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### Form. **990-PF**

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.

OMB No. 1545-0052

2009

| For                          | caler    | dar year 2009, or tax year beginning   | , and ending                 |                      |  |  |  |  |
|------------------------------|----------|--|------------------------------|----------------------|--|--|--|--|
| G (                          | Check    | all that apply: Initial return   | Initial return of a fo       | ormer public charity | Final return   |  |  |  |
|                              |          | Amended return   | Address chan                 | ge 🔲                 | Name change  |  |  |  |
| Her                          | the      | Name of foundation   |                              |                      | A Employer identification number                       |  |  |  |
|                              | abel     |  |                              |                      |  |  |  |  |
|                              | erwi     | ·  | DATION                       |                      | 81-0618279   |  |  |  |
| -                            | print    |  |                              | Room/suite           | B Telephone number                                     |  |  |  |
| 0                            | r type   | 5665 SW MEADOWS RD.  |                              | 120                  | 503-906-16   | 23   |  |  |
|                              | Spe      | Cific City or town state and 7IP code  | <del></del>                  | <u> </u>             | C if exemption application is p                        |  |  |  |
| Inst                         | ructio   | nne i  | 35-3130                      |                      | D 1. Foreign organizations                             |  |  |  |
| н (                          | heck     | type of organization: X Section 501(c)(3) ex   |                              |                      | Foreign organizations me<br>check here and attach co   | eting the 85% test,                          |  |  |
| <u>`</u>                     | _        |  | Other taxable private founda | ation                |  |  |  |  |
| LE                           |          | arket value of all assets at end of year   J   Account   | ·                            | X Accrual            | E If private foundation sta<br>under section 507(b)(1) |  |  |  |
|                              |          | ·  | ther (specify)               | Accida               | 1  | • •  |  |  |
|                              | -\$      | 30,785,964. (Part I, colu  |                              | basis.)              | If the foundation is in a under section 507(b)(1)      |  |  |  |
| _                            | irt I    | Analysis of Revenue and Expenses   | (a) Revenue and              | (b) Net investment   | (c) Adjusted net                                       | (d) Disbursements                            |  |  |
|                              |          | (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) | expenses per books           | income               | income   | for charitable purposes<br>(cash basis only) |  |  |
|                              | 1        | Contributions, gifts, grants, etc., received   | 4,022,065.                   | , , ,                |  | ,  |  |  |
|                              | 2        | Check If the foundation is not required to attach Sch B  | 1/022/0030                   | , 1                  |  |  |  |  |
|                              | 3        | Interest on savings and temporary  |                              |                      |  |  |  |  |
|                              | 4        | Dividends and interest from securities   | 638,165.                     | 635,559.             | 638,165.   | STATEMENT 2                                  |  |  |
|                              | 5a       | Cross seeks  | 030/1031                     | 000,000.             | 030,103.   | /3.  |  |  |
|                              | Ja       | Net rental income or (loss)  |                              |                      | 4 7 , 7.7  | .,.  |  |  |
|                              | 69       | Net gain or (loss) from sale of assets not on line 10  | 206,522.                     | 1 1                  | 1 12 7 , 7   | STATEMENT 1                                  |  |  |
| ş                            | h        | Gross sales price for all 2 100 620  | 200/3221                     | 3                    | 15th 15th 1  | , , ,  |  |  |
| Revenue                      | 7        | assets on line 6a  |                              | 209,681.             | 1.5.   | ,,   |  |  |
| æ                            | 8        | Net short-term capital gain  | 57                           |                      | 189,225.   |  |  |  |
|                              | 9        | Income modifications   |                              | 1. 1. 2.             |  | ·  |  |  |
|                              | 10a      | Gross sales less eturns RECEIVED   | 1.                           |                      | w, -, * > -  |  |  |  |
|                              | 1        |  |                              | 4                    | and an extension                                       | 12.5   |  |  |
|                              |          |  | 5                            | : , -                |  | •  |  |  |
|                              | 11       | Other income   | £ 159,733.                   | 0.                   | 159,733.   | STATEMENT 3                                  |  |  |
|                              | 12       | Total. Add lines 1 through 11  | 5,026,485.                   | 845,240.             | 987,123.   |  |  |  |
| )                            | 13       | Compensation of officers, directors, trustees, etc.  | 185,548.                     | 5,566.               | 5,566.   | 174,416.                                     |  |  |
| Ś                            | 14       | Other employee salaries and wages  | 1,223,678.                   | 36,710.              | 36,710.  | 1,150,258.                                   |  |  |
| 3                            | 15       | Pension plans, employee benefits   | 436,589.                     | 13,098.              | 13,098.  | 411,600.                                     |  |  |
| 368                          | 16a      | Legal fees STMT 4  | 8,479.                       | 254.                 | 254.   | 11,468.                                      |  |  |
| 9 5                          | Ь        | Accounting fees STMT 5   | 3,030.                       | 91.                  | 91.  | 2,848.                                       |  |  |
| Expenses                     | C        | Other professional fees STMT 6   | 277,907.                     | 46,444.              | 4,629.   | 229,213.                                     |  |  |
| 3 8                          | 17       | Interest   |                              |                      |  |  |  |  |
| Operating and Administrative | 18       | Taxes STMT 7   | 9,090.                       | 5,012.               | 4,078.   | 0.   |  |  |
| ≥ is                         | 19       | Depreciation and depletion   | 22,771.                      | 0.                   |  |  |  |  |
| <u> </u>                     | 20_      | Occupancy  | 75,999.                      |                      |  | — — —71-, 448                                |  |  |
| <b>8</b>                     | 21       | Travel, conferences, and meetings  | 149,171.                     | 142.                 | 7,316.   | 141,430.                                     |  |  |
| ᇤ                            | 22       | Printing and publications  | 59,463.                      | 0.                   | 1,615.   | 57,848.                                      |  |  |
| ĝ                            | 23       | Other expenses STMT 8  | 109,559.                     | 501.                 | 5,142.   | 105,926.                                     |  |  |
| 慧                            | 24       | Total operating and administrative   |                              |                      |  |  |  |  |
| Pe                           |          | expenses. Add lines 13 through 23  | 2,561,284.                   | 110,074.             | 103,566.   | 2,356,455.                                   |  |  |
| 0                            | 25       | Contributions, gifts, grants paid  | 807,272.                     |                      | 3 y 14   | 706,668.                                     |  |  |
| _                            | 26       | Total expenses and disbursements.  |                              |                      |  |  |  |  |
|                              | <u> </u> | Add lines 24 and 25  | 3,368,556.                   | 110,074.             | 103,566.   | 3,063,123.                                   |  |  |
|                              | 27       | Subtract line 26 from line 12:   | , ,                          | the transfer of      |  |  |  |  |
|                              | a        | Excess of revenue over expenses and disbursements  | 1,657,929.                   |                      | <u> </u>   |  |  |  |
|                              | b        | Net investment income (if negative, enter -0-)   |                              | 735,166.             |  | to all the second                            |  |  |
|                              | <u> </u> | Adjusted net income (if negative, enter -0-)   |                              |                      | 883,557.   |  |  |  |
| 9235                         | 01       | LHA For Privacy Act and Paperwork Reduction  | Act Notice, see the instruct | tions.               |  | Form <b>990-PF</b> (2009)                    |  |  |

# 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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► UNREALIZED GAIN ON INVESTMENTS 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 1 25,911,544. 2 1,657,929. 3 3,099,013. 4 30,668,486.

