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## Foim 990-EZ

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other org. anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the

OMB No 1545-1150

2008

Department of the Treasury Internal Revenue Service

year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

	Α	For the 2008 calendar year, or tax year beginning 9/01 , 2008, and en	ding 8/31		, 2009_
	B_	Check if applicable C	Dı	Employer	identification number
		Address change   Please use IRS   ANYWAY FOUNDATION		26-40	033859
		Name change   label or   34965 HIGHWAY 53	E		number
	=	Initial return type. NEHALEM, OR 97131		503-1	368-9463
	=	Specific Specific			<u> </u>
		Amended return Instruc- tions. Application pending		<u>lumber</u>	
		<ul> <li>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</li> </ul>	G Accounting meth Other (specify)		Cash Accrual
	ı	Website: ► ANYWAYFOUNDATION.ORG	required to attac	ch Sche	ganization is <b>not</b> edule B (Form 990,
		Organization type (check only one) — X 501(c) (3) ◄ (insert no) 4947(a)(1) or 527	990-EZ, or 990-		
		Check $\triangleright$ $\prod$ if the organization is not a section 509(a)(3) supporting organization and its c \$25,000. A return is not required, but if the organization chooses to file a return, be sure to			not more than
		Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file F	<u></u>		
		instead of Form 990-EZ		<b>►</b> \$	37,543.
	Pa		es (See the inst	ructio	
	l	<ul> <li>Contributions, gifts, grants, and similar amounts received</li> <li>Program service revenue including government fees and contracts</li> </ul>		2	37,543.
		<ul><li>2 Program service revenue including government fees and contracts</li><li>3 Membership dues and assessments</li></ul>		3	
		4 Investment income		4	<del></del>
		5a Gross amount from sale of assets other than inventory 5a			
		b Less cost or other basis and sales expenses  5b		┥ !	
	R	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch)		5 c	
	REVENUE	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, chec	k here	1	<del></del>
	E N	a Gross revenue (not including \$ of contributions			
	μ	reported on line 1) 6a			
	-	b Less direct expenses other than fundraising expenses 6b	·	1 !	
		c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
		7a Gross sales of inventory, less returns and allowances. 7a			
		b Less cost of goods sold 7b			
2010		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 c	
<b>%</b>		8 Other revenue (describe ►	)	8	
6		9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	·	▶ 9	37,543.
			ATEMENT 1	10	38,461.
<u> </u>	_			11	
AUG	E X P	11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits  RECEIVED		12	
	E		S	13	1,072.
NED	E S E	Professional fees and other payments to independent consectors  Occupancy, rent, utilities, and maintenance  14 Occupancy, rent, utilities, and maintenance	RS-OS	14	
Z		15 Printing, publications, postage, and shipping	\&	15	
3		16 Other expenses (describe ► SEE STATEMENT 2		16	1,396.
SCAN		17 Total expenses (add lines 10 through 16)	•	17	40,929.
Ø		18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	3,386.
	N S	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must ag	ree with end-of-yea		
	N S E S T E	figure reported on prior year's return)		19	4,291.
	5	20 Other changes in net assets or fund balances (attach explanation)		20_	005
		21 Net assets or fund balances at end of year Combine lines 18 through 20		21	905.
	Pa	rt II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or mor			
	22	(See the instructions for Part II )	(A) Beginning of y		(B) End of year
	22 23	, 3,	4,29	22 23	905.
	23	Land and buildings Other assets (describe ► )		24	
	25	Total assets	4,29		905.
	26	Total liabilities (describe ► )		0. 26	0.
	27	<del></del>	4,29		905.

