ _____

D. What kind of **medical insurance**, if any, do you have? Check all applicable responses:

None	☐	
Private health insurance	☐ Yes	☐ No
Medicare	☐ Yes	☐ No
Oregon Health Plan	☐ Yes	☐ No
Other (describe):	☐ Yes	☐ No

_____

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 stocks, bonds or securities, including retirement plans and living trusts:

Describe: _____

_____ Value $ _____

III. OTHER INFORMATION YOU MAY WISH US TO CONSIDER (attach letter, if desired):

_____

_____

All grants made assume the accuracy of this application I understand that if a grant is awarded, payment can be made only to the supplier of goods or services I further understand that all decisions as to eligibility and grants are made at the sole discretion of the Blanche Fischer Foundation and that its decisions are final

I understand that all grants awarded by the Blanche Fischer Foundation must be reported on the foundation's federal and state tax returns, and as such, grantees' names, addresses and grant amounts are a matter of public record

Signature(s):

_____ _____

Applicant Parent/Guardian (circle whichever is appropriate)

_____ _____

Date Parent/Guardian (circle whichever is appropriate)

Your response to the following question **will not influence in any way the outcome of this grant application**: Would you like us to send you a Voter Registration Card, along with the names of your state senator, representative and U.S. Congressional representative? ☐ Yes ☐ No

Before mailing this application . . .

1. ☐ Are all sections complete?
2. ☐ Have you attached documentation from a medical or other professional verifying disability?
3. ☐ Have you attached a copy of your vendor's price quote?

Mail the completed application and documentation to:

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