|   | SION INCREASE FO and Losses for Tax on In                                    |                 |                                      |          |  | 8             | 1-061  | 8279                             | Page 3               |
|---|--|-----------------|--------------------------------------|----------|--|---------------|--|----------------------------------|----------------------|
| (a) List and descr  | ribe the kind(s) of property sold (e.g.<br>rehouse; or common stock, 200 shs | ., real estate, |                                      | (b) F    | low acquired<br>- Purchase<br>- Donation |               | acquired<br>Jay, yr.)                        | (d) Date<br>(mo., da             |                      |
| 1a 2 DELL LAPTOPS   | <del></del>  |                 |                                      | - 0      | P  | VARI          |  | 12/31                            |                      |
| b INVESTMENTS   |  |                 |                                      | <u> </u> | P  | VARI          |  | VARIO                            |                      |
| c FURNITURE - AB.   | ANDONED  |                 |                                      |          | P  | VARI          | OUS  | 07/01                            | ./09                 |
| d CAPITAL GAINS   | DIVIDENDS  |                 |                                      |          |  |               |  |                                  |                      |
| e   |  |                 |                                      |          |  |               |  |                                  |                      |
| (e) Gross sales price   | (f) Depreciation allowed<br>(or allowable)                                   |                 | st or other basis<br>expense of sale |          |  |               | ain or (loss)<br>s (f) minus (               |                                  |                      |
| 8   | 1,729.   |                 | 1,72                                 | 9.       |  |               |  |                                  | 0.                   |
| ь 3,088,183.  |  |                 | 2,898,95                             | 8.       |  |               |  | 189,                             | 225.                 |
| C   | 514.   |                 | 51                                   | 4.       |  |               |  |                                  | 0.                   |
| d 20,456.   | ,  |                 |                                      |          |  |               |  | 20,                              | <u>456.</u>          |
| e   |  | <u> </u>        |                                      | _        |  |               |  |                                  |                      |
| (i) F.M.V. as of 12/31/69   | g gain in column (h) and owned by t<br>(j) Adjusted basis                    | (k) Ex          | cess of coL (i)                      |          |  | òĽ (k), buť i | CoL (h) gain<br>not less thar<br>(from coL ( | 1 -0-) <b>or</b>                 |                      |
| a   | as of 12/31/69   | over            | col (j), if any                      |          |  |               |  |                                  | 0.                   |
| b   |  |                 |                                      |          |  |               |  | 189                              | 225.                 |
| C   |  |                 |                                      |          |  |               |  | <del></del>                      | 0.                   |
| d   |  |                 | •                                    |          |  |               |  | 20,                              | 456.                 |
| е   |  |                 |                                      |          |  |               |  |                                  |                      |
| 2 Capital gain net income or (net ca  | pital loss) If gain, also enter  |                 |                                      | }        | 2  |               |  | 209,                             | 681.                 |
| 3 Net short-term capital gain or (los   |  |                 |                                      |          |  |               |  |                                  |                      |
| If gain, also enter in Part I, line 8,  |  | (0).            |                                      | ĴΙ       |  |               |  |                                  |                      |
| If (loss), enter -0- in Part I, line 8  |  | <del></del>     |                                      | Щ        | 3  |               |  | 189,                             | <u>225.</u>          |
|   | nder Section 4940(e) for   |                 |                                      |          |  | come          |  |                                  |                      |
| (For optional use by domestic private   | foundations subject to the section 4   | 1940(a) tax on  | net investment in                    | come.    | .)                                       |               |  |                                  |                      |
| If section 4940(d)(2) applies, leave th   | ns part blank.   |                 |                                      |          |  |               |  |                                  |                      |
| Was the foundation liable for the sect  | tion 4942 tax on the distributable am  | ount of any ve  | ear in the base peri                 | ind?     |  |               |  | ☐ Yes [                          | X No                 |
| If "Yes," the foundation does not qual  |  |                 |                                      |          | ••• •• •••••                             |               | •• •   |                                  |                      |
|   | each column for each year; see instru  |                 |                                      | s.       |  | -             |  |                                  |                      |
| (a)   | (b)  |                 | · ·                                  | (c)      |  |               | Dietrih                                      | (d)<br>ution ratio               |                      |
| (a)<br>Base period years<br>Calendar year (or tax year beginnii   | ng in) Adjusted qualifying dist  | tributions      | Net value of nor                     | nchari   | itable-use asset                         | S             | (col. (b) div                                | ided by col. (                   | c))                  |
| 2008  | 3,34   | 8,979.          |                                      | 3        | ,120,43                                  |               |  |                                  | 3241                 |
| 2007  |  | 7,007.          |                                      |          | 590,82                                   |               |  |                                  | <u>.5459</u>         |
| 2006  |  | 1,008.          |                                      |          | 519,05                                   |               |  |                                  | 9157                 |
| 2005  |  | <u>2,135.</u>   |                                      |          | 466,36                                   |               |  |                                  | 2773                 |
| 2004  | 1,17   | <u>8,508.</u>   |                                      |          | 309,23                                   | 2.            | r  | 3.81                             | <u> 1080</u>         |
| 2 Total of line 1, column (d)   |  |                 |                                      |          |  | 2             |  | 14.94                            | 1710                 |
| 3 Average distribution ratio for the 5  | 5-year base period - divide the total o                                      | on line 2 by 5. | or by the number                     | • •      | · · · · · · · · · · · · · · · · · · ·    | · -           |  |                                  |                      |
| the foundation has been in exister  | •  |                 |                                      | of vea   | ırs                                      |               |  |                                  | 8342                 |
|   | nce if less than 5 years   |                 |                                      | -        |  | 3             |  | 2.98                             |                      |
| 4 Enter the net value of noncharitab  | nce if less than 5 years le-use assets for 2009 from Part X, I               |                 |                                      |          |  | 3             | 2  | 2.98<br>6,569,                   | 826.                 |
|   |  | ine 5           |                                      |          |  |               |  |                                  |                      |
| <ul> <li>Enter the net value of noncharitab</li> <li>Multiply line 4 by line 3</li> <li>Enter 1% of net investment incom</li> </ul> | le-use assets for 2009 from Part X, I  | ine 5           |                                      |          |  | . 4           |  | 6,569,<br>9,399,                 | 727.                 |
| 5 Multiply line 4 by line 3 6 Enter 1% of net investment incom  | le-use assets for 2009 from Part X, I  |                 |                                      |          |  | 5             | 7  | 6,569,<br>9,399,                 | 727.<br>352.         |
| 5 Multiply line 4 by line 3 6 Enter 1% of net investment incom 7 Add lines 5 and 6  | le-use assets for 2009 from Part X, I  |                 |                                      |          |  | 5 6           | 7  | 6,569,<br>9,399,<br>7,<br>9,407, | 727.<br>352.<br>079. |
| 5 Multiply line 4 by line 3 6 Enter 1% of net investment incom 7 Add lines 5 and 6 8 Enter qualifying distributions from            | le-use assets for 2009 from Part X, I  | ine 5           |                                      |          |  | 5             | 7  | 6,569,<br>9,399,                 | 727.<br>352.<br>079. |

| orn | 1990-PF (2009) MISSION INCREASE FOUNDATION  | <u>8T-00T5</u> | 279   |      | Page 4 |
|-----|---|----------------|-------|------|--------|
| Pa  | art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49  | 948 - see      | nstru | ctio | ns)    |
| 18  | Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.                                      |                | •     |      |        |
|     | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)   | - 1            |       |      |        |
| t   | Domestic foundations that meet the section 4940(e) requirements in Part V, check here  and enter 1%                                       | 1              | 1     | 4,7  | 03.    |
|     | of Part I, line 27b   |                |       | -    |        |
| C   | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)                   |                |       |      |        |
|     | 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              | 1     | 4,7  | 03.    |
| 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              | _ 1   | 4,7  | 03.    |
| 6   | Credits/Payments:   | -              |       |      |        |
| 8   | 2009 estimated tax payments and 2008 overpayment credited to 2009 6a 3,600.   | :              |       |      | -      |
| b   | Exempt foreign organizations - tax withheld at source 6b  |                | 1     |      |        |
| C   | Tax paid with application for extension of time to file (Form 8868)   | ,              |       |      | •      |
| d   | Backup withholding erroneously withheld 6d  |                |       | ٠.   |        |
| 7   | Total credits and payments. Add lines 6a through 6d   | 7              | 4     | 3,6  | 00.    |
| 8   | Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached  | 8              |       |      | 7.     |
| 9   | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed   | 9              |       |      |        |
| 10  |   | 10             | 2     | 8,8  | 90.    |
| 11  | Enter the amount of line 10 to be: Credited to 2010 estimated tax   28,890 Refunded   | 11             |       |      | 0.     |
| Pa  | rt VII-A Statements Regarding Activities  |                |       |      |        |
| 1a  | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene | in             |       | Yes  | No     |
|     | 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)?    |                | 1b    |      | X      |
|     | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published                 | f or           |       |      |        |
|     | distributed by the foundation in connection with the activities.  |                |       |      |        |
| C   | Did the foundation file Form 1120-POL for this year?  |                | 1c    |      | Х      |
| 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. ▶ \$  |                | 1     |      |        |
| е   | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation               |                | İ     | ,    |        |
|     | managers. ▶ \$ 0 .  |                | ] :   | ٠,   | •      |
| 2   | Has the foundation engaged in any activities that have not previously been reported to the IRS?   |                | 2     |      | Х      |
|     | If "Yes," attach a detailed description of the activities.  |                |       |      |        |
| 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      |
|     | If "Yes," has it filed a tax return on Form 990-T for this year?  | N/A            | 4b    |      |        |
|     | Was there a liquidation, termination, dissolution, or substantial contraction during the year?  |                | 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 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?   |                | 7     | X    |        |
|     | If "Yes," complete Part II, col. (c), and Part XV.  |                | , :   |      |        |
| _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 calen      | dar            |       |      |        |
|     | year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV                              |                | 9     | X    |        |
| 10  |   | MT 13          | 10    | X    |        |

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|----|--|-----------------|-------------|--------------|---------------|
| Pa | nt VII-A Statements Regarding Activities (continued)   |                 |             |              |               |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of   |                 |             |              |               |
|    | section 512(b)(13)? If "Yes," attach schedule (see instructions)   |                 | 11          |              | X             |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before   |                 |             |              |               |
|    | August 17, 2008?   |                 | 12          |              | X             |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  |                 | 13          | X            |               |
|    | Website address ► WWW.MISSIONINCREASE.ORG  |                 |             |              |               |
| 14 | The books are in care of DAN DAVIS Telephone no.   | <b>►</b> 503.63 | 9.7         | 364          |               |
|    | Located at ▶ 5665 SW MEADOWS RD., STE. 120, LAKE OSWEGO, OR  | ZIP+4 ▶97       |             |              |               |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here  |                 |             | <b>&gt;</b>  |               |
|    | and enter the amount of tax-exempt interest received or accrued during the year  | 15              | N           | /A           |               |
| Pa | rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required   |                 |             |              |               |
|    | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  |                 |             | Yes          | No            |
| 1a | During the year did the foundation (either directly or indirectly):  |                 |             |              |               |
|    |  | s X No          |             |              | i             |
|    | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)  |                 |             |              |               |
|    |  | s X No          | ٠           |              |               |
|    |  | s X No          |             | ٠.,          |               |
|    | · · · · · · · · · · · · · · · · · · ·  | s X No          |             |              |               |
|    | (5) Transfer any income or assets to a disqualified person (or make any of either available  | • 🕰 🚻           | -           |              |               |
|    |  | s X No          | ٠,          |              |               |
|    | (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 agreement convex of terminating within 00 days  | s X No          | -           |              |               |
|    | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations   | S LALINU        |             |              |               |
| U  |  | N/A             | 1b          |              |               |
|    | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?   | ·· N/A          | 10          |              | —             |
| _  | Organizations relying on a current notice regarding disaster assistance check here   |                 | , برا       | ~ '          |               |
| 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  |                 | - V         |              | v             |
| •  | before the first day of the tax year beginning in 2009?  |                 | 1c          |              | <u> </u>      |
| 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)):  | _               | .           |              | . 7           |
| a  | At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginnin  |                 |             | ,            |               |
|    |  | s X No          | ,           |              |               |
|    | If "Yes," list the years   |                 | ٠.          |              |               |
| 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  |                 | ار پر<br>ان |              |               |
|    | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach   | /-              | - 2         | 7            | ,             |
|    | statement - see instructions.)   | N/A .           | 2b          | <del>,</del> |               |
| C  | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.   | l               |             | 2            | ,             |
|    | <u> </u>   |                 |             |              | ,             |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time  |                 | -           | . 1          |               |
|    |  | s 🗶 No          | ٠.          | ٠.           |               |
| b  | If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons aft   |                 | ٠.          | ٠.           |               |
|    | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to details to the commissioner under section 4943(c)(7)) to detail to the commissioner under section 4943(c)(7) to detail to the commissioner under section 4943(c)(7) to detail to the comm | · .             | <i>'</i>    | ٠. ا         | ;             |
|    | 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  |                 |             | ٠. ا         |               |
|    | Form 4720, to determine if the foundation had excess business holdings in 2009)  | N/A             | 3b          |              | <del></del> - |
| 4a | Did the foundation invest during the year any amount in a manner-that would jeopardize its charitable purposes?  |                 | 4a          |              | X             |
| þ  | 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 2009?   |                 | 4b          |              | <u> </u>      |