Form 990-EZ (2008) ANYWAY FOUNDATI				-403	33859 Page <b>2</b>
Part III Statement of Program Sei		(See the instruction	ons.)		Expenses
What is the organization's primary exempt purpose? SEI Describe what was achieved in carrying out the describe the services provided, the number of program title	E STATEMENT 3  le organization's exempt purp persons benefited, or other	poses. In a clear and corelevant information for	oncise manner, r each	and (	uired for 501(c)(3) (4) organizations and (a)(1) trusts, optional thers)
28 CONTRIBUTED TO THE OPERAT CAMBODIA	'ION OF A SCHOOL AN	ID THE ECONOMY	OF	101_0	
(Grants \$ ) If th		rants shock hara		28 a	12 406
29 SUPPLIED FOOD AND SHELTER				204	12,486.
(Grants \$ ) If th	is amount includes foreign gr	rants, check here		29 a	17,382.
30 TO HELP IN WITH TUITION,	BOOKS, ETC FOR COL	LEGE			
(Grants \$ ) If th	 is amount includes foreign gr	ants check here		30 a	9,867.
31 Other program services (attach schedule		artis, check here		30 a	5,007.
	is amount includes foreign gr	ants, check here	▶ □	31 a	
32 Total program service expenses (add lin		-lavasa (l. l. l.	<u> </u>	32	39,735.
Part IV List of Officers, Directors,	(b) Title and average hours		(d) Contributions		(e) Expense account
(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plan deferred compensa	s and tion	and other allowances
RAYMOND L SHACKLEFORD JR	FOUNDATION MGR.	0.	1	0.	0.
34965_HIGHWAY_53 NEHALEM, OR 97131	10.00				
RAYMOND L SHACKELFORD, III	DIRECTOR	0.		0.	0.
427 N GUN BARREL LANE GUN BARREL CITY, TX 75156	1.00				
MELISSA STETZEL	DIRECTOR	0.		0.	0.
34965 HIGHWAY 53 NEHALEM, OR 97131	1.00				
				l	
			İ		
			ļ <del></del>		
			<del>                                     </del>		
BAA	TEEA0812L (	01/14/09			Form <b>990-EZ</b> (2008)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33	x	
34		34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T SEE STATEMENT 5			_
ā	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and			
ŀ	proxy tax requirements?  If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 a 35 b		
	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	330		
	If 'Yes,' complete applicable parts of Schedule N	36		X
	In Enter amount of political expenditures, direct or indirect, as described in the instructions  Did the organization file Form 1120-POL for this year?	37 b		
		3/10		
382	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		<u>X</u> _
t	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities  N/A			
40 a	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
ŧ	1501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40 b	Х	
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
c	Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
	List the states with which a copy of this return is filed  NONE			
	The books are in care of RAYMOND I SHACKELFORD, JR  Located at 34965 HIGHWAY 53 NEHALEM OR  ZIP + 4 > 97131  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22 1 Report of a Foreign Bank and Financial Accounts	68-9  <b>42b</b>	463_ Yes	No X
ć	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the US?  If 'Yes,' enter the name of the foreign country.	42 c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	;	Yes	N/A N/A
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44_	. 55	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		х
BAA		m <b>99</b> 0	-EZ (	

Form 990 EZ (2008) A	NYWAY F	FOUND	$\Delta TT$	ΩN
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26-4033859

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Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 Part VI and complete the tables for lines 50 and 51. SEE STATEMENT Yes No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 46 Χ 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 X X 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b If 'Yes,' was the related organization(s) a section 527 organization? 49 b 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None (d) Contributions to employee benefit plans and deferred compensation (b) Title and average (c) Compensation (e) Expense (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position account and other allowances NONE Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$100,000 NONE Total number of other independent contractors receiving over \$100,000 , including accompanying schedules and statements, and to the best of my knowledge and belief, it is is based on all information of which preparer has any knowledge Under penalties of perjury I declare that I have examined this sourn. Sign Here FOUNDATION MANAGER ype or print o Preparer's Identifying Number (See instructions) Date Check if Paid Preparer's 543-64-1065 employed Pre-& M TAX & ACCOUNTING SERVICES Firm's name (or parer's yours if self-employed), address, and ZIP + 4 Use PO BOX 1869 80-0186245 EIN Only LAKE OSWEGO, OR 97035-0069 Phone no 503-598-7057 May the IRS discuss this return with the preparer shown above? See instructions ►|X| Yes | No BAA Form **990-EZ** (2008)

# SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008 Open to Public Inspection

OMB No 1545-0047

	WAY FOUNDATION							26-40	33859	)		
Par	t I Reason for Pu	blic Charity Statu	s (All organizations	must d	comple	te this	part.)	(see i	nstruct	ions)		
The c	organization is not a priv	vate foundation becau	ise it is. (Please check o	nly <b>one</b>	organiza	ation)						
1	A church, conventi	on of churches or ass	ociation of churches des	cribed in	section	170(b)	(1)(A)(i)					
2	A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule I	Ξ)								
3	A hospital or coope	erative hospital service	e organization described	ın secti	on 170(l	οχ1χΑχ	iii). (At	tach Sch	nedule H	)		
4		· · · · · · · · · · · · · · · · · · ·	d in conjunction with a h							•	soital's	i
	name, city, and sta	-		•				V-// //	, ,		- <b>(-</b> · · · · ·	
5		erated for the benefit	of a college or university	owned	or oper	ated by	a gover	nmental	unit des	scribed in s	section	า
6 7	An organization that		governmental unit descri substantial part of its su art II )					t or from	the ger	neral public	descr	nbed
8			170(b)(1)(A)(vi). (Complet	te Part I	1)							
9			more than 33-1/3 % of its			ributions	. memb	ership fe	es, and c	iross receir	ıts	
	from activities related investment income June 30, 1975. See	d to its exempt function and unrelated busine section <b>509(a)(2).</b> (C	is – subject to certain exce ss taxable income (less omplete Part III )	eptions, a section !	and (2) n 511 tax)	o more t from bu	han 33- usinesse	1/3 % of es acqui	its suppo red by th	ort from gro ne organiza	SS	fter
10	An organization org	ganized and operated	exclusively to test for pu	iblic safe	ety See	section	509(a)	<b>(4)</b> . (see	e instruc	tions)		
11	more publicly support describes the type	orted organizations d of supporting organiz	exclusively for the beneficescribed in section 509(a zation and complete lines	a)(1) or : s 11e thr	section ough 11	509(a)(2 h	?). See	of, or car section	ry out th <b>509(a)(3</b>	). Check t	he box	that
	<b>a</b> ∐Type I	<b>b</b> Type II	c Type III		_	_			d [_]	Type III—		
е	By checking this both than foundation ma 509(a)(2)	ox, I certify that the or inagers and other that	ganization is not controll n one or more publicly si	ed direc upportec	tly or in Lorgania	directly zations (	by one describe	or more ed in sec	disquali ction 509	fied perso (a)(1) or s	ins oth ection	er
f	If the organization check this box	received a written det	ermination from the IRS	that is a	Type I	Type II	or Type	e III sup	porting o	organizatio	n,	
g	Since August 17, 2	006, has the organiza	tion accepted any gift o	r contrib	ution fro	om any	of the fo	llowing	persons	7	Yes	No
	(i) a person who below, the go	directly or indirectly overning body of the s	controls, either alone or upported organization?	together	with pe	rsons d	escribed	d ın (ıı) a	and (III)	11 g (i)	100	
	· -	ber of a person desc							11 g (ii)			
		•	described in (i) or (ii) a	bove?						11 g (iii)		
h	• •	•	the organizations the org		n suppo	rts.						
	(i) Name of Supported Organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) organizat (i) listed gove	Is the tion in cold in your trining ment?	(v) Did y	ou notify ization in (i) of ipport?	(vi) li organizati (i) organiz (i) S	s the ion in col zed in the	(VII) Amou	nt of Sup	port
				Yes	No	Yes	No	Yes	No			
	_				<u> </u>	<u></u>						
						1						
											•	
				1								
					İ					··	-	
Total		ananyork Poduction	Act Natice see the Instri	ictions (	for Form	1 990		Schedula	A (For	n 990 or 9	90-F7	2000