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|---|--|-----------------------------|--|------------------------------|--|--|--|
| Part VII-B   Statements Regarding Activities for Which I  | Form 4720 May Be F                               | Required (contin            | ued)   |                              |  |  |  |
| 5a During the year did the foundation pay or incur any amount to:   | 4045(0))2  |                             | es X No  |                              |  |  |  |
| <ol> <li>Carry on propaganda, or otherwise attempt to influence legislation (section</li> <li>Influence the outcome of any specific public election (see section 4955); or</li> </ol> |  |                             | וועבט פי   |                              |  |  |  |
|   |  |                             | s X No   |                              |  |  |  |
| any voter registration drive? Yes X No  (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No   |  |                             |  |                              |  |  |  |
| (4) Provide a grant to an organization other than a charitable, etc., organizatio   | n described in section                           |                             |  |                              |  |  |  |
| 509(a)(1), (2), or (3), or section 4940(d)(2)?  |  |                             |  |                              |  |  |  |
| (5) Provide for any purpose other than religious, charitable, scientific, literary,   | or educational purposes, or f                    | or                          |  |                              |  |  |  |
| the prevention of cruelty to children or animals?   |  |                             | s X No   |                              |  |  |  |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und  | der the exceptions described i                   | n Regulations               |  | ·   ·   .                    |  |  |  |
| section 53.4945 or in a current notice regarding disaster assistance (see instru  |  |                             | N/A  | 6 <b>6</b>                   |  |  |  |
| Organizations relying on a current notice regarding disaster assistance check h   |  |                             |  |                              |  |  |  |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi  |  |                             | . —  |                              |  |  |  |
| expenditure responsibility for the grant?   |  |                             | es 🔲 No  |                              |  |  |  |
| If "Yes," attach the statement required by Regulations section 53.494   |  |                             |  | ,   -                        |  |  |  |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to   |  |                             |  |                              |  |  |  |
| 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?                        |                             |  | ib X                         |  |  |  |
| If "Yes" to 6b, file Form 8870.   |  |                             |  |                              |  |  |  |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s  | helter transaction?                              | 🔲 Ye                        | es 🗶 No 💄  |                              |  |  |  |
| b If yes, did the foundation receive any proceeds or have any net income attribut   | able to the transaction?                         |                             | N/A 7  | 'b                           |  |  |  |
| Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors  | ees, Foundation Ma                               | nagers, Highly              | <b>/</b>   |                              |  |  |  |
| 1 List all officers, directors, trustees, foundation managers and their   | compensation.                                    |                             |  |                              |  |  |  |
|   | (b) Title, and average<br>hours per week devoted | (c) Compensation            | (d) Contributions to<br>employee benefit plans<br>and deterred | (e) Expense account, other   |  |  |  |
| (a) Name and address  | to position                                      | (If not paid,<br>enter -0-) | and deterred<br>compensation                                   | allowances                   |  |  |  |
|   |  |                             |  |                              |  |  |  |
|   |  |                             |  |                              |  |  |  |
| SEE STATEMENT 14  |  | 185,548.                    | 33,504.  | 0.                           |  |  |  |
|   |  |                             |  |                              |  |  |  |
|   |  |                             |  |                              |  |  |  |
|   |  |                             |  |                              |  |  |  |
|   |  |                             |  |                              |  |  |  |
|   |  |                             |  |                              |  |  |  |
|   |  |                             |  |                              |  |  |  |
|   |  |                             |  |                              |  |  |  |
|   |  |                             |  |                              |  |  |  |
| 2 Compensation of five highest-paid employees (other than those inc   | luded on line 1) If none                         | enter "NONE "               | <u> </u>   |                              |  |  |  |
| 2 Compensation of the highest-paid employees (other trials those inc  | (b) Title, and average                           | enter NONE.                 | (d) Contributions to   | (e) Expense                  |  |  |  |
| (a) Name and address of each employee paid more than \$50,000   | hours per week<br>devoted to position            | (c) Compensation            | employee benefit plans<br>and deterred                         | account, other<br>allowances |  |  |  |
| ERIC FOLEY - 5665 SW MEADOWS RD.,   | VP OF TRAININ                                    | r                           | compensation   | allowalices                  |  |  |  |
| STE. 120, LAKE OSWEGO, OR 97035   | 40.00  | 136,075.                    | 23,612.  | 0.                           |  |  |  |
|   | VP & CFO   | 1,0,0/5.                    | 43,014.  |                              |  |  |  |
| STE. 120, LAKE OSWEGO, OR 97035   | 40.00  | 132,392.                    | 25,717.  | 0.                           |  |  |  |
|   | REGIONAL GIVI                                    |                             |  |                              |  |  |  |
| STE. 120, LAKE OSWEGO, OR 97035   | 40.00  | 123,007.                    | 25,235.  | 0.                           |  |  |  |
|   | REGIONAL GIVI                                    |                             |  |                              |  |  |  |
| STE. 120, LAKE OSWEGO, OR 97035   | 40.00  | 115,041.                    | 24,815.  | 0.                           |  |  |  |
| DIE: 120, HARE COMEGO, OR 21033   | 20.00  | TTO, OTT.                   | 24,013.  | <u>.</u>                     |  |  |  |
|   |  |                             |  |                              |  |  |  |
| Total number of other employees naud over \$50,000  |  | 1                           |  |                              |  |  |  |

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|--|--------------------------------------|--------------|-----------|
| Part VIII Information About Officers, Directors, Trustees, Foundation 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) Compensa | ation     |
| JOHN WILSON  |                                      |              |           |
| 600 SW 90TH AVENUE, PORTLAND, OR 97225   | IT CONSULTANT                        | 90,50        | 0.        |
| TYLER FRUGIA   |                                      |              |           |
| 175 13TH ST, LAFAYETTE, OR 97127   | IT CONSULTANT                        | 68,50        | 0.        |
|  | -                                    |              |           |
| Total number of others receiving over \$50,000 for professional services   | <u> </u>                             | <b>•</b>     | 0         |
| Part IX-A   Summary of Direct Charitable Activities  | <del></del>                          |              |           |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produ  | al information such as the ced, etc. | Expenses     | •         |
| 1  |                                      |              |           |
|  |                                      |              |           |
| SEE STATEMENT 15   |                                      | 337,70       | 1.        |
| NEW YORK CITY LEADERSHIP CENTER INC - CASH GF  |                                      |              |           |
| CONJUCTION WITH THE CENTER'S EFFORTS IN LEADE  | <del></del>                          |              | _         |
| TRAINING, MENTORING, AND FUNDRAISING DEVELOPMENT OF THE PROPERTY OF THE PROPER |                                      | 50,00        | 0.        |
| WESTSIDE CHRISTIAN HIGH SCHOOL - CASH GRANT T  |                                      |              |           |
| CONJUCTION WITH THE SCHOOL'S EFFORTS IN LEADE  |                                      | 20 45        |           |
| TRAINING, MENTORING, AND FUNDRAISING DEVELOPM  | •                                    | 30,15        | <u>U.</u> |
| 4 SEOUL USA - CASH GRANT TO WORK IN CONJUNCTION  |                                      |              |           |
| CENTER'S EFFORTS IN LEADERSHIP, TRAINING, MEN FUNDRAISING DEVELOPMENT.   | TORING, AND                          | 27 65        | 7         |
| Part IX-B   Summary of Program-Related Investments   |                                      | 27,65        | <u>/·</u> |
| Describe the two largest program-related investments made by the foundation during the tax year on lin   | nes 1 and 2                          | Amount       |           |
| N/A  | ics rand z.                          | Amount       |           |
| I N/A  | • • •                                |              |           |
|  |                                      |              |           |
|  |                                      |              |           |
|  |                                      |              |           |
| All other program-related investments. See instructions.   | -                                    |              |           |

0.

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\_\_\_\_

Total. Add lines 1 through 3

| Part X Minimum Investment Return (All domestic foundations must complete this part. Foreig   | n foundations,  | see instructions.)                               |
|--|-----------------|--|
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:  | $\overline{}$   | · · · · · ·                                      |
| a Average monthly fair market value of securities  | 1a              | 26,033,045.                                      |
| b Average of monthly cash balances   | 1b              | 824,582.   |
| c Fair market value of all other assets  | 1c              | 116,816.   |
| d Total (add lines 1a, b, and c)   | 1d              | 26,974,443.                                      |
| 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               | 26,974,443                                       |
| 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)  | 4               | 404,617.   |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4   | 5               | 26,569,826                                       |
| 6 Minimum investment return. Enter 5% of line 5  | 6               | 1,328,491  |
| Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundate foreign organizations check here X and do not complete this part.) | ons and certain |  |
| 1 Minimum investment return from Part X, line 6  | 1               | <u> </u>   |
| 2a Tax on investment income for 2009 from Part VI, line 5  |                 |  |
| b Income tax for 2009. (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               | <del>-</del> ·                                   |
| 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              | 3,063,123.                                       |
| 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)  | ·· ··           | <del>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> |
| 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4   |                 | 3,063,123  |
| 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment   | • •             | <u> </u>   |
| income. Enter 1% of Part I, line 27b   | 5               | Λ.   |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4   | 6               | 3,063,123  |
| Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found  |                 |  |
| 4940(e) reduction of tax in those years.   | quumios 10      |  |

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Part XIII Undistributed Income (see instructions)

|  | (a)      | (b)                 | (c)                                     | (d)  |
|--|----------|---------------------|---|------|
|  | Corpus   | Years prior to 2008 | 2008                                    | 2009 |
| 1 Distributable amount for 2009 from Part XI,  |          |                     | ~                                       |      |
| line 7   | *        |                     |   | 0.   |
| 2 Undistributed income, if any, as of the end of 2009  |          |                     | ,                                       |      |
| a Enter amount for 2008 only   |          |                     | 0.                                      | `    |
| b Total for prior years:   |          |                     |   |      |
| , ,  |          | 0.                  |   |      |
| 3 Excess distributions carryover, if any, to 2009:   |          |                     |   | -    |
| a From 2004  |          |                     |   |      |
| b From 2005  | 1 . !    |                     |   |      |
| c From 2006  |          |                     |   |      |
| d From 2007  |          |                     |   |      |
| e From 2008  |          |                     |   |      |
|  | o.       |                     | -                                       |      |
| f Total of lines 3a through e  | J        |                     | ` <u> </u>                              |      |
| Part XII, line 4: ► \$ N/A   | i .      |                     |   |      |
| a Applied to 2008, but not more than line 2a   | ,        |                     | 0.                                      |      |
| * *  |          |                     | 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 2009 distributable amount   |          |                     | ·                                       | 0.   |
| e Remaining amount distributed out of corpus   | 0.       |                     | ·                                       |      |
| 5 Excess distributions carryover applied to 2009<br>(If an amount appears in column (d), the same amount | 0.       |                     |   | 0.   |
| must be shown in column (a).)  | · -      |                     | **                                      |      |
| 6 Enter the net total of each column as  |          |                     | •                                       | •    |
| indicated below:   |          |                     | * |      |
| & 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 2008. Subtract line   |          |                     |   |      |
| 4a from line 2a. Taxable amount - see ınstr.   | , ,      |                     | 0.                                      |      |
| f Undistributed income for 2009. Subtract  |          |                     |   |      |
| lines 4d and 5 from line 1. This amount must   | , ,      | •                   |   |      |
| be distributed in 2010   |          |                     | ,                                       | 0.   |
| 7 Amounts treated as distributions out of  |          |                     |   | ,    |
| corpus to satisfy requirements imposed by  |          |                     |   |      |
| section 170(b)(1)(F) or 4942(g)(3)   | 0.       | ŧ                   | •                                       | t    |
| 8 Excess distributions carryover from 2004   |          |                     |   |      |
| not applied on line 5 or line 7  | 0.       | ı f                 |   | ,    |
| 9 Excess distributions carryover to 2010.  | -        | -                   | - 1                                     |      |
| Subtract lines 7 and 8 from line 6a  | 0.       | 1.1                 | ·-                                      | ¥.   |
| 10 Analysis of line 9:   | ,        | <del></del>         |   |      |
| · · · · · · · · · · · · · · · · · · ·  | ′′ 1     | ```                 | ~                                       | -    |
| a Excess from 2005   |          |                     |   | · .  |
| b Excess from 2006   |          | · · · · · ·         | ,                                       |      |
| c Excess from 2007   |          |                     | ,                                       |      |
| d Excess from 2008   |          | -                   |   |      |
| e Excess from 2009   | <u> </u> |                     |   |      |

#### SEE STATEMENT 16

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

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:
- b The form in which applications should be submitted and information and materials they should include:
- c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to any foundation manager or substantial contributor Amount status of Name and address (home or business) recipient a Paid during the year SEE STATEMENT 17 Total ▶ 3a 706,668. **b** Approved for future payment WATER FOR OUR WORLD NONE 501(C)(3) 15,000. CHARITY PO BOX 74214 PHOENIX, AZ 85087 FUNDACION- INCREMENTO -A- --501(C)(3) TO PROVIDE GENERAL 85,604. **OPERATES** MISIONES, A.C. (WIRE TFR WITHIN MIF SUPPORT AND GRANT TO MEXICO) - RIO ATOYAC FUNDS 405, FRACC LOS RIOS <u> 3b</u> 100,604. Total

Part XVI-A **Analysis of Income-Producing Activities** 

| Enter gross amounts unless of    | therwise indicated.                     | Unrelate   | d business income                     |               | ided by section 512, 513, or 514 | (e)                                   |
|----------------------------------|---|--|---------------------------------------|---------------|----------------------------------|---------------------------------------|
|                                  |   | (a)<br>Business                                  | (b)                                   | (C)<br>Exclu- | (d)                              | Related or exempt                     |
| 1 Program service revenue:       |   | Code   | Amount                                | sion          | Amount                           | function income                       |
| a CONFERENCE                     | FEES AND                                |  |                                       |               |                                  |                                       |
| b PUBLICATION                    |   |  |                                       |               |                                  | 82,266.                               |
|                                  | 2008 GRANTS                             |  |                                       |               |                                  | 77,467.                               |
| d <u></u>                        |   |  | -                                     |               |                                  | 11,407.                               |
| e                                | <del></del>                             |  |                                       |               | <u> </u>                         | _                                     |
| 1                                |   |  |                                       |               |                                  |                                       |
| g Fees and contracts from        | n government agencies                   |  |                                       | <del> </del>  |                                  |                                       |
| 2 Membership dues and asse       |   |  |                                       |               |                                  | · · · · · · · · · · · · · · · · · · · |
| 3 Interest on savings and terr   |   | <del>                                     </del> |                                       |               | <del></del>                      |                                       |
| _                                |   |  |                                       |               |                                  |                                       |
| 4 Dividends and interest from    |   |  |                                       | 14            | 638,165.                         |                                       |
| 5 Net rental income or (loss)    |   | ' :  | · .                                   | 7.4           | 030,103.                         |                                       |
| a Debt-financed property         |   |  | <del></del>                           |               |                                  |                                       |
|                                  |   | <del></del>                                      |                                       |               |                                  |                                       |
| b Not debt-financed prope        |   |  |                                       |               |                                  | <del></del>                           |
| 6 Net rental income or (loss)    |   |  |                                       | İ             |                                  |                                       |
| property                         |   | <del></del>                                      |                                       |               | <del></del>                      | · · · · · · · · · · · · · · · · · · · |
| 7 Other investment income        |   | <del> </del>                                     | =                                     | _             |                                  |                                       |
| 8 Gain or (loss) from sales of   |   | ĺ  |                                       | ۱.,           | 006 500                          |                                       |
| than inventory                   |   | <del> </del>                                     |                                       | 18            | 206,522.                         |                                       |
| 9 Net income or (loss) from s    |   | <del></del>                                      |                                       |               |                                  |                                       |
|                                  | sales of inventory                      | <b> </b>   |                                       |               |                                  |                                       |
| 11 Other revenue:                |   | l  |                                       |               |                                  |                                       |
| 8                                |   |  |                                       |               |                                  |                                       |
| b                                |   |  |                                       |               |                                  |                                       |
| c                                |   |  |                                       |               |                                  |                                       |
| d                                |   |  |                                       |               |                                  |                                       |
| e                                |   |  |                                       |               |                                  |                                       |
|                                  | V-10 V-1 (                              | 3 -  | 0.                                    |               | 844,687.                         |                                       |
| 13 Total. Add line 12, columns   |   |  |                                       |               | 13 <u> </u>                      | 1,004,420.                            |
| (See worksheet in line 13 instru | uctions to verify calculations.)        |  |                                       |               |                                  |                                       |
| Part XVI-B Relat                 | ionship of Activities to                | the Acco   | mplishment of Ex                      | emp           | t Purposes                       |                                       |
|                                  | how each activity for which incom       |  |                                       | contrib       | outed importantly to the accord  | nplishment of                         |
|                                  | 's exempt purposes (other than b        |  |                                       | <u> </u>      | EDITE MUE HOLD                   | DAMIONI G                             |
| 1A CONFERENCE                    | CE FEES AND PUB                         | LICATIO  | ON SALES HEL                          | P S           | ERVE THE FOUN                    | DATION'S                              |
|                                  | OF TRAINING AND                         |  |                                       |               |                                  | CHRISTIAN                             |
|                                  | <u>FIONS OTHERWISE</u><br>7 2008 GRANTS | UNABLI   | E TO AFFORD                           | <u> </u>      | n SERVICES.                      |                                       |
| IB KETURN OF                     | 2006 GRANTS                             |  | <u> </u>                              |               |                                  |                                       |
|                                  | -                                       | <del> </del>                                     | · · · · · · · · · · · · · · · · · · · |               | -                                |                                       |
|                                  |   |  |                                       |               |                                  |                                       |
|                                  |   |  |                                       |               |                                  |                                       |
|                                  |   |  |                                       |               |                                  | <del></del>                           |
|                                  |   |  | <del></del>                           | -             |                                  |                                       |
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9) MISSION INCREASE FOUNDATION 81-0618279
Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