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 36,076. 36,076. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge 0. 0. 36,076. 36,076. Total. Add lines 1-3 0. 0. 0. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 0. shown on line 11, column (f) Public support. Subtract line 5 36,076. from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) 0 0 0. 0. 36,076. 36,076. Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form 0. similar sources. Net income form unrelated business activities, whether or not the business is regularly 0. carried on Other income Do not include gain or loss form the sale of capital assets (Explain in 0. Part IV.) Total support. Add lines 7 36,076. through 1 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) **►** X organization, check this box and stop here Section C. Computation of Public Support Percentage % Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 15 % 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test — 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

<b>2008</b>	FEDERAL STATEMENTS		PAGE 1
	ANYWAY FOUNDATION		26-4033859
STATEMENT 1 FORM 990-EZ, PART I, LINE 1 GRANTS AND SIMILAR AMO	0 UNTS PAID		
DONEE'S NAME: CASH AMOUNT GIVEN:	ORPHANAGE	\$	17,382.
DONEE'S NAME: CASH AMOUNT GIVEN:	SCHOOL	\$	12,486.
DONEE'S NAME: CASH AMOUNT GIVEN:	COLLEGE	\$	8,593.
ADVERTISING AND PROMOTI TRAVEL WESTERN UNION	ON	\$  TOTAL \$	63. 802. 531. 1,396.
STATEMENT 3 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY	EXEMPT PURPOSE		
ATTEMPT TO ASSIST THE L WHEREVER THEY MAY BE FO ORPHANAGES AND SUPPLYIN	ESS FORTUNATE OF THE UNIVERSE (CAMBOI UND. INCLUDING, BUT NOT LIMITED TO, G FOOD AND/OR SHELTER	DIA/PHILLIPINES/E OPERATING SCHOOI	ETC) LS,
STATEMENT 4 FORM 990-EZ , PART V, LINE ACTIVITIES NOT PREVIOUSL	33 Y REPORTED TO THE IRS		

STATEMENT 5 FORM 990-EZ , PART V, LINE 35 REASON FOR INCOME NOT REPORTED ON FORM 990-T

NO UNRELATED BUSINESS GROSS INCOME

**2008** 

#### **FEDERAL STATEMENTS**

PAGE 2

**ANYWAY FOUNDATION** 

26-4033859

**STATEMENT 6** FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO

2008	FEDERAL SUPPORTING DETAIL			PAGE 1
	ANYWAY FOUNDATION			26-4033859
CONTRIBUTIONS, GIFTS, AND OTHER CONTRIBUTIONS, GIF	GRANTS TS, GRANTS, ETC.			
NEHALEM BAY WINERY MISC DONATIONS RAY SHACKLEFORD ROBERT FIELD			\$	4,435. 2,315. 20,793. 10,000.
	TC	TAL	\$	10,000. 37,543.
STMT. OF FUNCTIONAL EXPE ADVERTISING AND PROMOTION	NSES (990) ON		•	
	TC	TAL	\$ \$	63. 63.
STMT. OF FUNCTIONAL EXPE TRAVEL	NSES (990)			
	TC	TAL	\$	802. 802.
STMT. OF FUNCTIONAL EXPE	NSES (990)			
IRS APPLICATION FEES	TC	TAL	\$	750. 322. 1,072.
			-	
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