| 1         | Did th                         | e organization directly or indir         | rectly engage in any of the follow   | ng with any other organizatio          | on described in section 501(c) of                           |              | Yes          | No       |
|-----------|--------------------------------|--|--|--|---|--------------|--------------|----------|
|           | the C                          | ode (other than section 501(c)           | )(3) organizations) or in section 5  | 27, relating to political organ        | nizations?  |              |              |          |
| 1         |                                | •  | ation to a noncharitable exempt or   | -                                      |   |              |              | ĺ        |
|           |                                |  |  |  |   | 1a(1)        |              | X        |
|           |                                |  |  |  |   | 1a(2)        |              | X        |
| ı         |                                | transactions:                            |  |  |   |              |              |          |
|           | (1) S                          | ales of assets to a noncharital          | ble exempt organization  |  |   | 1b(1)        |              | X        |
|           |                                |  | ncharitable exempt organization  |  |   | 1b(2)        |              | X        |
|           |                                |  | or other assets  |  |   | 1b(3)        |              | X        |
|           |                                | leimbursement arrangements               |  | ·· · · · · · · · · · · · · · · · · · · |   | 1b(4)        |              | X        |
|           |                                |  |  |  |   | 1b(5)        |              | X        |
|           |                                |  | mbership or fundraising solicitati   |  |   | 1b(6)        |              | X        |
|           |                                |  | uling lists, other assets, or paid en  |  |   | 1c           |              | <u> </u> |
| •         |                                |  |  |  | ways show the fair market value of the goods, o             |              | ets,         |          |
|           |                                |  |  |  | ue in any transaction or sharing arrangement, sh            | ow in        |              |          |
| /a\       |                                |  | other assets, or services received   |  | 140   | _            |              |          |
| (8)       | Line no                        | (b) Amount involved                      | (c) Name of noncharitabl   | e exempt organization                  | (d) Description of transfers, transactions, and s           | nanng an     | ബർബേ         | nts      |
|           |                                |  | N/A  | <del></del>                            |   |              |              |          |
|           |                                |  | -  |  |   |              |              |          |
| _         |                                |  |  | <del>- ,,</del> ,                      |   |              |              | —        |
| _         |                                |  |  |  |   |              |              |          |
| _         |                                |  |  |  |   |              |              |          |
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|           |                                |  |  |  |   |              |              |          |
| _         |                                |  |  |  |   |              |              |          |
| _         |                                |  |  |  |   |              |              |          |
|           |                                |  |  |  |   |              |              |          |
| 28        | ı Is the                       | foundation directly or indirect          | tly affiliated with, or related to, one  | e or more tax-exempt organi            | zations described   |              |              |          |
|           |                                | •  | •  |  |   | Yes          | X            | No       |
| ŧ         |                                | s," complete the following sche          |  |  |   |              |              |          |
|           |                                | (a) Name of org                          |  | (b) Type of organization               | (c) Description of relationsh                               | p            |              |          |
|           |                                | N/A                                      |  |  |   |              |              |          |
|           |                                |  |  |  |   |              |              |          |
|           |                                |  |  |  |   |              |              |          |
|           |                                |  |  |  |   |              |              |          |
|           |                                |  |  |  |   |              |              |          |
|           | Under p                        | enalties of perjury, I declare that I be | evaluated this return, including according to the same of the same | ompanying schedules and statem         | nents, and to the best of my knowledge and belief, it is tr | ue, corre    | ot,<br>———   |          |
| _         |                                |  | y man appayer of nouclary) is based on   |  |   |              |              |          |
|           | <b>N</b> -                     | MINE                                     |  | 11/15/201                              | ₫ CFO   |              |              |          |
| lere      | Şi                             | gnature of officer or trustee            |  | Date                                   | Title   |              |              |          |
| Sign Here | <b>6</b> 0 -                   | Preparer's                               | •  | בעך וו                                 | Oate Check if Preparer                                      | s identify   | ing num      | ber      |
| Š         | Paid<br>Preparer's<br>Use Only |  | D. DIGREGORIO  | <u>, ii, </u>                          | 0/21/10 self-<br>employed ► □                               |              |              |          |
|           | Pai<br>pai                     |  |  |  | EIN ►   |              |              |          |
|           | _ § 2                          | if self-employed), 4900                  | MEADOWS ROAD,  | STE. 200                               |   | <i>-</i>     |              |          |
|           |                                | address, and ZIP code LAKE               | OSWEGO, OR-970   | <del>35-3295</del>                     | Phone no. (503)   |              | <u>0 – 5</u> |          |
|           |                                |  |  |  | For   | n <b>990</b> | -PF (        | 2009)    |

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

Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF.

**Schedule of Contributors** 

OMB No. 1545-0047

Employer identification number Name of the organization MISSION INCREASE FOUNDATION 81-0618279 Organization type (check one): Filers of: Section: Form 990 or 990-EZ \_\_\_ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I. II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, chantable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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| SCHEOMIE | 0 | (FOITH) | 88U. | AAO-CY, | or 990-PF | ) (2009) |

Name of organization

Employer identification number

#### MISSION INCREASE FOUNDATION

81-0618279

| Part I     | Contributors (see instructions)  |                                |   |
|------------|--|--------------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Aggregate contributions    | (d) Type of contribution  |
| 1          | NORTHWEST CHRISTIAN COMMUNITY FOUNDATION  7730 SW 31ST AVE  PORTLAND, OR 97280 | \$ <u>3,097,500</u> .          | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Aggregate contributions    | (d)<br>Type of contribution   |
| 2          | PFG - PEARSON FINANCIAL GROUP  5665 SW MEADOWS  LAKE OSWEGO, OR 97035          | \$ 45,231.                     | Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Aggregate contributions    | (d) Type of contribution  |
| 3          | LLOYD R SUMMERS PC  5665 SW MEADOWS  LAKE OSWEGO, OR 97035                     | \$ 50,000.                     | Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b) Name, address, and ZIP + 4   | (c) Aggregate contributions    | (d)<br>Type of contribution   |
| 4          | STAN AND DEBI ROGERS  651 LAMPLIGHTER CIR SE  SALEM, OR 97302                  | \$ 7,550.                      | Person X Payroll  |
| (a)<br>No. | (b) Name, address, and ZIP + 4   | (c) Aggregate contributions    | (d) Type of contribution  |
|            |  | \$                             | Person Payroll Noncash Complete Part II if there is a noncash contribution.       |
| (a)<br>No. | (b) Name, address, and ZIP + 4   | (c)<br>Aggregate contributions | (d)<br>Type of contribution   |
|            |  | \$                             | Person Payroll Noncash Complete Part II if there is a noncash contribution.)      |

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

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| Unadjusted<br>Cost Or Basis                    | 247  | 693<br>202                               | 200.<br>110.   |   | _ = 4-1-2;   | 5. <sub>F</sub>  | <u>-72-</u> -,                         |   | =                |
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| nad<br>st C                                    | 26<br>45   | 4 4                                      | 182<br>182   |   |  | `_~ <u>_</u>   | Eg.i                                   | 7 2                                     | 20.00            |
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|  | FIXTURES   | <del> </del>                             | Z rh   |   |  | - <del>- 1</del>   | 27 3<br>27 3<br>1 3                    | - 7-                                    |                  |
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|  | NEW EX   | 7 P. C.                                  | XXXXXX   | t<br>- <u></u> t                        |  | , -  | 157.00                                 | / <sup>*</sup>                          | ,                |
|  | FURNITURE,  E EQUIPMEN  SOFTWARE                 | IMPROVEME<br>(D) 2 DELL                  | F. B   |   | i de j   |  | 2.                                     | 1-17                                    | , T-             |
|  | FURNITURE, FIXTURES 11& EQUIPMENT 12SOFTWARE     | 23IMPROVEMENTS 34(D)2 DELL LAI           | - FL - H   | ,-                                      | <del></del>  |  | ·                                      | :                                       | 2.5              |
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| Asset  |  | •  | 7 <u>.</u>   |   |  | • •  | i<br>i i                               |   |                  |

928102 06-24-09

(D) - Asset disposed

\*ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

| FORM 990-PF G                  | AIN OR (LOSS)                   | FROM SALE              | OF A | ASSETS            |              | STA' | TEMENT        | 1    |
|--------------------------------|---------------------------------|------------------------|------|-------------------|--------------|------|---------------|------|
| (A) DESCRIPTION OF PROPERTY    |                                 |                        |      | ANNER<br>CQUIRED  | DA1<br>ACQUI |      | DATE S        | OLD  |
| 2 DELL LAPTOPS - ABANDO        | NED                             |                        | PUF  | RCHASED           | VARIO        | ous  | 12/31         | ./09 |
| (B)<br>GROSS<br>SALES PRICE    | (C)<br>COST OR<br>OTHER BASIS   | (D)<br>EXPENSE<br>SALE | OF   | (E)<br>DEPRE      | c.           |      | (F)<br>OR LOS | SS   |
| 0.                             | 4,202.                          |                        | 0.   | 1,                | 729.         |      | -2,4          | 73.  |
| (A)<br>DESCRIPTION OF PROPERTY |                                 |                        |      | IANNER<br>QUIRED  | DAT<br>ACQUI |      | DATE S        | OLD  |
| INVESTMENTS                    | <del></del>                     |                        | PUR  | RCHASED           | VARIO        | ous  | VARIO         | US   |
| (B)<br>GROSS<br>SALES PRICE    | (C)<br>VALUE AT<br>TIME OF ACQ. | (D)<br>EXPENSE<br>SALE | OF   | (E)<br>DEPRE      | c.           |      | (F)<br>OR LOS | ss   |
| 3,088,183.                     | 2,898,494.                      | 4                      | 64.  |                   | 0.           |      | 189,2         | 25.  |
| (A) DESCRIPTION OF PROPERTY    |                                 |                        |      | IANNER<br>CQUIRED | DAT<br>ACQUI |      | DATE S        | OLD  |
| FURNITURE - ABANDONED          |                                 |                        | PUR  | CHASED            | VARIC        | US   | 07/01         | /09  |
| (B)<br>GROSS<br>SALES PRICE    | (C)<br>COST OR<br>OTHER BASIS   | (D)<br>EXPENSE<br>SALE | OF   | (E)<br>DEPRE      | c.           |      | (F)<br>OR LOS | S    |
| 0.                             | 1,200.                          |                        | 0.   |                   | 514.         |      | -6            | 86.  |
| CAPITAL GAINS DIVIDENDS        | FROM PART IV                    |                        |      |                   |              | •    | 20,4          | 56.  |
|                                |                                 |                        |      |                   |              |      |               |      |

| ·  | DS AND         | INTER  | EST FROM                    | SEC          | JRITIES  | STATEMENT  | 2               |
|--|----------------|--|-----------------------------|--------------|--|--|-----------------|
| SOURCE   |                | GROSS  | AMOUNT                      |              | PITAL GAINS<br>DIVIDENDS                         | COLUMN (A<br>AMOUNT                                      | )               |
| DIVIDEND INCOME<br>INTEREST INCOME   | •              |  | 655,940.<br>2,681.          |              | 20,456.  | 635,4<br>2,6   |                 |
| TOTAL TO FM 990-PF, PART I,  | LN 4 =         |  | 658,621.                    |              | 20,456.  | 638,1  | 65.             |
| FORM 990-PF  | O'.            | THER I                                       | NCOME                       |              |  | STATEMENT  | 3               |
| DESCRIPTION  |                |  | (A)<br>REVENUE<br>PER BOOKS | 5            | (B)<br>NET INVEST-<br>MENT INCOME                | (C)<br>ADJUSTE:<br>NET INCO                              |                 |
| CONFERENCE FEES AND PUBLICAT<br>SALES<br>RETURN OF 2008 GRANTS                                 | ION            |  | 82,2<br>77,4                |              | 0  | -  |                 |
| TOTAL TO FORM 990-PF, PART I   | , LINE         | 11   | 159,7                       | 733.         | 0  | . 159,7  | 33.             |
| FORM 990-PF  | ·              | LEGAL  | FEES                        | ·····        |  | STATEMENT  | 4               |
|  |                |  | <del></del>                 |              |  |  |                 |
| DESCRIPTION  | EXPE           | A)<br>NSES<br>BOOKS                          | (B)<br>NET INVE<br>MENT INC |              | (C)<br>ADJUSTED<br>NET INCOM                     |  |                 |
| <del></del>  | PER I          | NSES   | NET INVE                    |              | ADJUSTED<br>NET INCOM                            | CHARITA<br>E PURPOS                                      | ES              |
| LEGAL FEES   | EXPER PER I    | NSES<br>BOOKS                                | NET INVE                    | COME         | ADJUSTED NET INCOM                               | CHARITAL PURPOSE   | ES<br>68.       |
| LEGAL FEES TO FM 990-PF, PG 1, LN 16A  | EXPEI<br>PER I | NSES<br>BOOKS<br>B,479.                      | NET INVE                    | 254          | ADJUSTED NET INCOM                               | CHARITAL PURPOSE   | 68.             |
| LEGAL FEES TO FM 990-PF, PG 1, LN 16A FORM 990-PF  | ACC            | NSES<br>BOOKS<br>B,479.<br>B,479.            | NET INVE                    | 254.<br>254. | ADJUSTED NET INCOM                               | CHARITAL E PURPOS  4. 11,4  4. 11,4  STATEMENT  CHARITAL | 68.<br>68.      |
| DESCRIPTION  LEGAL FEES  TO FM 990-PF, PG 1, LN 16A  FORM 990-PF  DESCRIPTION  ACCOUNTING FEES | ACC            | NSES<br>BOOKS<br>B,479.<br>B,479.<br>COUNTIN | NET INVE                    | 254.<br>254. | ADJUSTED NET INCOM  254  254  ADJUSTED NET INCOM | CHARITAL E PURPOS  4. 11,4  4. 11,4  STATEMENT  CHARITAL | 68.<br>68.<br>5 |

| FORM 990-PF   | OTHER PROFES  | SIONAL FEES                                | S.   | PATEMENT 6  |
|---|---|--|--|---|
| DESCRIPTION   | (A)<br>EXPENSES<br>PER BOOKS                            | (B)<br>NET INVEST-<br>MENT INCOME          | (C)<br>ADJUSTED<br>NET INCOME                    | (D)<br>CHARITABLE<br>PURPOSES                           |
| CONSULTING FEES INVESTMENT EXPENSES   | 231,463.<br>46,444.                                     |  | 4,629.   | 229,213.  |
| TO FORM 990-PF, PG 1, LN 16C  | 277,907.  | 46,444.                                    | 4,629.   | 229,213.  |
| FORM 990-PF   | TAX   | ES   | Si   | PATEMENT 7  |
| DESCRIPTION   | (A)<br>EXPENSES<br>PER BOOKS                            | (B)<br>NET INVEST-<br>MENT INCOME          | (C)<br>ADJUSTED<br>NET INCOME                    | (D)<br>CHARITABLE<br>PURPOSES                           |
| FOREIGN TAXES EXCISE TAX  | 5,012.<br>4,078.  |  | 0.<br>4,078.                                     | 0.  |
| TO FORM 990-PF, PG 1, LN 18   | 9,090.  | 5,012.                                     | 4,078.   | 0.  |
| FORM 990-PF   | OTHER E   | XPENSES                                    | Si   | PATEMENT 8  |
| DESCRIPTION  TELEPHONE & TELECOMMUNICATIONS SUPPLIES INFORMATION TECHNOLOGY MISCELLANEOUS                 | (A) EXPENSES PER BOOKS  31,225. 4,928. 31,748. 8,123.   | (B) NET INVEST- MENT INCOME  370. 0. 0. 0. | (C) ADJUSTED NET INCOME  1,314. 246. 1,587. 406. | (D) CHARITABLE PURPOSES  30,478. 4,682. 31,052. 7,761.  |
| BANK CHARGES POSTAGE & SHIPPING DUES & SUBSCRIPTIONS EQUIPMENT REPAIRS & MAINT. INSURANCE LICENSES & FEES | 5,940.<br>4,383.<br>10,834.<br>553.<br>8,907.<br>2,918. | 0.<br>131.<br>0.<br>0.<br>0.               | 297.<br>131.<br>542.<br>28.<br>445.<br>146.      | 5,726.<br>4,104.<br>10,364.<br>526.<br>8,461.<br>2,772. |
| TO FORM 990-PF, PG 1, LN 23   | 109,559.  | 501.                                       | 5,142.   | 105,926.  |

| FORM 990-PF DEPRECIATION   | OF ASSETS NO                  | T HELD FOR IN               | IVESTMENT                | STATEMENT S              |
|--|-------------------------------|-----------------------------|--------------------------|--------------------------|
| DESCRIPTION  | COST OR<br>OTHER BASIS        | ACCUMULATED<br>DEPRECIATION | N BOOK VALUE             | FAIR MARKET<br>VALUE     |
| FURNITURE, FIXTURES, & EQUIPMENT SOFTWARE LEASEHOLD IMPROVEMENTS | 126,247.<br>45,768.<br>4,693. | 62,712.<br>42,328.<br>577.  | 3,440                    | . 3,441                  |
| TO 990-PF, PART II, LN 14  | 176,708.                      | 105,617.                    | 71,091                   | . 71,091                 |
| FORM 990-PF  | CORPORA                       | TE STOCK                    |                          | STATEMENT 1              |
| DESCRIPTION  |                               | F                           | BOOK VALUE               | FAIR MARKET<br>VALUE     |
| MONEY MARKET<br>STOCKS   |                               |                             | 9,178,871.<br>7,195,841. | 9,178,871<br>7,195,841   |
| TOTAL TO FORM 990-PF, PART                                       | II, LINE 10B                  | <del></del>                 | 16,374,712.              | 16,374,712               |
| FORM 990-PF  | CORPORA                       | TE BONDS                    |                          | STATEMENT 1              |
| DESCRIPTION  |                               | F                           | BOOK VALUE               | FAIR MARKET<br>VALUE     |
| BONDS  |                               |                             | 9,352,394.               | 9,352,394                |
| TOTAL TO FORM 990-PF, PART                                       | II, LINE 10C                  | _                           | 9,352,394.               | 9,352,394                |
| FORM 990-PF  | OTHER IN                      | VESTMENTS                   |                          | STATEMENT 12             |
|  |                               | ALUATION<br>METHOD E        | BOOK VALUE               | FAIR MARKET<br>VALUE     |
| DESCRIPTION  |                               |                             |                          |                          |
| DESCRIPTION  REAL ESTATE SECURITIES  COMMODITY-LINKED SECURITIES | _                             | FMV<br>FMV                  | 1,625,270.<br>1,554,238. | 1,625,270.<br>1,554,238. |

| FORM 990-PF                    |           | STANTIAL CONTRIBUTORS<br>/II-A, LINE 10               | STATEMENT | 13 |
|--------------------------------|-----------|---|-----------|----|
| NAME OF CONTRIBUTOR            |           | ADDRESS   |           |    |
| DALE STOCKAMP                  |           | 5665 SW MEADOWS RD., STE 120<br>LAKE OSWEGO, OR 97035 |           |    |
| GAIL STOCKAMP                  |           | 5665 SW MEADOWS RD., STE 120<br>LAKE OSWEGO, OR 97035 |           |    |
| NORTHWEST CHRISTIAN FOUNDATION | COMMUNITY | 7730 SW 31ST AVE PORTLAND, OR 97280                   |           |    |

| FORM 990-PF  |            |         | OF OFFICERS, I<br>FOUNDATION MANA |          | STATI                           | EMENT 14 |
|--|------------|---------|-----------------------------------|----------|---------------------------------|----------|
| NAME AND ADDRESS                                     | 5          |         | TITLE AND<br>AVRG HRS/WK          |          | EMPLOYEE<br>BEN PLAN<br>CONTRIB |          |
| DALE STOCKAMP<br>5665 SW MEADOWS<br>LAKE OSWEGO, OR  | •          | 120     | CHAIRMAN<br>5.00                  | 0.       | 0.                              | 0.       |
| GAIL STOCKAMP<br>5665 SW MEADOWS<br>LAKE OSWEGO, OR  |            | 120     | BOARD MEMBER<br>1.00              | 0.       | 0.                              | 0.       |
| RON POST<br>5665 SW MEADOWS<br>LAKE OSWEGO, OR       | •          | 120     | SECRETARY & BC                    |          | 7,217.                          | 0.       |
| DAVID FARQUHAR<br>5665 SW MEADOWS<br>LAKE OSWEGO, OR |            | 120     | PRESIDENT 40.00                   | 143,007. | 26,287.                         | 0.       |
| •  |            |         | 0.00                              |          | 0-                              | 0.       |
| TOTALS INCLUDED                                      | ON 990-PF, | PAGE 6, | PART VIII                         | 185,548. | 33,504.                         | 0.       |

STATEMENT 16

| FORM 990-PF  | SUMMARY     | OF DIRECT | CHARITABLE  | ACTIVITIES | STATEMENT | 15  |
|--|-------------|-----------|-------------|------------|-----------|-----|
| ACTIVITY ONE   |             |           |             |            |           |     |
| FUNDACION INCREM<br>IN CONJUCTION WI<br>LEADERSHIP, TRAI<br>DEVELOPMENT. | TH FUNDACIO | N INCREME | NTO'S EFFOR | TS IN      |           |     |
|  |             |           |             |            | EXPENSES  |     |
| TO FORM 990-PF,  | PART IX-A,  | LINE 1    |             |            | 337,7     | 01. |
|  |             |           |             | <u></u>    |           |     |

PART XV - LINE 1A

LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

DALE STOCKAMP
GAIL STOCKAMP

FORM 990-PF

FORM 990-PF

17

STATEMENT

| RECIPIENT NAME AND ADDRESS  | RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT |           | AMOUNT |
|---|---|-----------|--------|
| ALPHA OMEGA RELIEF NETWORK<br>2175 N ACADEMY CIRCLE SUITE 101<br>COLORADO SPRINGS, CO 80909 | NONE<br>EMPLOYEE MATCHING GIFT              | 501(C)(3) | 300.   |
| AMAZING GRACE INTERNATIONAL<br>PO BOX 21490 CHATTANOOGA, TN<br>37424                        | NONE<br>EMPLOYEE MATCHING GIFT              | 501(C)(3) | 100.   |
| BEYOND VICTORY MINISTRIES<br>16658 NW DUBLIN CT PORTLAND,<br>OR 97229                       | NONE<br>EMPLOYEE MATCHING GIFT              | 501(C)(3) | 780.   |
| CHRISTIAN GRANDPARENTING NETWORK<br>5844 PIONEER MESA DR COLORADO<br>SPRINGS, CO 80918      |   | 501(C)(3) | 2,245. |
| CHRISTIAN RESOURCES INTERNATIONAL PO BOX 356 FOWLERVILLE, MI 48836                          | NONE<br>EMPLOYEE MATCHING GIFT              | 501(C)(3) | 1,200. |
| COR DEO CHRISTIAN ACADEMY<br>9100 SW 135TH AVE BEAVERTON,<br>OR 97008                       | NONE<br>EMPLOYEE MATCHING GIFT              | 501(C)(3) | 1,000. |
| CROSSROADS MINISTRIES USA<br>PO BOX 62697 COLORADO SPRINGS,<br>CO 80962                     | NONE<br>EMPLOYEE MATCHING GIFT              | 501(C)(3) | 100.   |
| DARE2SHARE MINISTRIES P.O. BOX 745323 ARVADA, CO  | NONE<br>-EMPLOYEE-MATCHING-GIFT-            | 501(C)(3) | 1,890. |

GRANTS AND CONTRIBUTIONS

PAID DURING THE YEAR

| MISSION INCREASE FOUNDATION  |                                |           | 81-0618279 |
|--|--------------------------------|-----------|------------|
| EAGLE WINGS MINISTRIES<br>1522 3RD ST STE F MARYSVILLE,<br>WA 98270              | NONE<br>EMPLOYEE MATCHING GIFT | 501(C)(3) | 50.        |
| FOOTHILL BAPTIST SCHOOL<br>21401 BOX SPRING RD. MORENO<br>VALLEY, CA 92557       |                                | 501(C)(3) | 1,175.     |
| FRONTIERS PO BOX 60670 PHOENIX, AZ 85082   | NONE<br>EMPLOYEE MATCHING GIFT | 501(C)(3) | 1,100.     |
| GLOBAL GATEWAY NETWORK<br>PO BOX 1207 RICHLAND, WA 99352                         | NONE<br>EMPLOYEE MATCHING GIFT | 501(C)(3) | 394.       |
| HAL LINDSEY PO BOX 1475 PALM DESERT, CA 92261                                    | NONE<br>EMPLOYEE MATCHING GIFT | 501(C)(3) | 125.       |
| HARBOR HOUSE MINISTRIES<br>1811 11TH AVE. OAKLAND, CA<br>94606                   | NONE<br>EMPLOYEE MATCHING GIFT | 501(C)(3) | 250.       |
| HOPE 4 KIDS INTERNATIONAL<br>PO BOX 74010 PHOENIX, AZ 85087                      | NONE<br>EMPLOYEE MATCHING GIFT | 501(C)(3) | 8,300.     |
| HOUSE OF MYRRH<br>1104 6TH ST OREGON CITY, OR<br>97045                           | NONE<br>EMPLOYEE MATCHING GIFT | 501(C)(3) | 4,300.     |
| INTERNATIONAL RENEWAL MINISTRIES<br>5511 SE HAWTHORNE BLVD<br>PORTLAND, OR 97215 | NONE<br>EMPLOYEE MATCHING GIFT | 501(C)(3) | 200.       |
| INTERVARSITY CHRISTIAN FELLOWSHIP PO BOX 7895 MADISON, WI 53707                  | NONE<br>EMPLOYEE MATCHING GIFT | 501(C)(3) | 5,350.     |

| MISSION INCREASE FOUNDATION  |                                |           | 81-0618279 |
|--|--------------------------------|-----------|------------|
| JONAH MINISTRIES 31 LITTLE MOUNTAIN RD TROUT LAKE, WA 98650                        | NONE<br>EMPLOYEE MATCHING GIFT | 501(C)(3) | 100.       |
|  | NONE<br>EMPLOYEE MATCHING GIFT | 501(C)(3) | 1,450.     |
| JOSHUA FUND<br>18940 BASE CAMP RD MONUMENT, CO<br>80132                            | NONE<br>EMPLOYEE MATCHING GIFT | 501(C)(3) | 100.       |
| KIDTREK INC<br>PO BOX 848 AZUSA, CA 91702  | NONE<br>EMPLOYEE MATCHING GIFT | 501(C)(3) | 12,900.    |
| LUIS PALAU EVANGELISTIC<br>ASSOCIATION<br>P.O. BOX 50 PORTLAND, OR 97207           | NONE<br>EMPLOYEE MATCHING GIFT | 501(C)(3) | 1,825.     |
| MEDICAL TEAMS INT'L<br>PO BOX 10 PORTLAND, OR 97207                                | NONE<br>EMPLOYEE MATCHING GIFT | 501(C)(3) | 150.       |
| MESSIANIC MINISTRY TO ISRAEL<br>PO BOX 22654 CHATTANOOGA, TN<br>37422              | NONE<br>EMPLOYEE MATCHING GIFT | 501(C)(3) | 1,200.     |
| NOBLE MARITIME MINISTRIES<br>PO BOX 1224 ANACORTES, WA 98221                       | NONE<br>EMPLOYEE MATCHING GIFT | 501(C)(3) | 1,200.     |
| NORTHERN CHURCHES CARE<br>4210 AUSTIN BLUFFS PARKWAY<br>COLORADO SPRINGS, CO 80918 | NONE<br>EMPLOYEE MATCHING GIFT | 501(C)(3) | 125.       |
| OAKS CHRISTIAN SCHOOL<br>31749 LA TIENDA DRIVE WESTLAKE<br>VILLAGE, CA 91362       | NONE<br>EMPLOYEE MATCHING GIFT | 501(C)(3) | 1,175.     |

| MISSION INCREASE FOUNDATION   |                                |           | 81-0618279 |
|---|--------------------------------|-----------|------------|
| PRASSO MINISTRIES<br>2718-B WADE HAMPTON BLVD<br>GREENVILLE, SC 29615 | NONE<br>EMPLOYEE MATCHING GIFT | 501(C)(3) | 650.       |
| PRECEPT MINISTRIES INTERNATIONAL PO BOX 182218 CHATTANGOOGA, TN 37422 |                                | 501(C)(3) | 240.       |
| PREGNANCY ALTERNATIVES CENTER PAC 136 W VINE LEBANON, OR 97355        | NONE<br>EMPLOYEE MATCHING GIFT | 501(C)(3) | 150.       |
| REDWOOD GOSPEL MISSION P.O. BOX 493 SANTA ROSA, CA 95402              | NONE<br>EMPLOYEE MATCHING GIFT | 501(C)(3) | 3,900.     |
| REVIVE OUR HEARTS<br>PO BOX 2000 NILES, MI 49120                      | NONE<br>EMPLOYEE MATCHING GIFT | 501(C)(3) | 190.       |
| SALEM EVANGELICAL CHURCH<br>455 LOCUST ST NE SALEM, OR<br>97301       | NONE<br>EMPLOYEE MATCHING GIFT | 501(C)(3) | 1,224.     |
| SEATTLE'S UNION GOSPEL MISSION<br>PO BOX 202 SEATTLE, WA 98111        | NONE<br>EMPLOYEE MATCHING GIFT |           | 4,526.     |
| SEOUL USA<br>14960 WOODCARVER RD. COLORADO<br>SPRINGS, CO 80921       | NONE<br>EMPLOYEE MATCHING GIFT | 501(C)(3) | 27,657.    |
| SIM PO BOX 7900 CHARLOTTE, NC 28241                                   | NONE<br>EMPLOYEE MATCHING GIFT | 501(C)(3) | 50.        |
| TELLER PREGNANCY-RESOURCE-CENTER-PO BOX 5166 WOODLAND PARK, CO 80866  |                                |           | 100.       |

| MISSION INCREASE FOUNDATION   |                                |                   | 81-0618279 |
|---|--------------------------------|-------------------|------------|
| THE ALLIANCE<br>PO BOX 35000 COLORADO SPRINGS,<br>CO 80935                                      | NONE<br>EMPLOYEE MATCHING GIFT | 501(C)(3)         | 150.       |
| THE POCKET TESTAMENT LEAGUE PO BOX 800 LITITZ, PA 17543   |                                | 501(C)(3)         | 100.       |
| WESTSIDE CHRISTIAN HIGH SCHOOL<br>4565 CARMEN DR. LAKE OSWEGO, OR<br>97035                      |                                | 501(C)(3)         | 150.       |
| WESTSIDE PREGNANCY CLINIC<br>12203 W PICO BLVD LOS ANGELES,<br>CA 90064                         |                                | 501(C)(3)         | 100.       |
| ADVENT GROUP MINISTRIES<br>90 GREAT OAKS BLVD STE 108 SAN<br>JOSE, CA 95119                     |                                | 501(C)(3)         | 2,500.     |
| AFRICA NEW LIFE MINISTRIES INT<br>PO BOX 909 PORTLAND, OR 97207                                 |                                | 501(C)(3)         | 2,000.     |
|   | NONE<br>CHARITY                | 501(C)(3)         | 3,500.     |
| BATTLE GROUND PREGNANCY RESOURCE<br>CENTER<br>1706 W MAIN ST STE 115 BATTLE<br>GROUND, WA 98604 | NONE<br>CHARITY                | 501(C)(3)         | 25,000.    |
| BAYSHORE CHRISTIAN MINISTRIES<br>1001 BEECH ST EAST PALO ALTO,<br>CA 94085                      | NONE<br>CHARITY                | 501(C)(3)         | 1,500.     |
| BEYOND-VICTORY-MINISTRIES<br>16658 NW DUBLIN CT PORTLAND, OR<br>97229                           | NONE<br>CHARITY                | 5-01-(-C-)-(-3-)- | 15,000.    |

| MISSION INCREASE FOUNDATION  |   |           | 81-0618279 |
|--|---|-----------|------------|
|  | NONE<br>CHARITY   | 501(C)(3) | 15,000.    |
| CADENCE INTERNATIONAL<br>PO BOX 1268 ENGLEWOOD, CO 80150                           |   | 501(C)(3) | 2,500.     |
| CANBY GROVE CONFERENCE CENTER 7501 KNIGHTS BRIDGE RD. CANBY, OR 97013              |   | 501(C)(3) | 2,500.     |
| CARE NET PREGNANCY & FAMILY<br>SERVICES<br>1209 6TH AVE TACOMA, WA 98405           | TO PROVIDE LEADERSHIP   | 501(C)(3) | 2,500.     |
| CHILDREN OF PROMISE<br>4360 MONTEBELLO DR SUITE 100B<br>COLORADO SPRINGS, CO 80936 | NONE<br>TO PROVIDE LEADERSHIP<br>TRAINING AND<br>FUNDRAISING EXPERTISE. | 501(C)(3) | 500.       |
| CHOSEN INTERNATIONAL<br>PO BOX 5515 GRANTS PASS, OR<br>97527                       | NONE<br>CHARITY   | 501(C)(3) | 2,500.     |
| CROSSROADS MINISTRIES USA<br>PO BOX 62697 COLORADO SPRINGS,<br>CO 80962            |   | 501(C)(3) | 15,000.    |
| DALIT FREEDOM NETWORK<br>5350 S ROSLYN ST STE 450<br>GREENWOOD VILLAGE, CO 80111   | NONE<br>TO PROVIDE LEADERSHIP<br>TRAINING AND<br>FUNDRAISING EXPERTISE. | 501(C)(3) | 2,500.     |
| DENVER AREA YOUTH FOR CHRIST<br>1221 GALAPAGO ST DENVER, CO<br>80204               |   | 501(C)(3) | 500.       |
| FAITH—IN—CHRIST—MINISTRIES————————————————————————————————————                     |   | 501(C)(3) | 300.       |

| MISSION INCREASE FOUNDATION  |   |                  | 81-0618279 |
|--|---|------------------|------------|
| GLOBAL ACTION 7660 GODDARD ST SUITE 200 COLORADO SPRINGS, CO 80920               | NONE<br>CHARITY   | 501(C)(3)        | 5,000.     |
|  | NONE<br>CHARITY   | 501(C)(3)        | 3,000.     |
| HELP ONE CHILD<br>858 UNIVERSITY AVE LOS ALTOS,<br>CA 94024                      | NONE<br>TO PROVIDE LEADERSHIP<br>TRAINING AND<br>FUNDRAISING EXPERTISE. | 501(C)(3)        | 2,500.     |
| HERE'S LIFE - CAMPUS CRUSADE FOR CHRIST<br>100 LAKE HART DR ORLANDO, FL<br>32832 | NONE<br>CHARITY   | 501(C)(3)        | 10,000.    |
| ICTHUS INTERNATIONAL<br>PO BOX 177 MONROVIA, CA 91017                            | NONE<br>TO PROVIDE LEADERSHIP<br>TRAINING AND<br>FUNDRAISING EXPERTISE. | 501(C)(3)        | 2,500.     |
| INTERACT MINISTRIES<br>31000 SE KELSO RD BORING, OR<br>97009                     | NONE<br>CHARITY   | 501(C)(3)        | 10,000.    |
| JONI AND FRIENDS<br>P.O. BOX 26367 TEMPE, AZ 85285                               | NONE<br>CHARITY   | 501(C)(3)        | 20,000.    |
| KAIROS CHURCH PLANTING<br>11124 NE HALSEY #497 PORTLAND,<br>OR 97220             | <del>-</del>  | 501(C)(3)        | 2,500.     |
| KIDZ AT HEART INTERNATIONAL<br>PO BOX 21148 MESA, AZ 85277                       |   | 501(C)(3)        | 7,500.     |
| LAHASH INTERNATIONAL<br>107 NE 45TH AVE PORTLAND, OR<br>97213                    |   | 501-('C')-(-3')- | 2,500.     |

| . MISSION INCREASE FOUNDATION  |   |                               | 81-0618279 |
|--|---|-------------------------------|------------|
| MULTI CULTURAL MINISTRY 13578 DEAN AVE VICTORVILLE, CA 92395                     | NONE<br>CHARITY   | 501(C)(3)                     | 6,000.     |
| OREGON CENTER FOR CHRISTIAN VALUES PO BOX 11567 PORTLAND, OR 97211               | NONE<br>TO PROVIDE LEADERSHIP<br>TRAINING AND<br>FUNDRAISING EXPERTISE. | 501(C)(3)                     | 2,500.     |
| POMONA HOPE<br>401 N GIBBS ST POMONA, CA 91767                                   | NONE<br>TO PROVIDE LEADERSHIP<br>TRAINING AND<br>FUNDRAISING EXPERTISE. | 501(C)(3)                     | 2,500.     |
| PREGNANCY RESOURCE CENTER - SNOHOMISH PO BOX 5634 EVERETT, WA 98206              | NONE<br>TO PROVIDE LEADERSHIP<br>TRAINING AND<br>FUNDRAISING EXPERTISE. | 501(C)(3)                     | 2,500.     |
| PURE LIFE ALLIANCE<br>13500 SW PACIFIC HWY #4 TIGARD,<br>OR 97223                | NONE<br>CHARITY   | 501(C)(3)                     | 3,000.     |
| REDEEMER COMMUNITY PARTNERSHIP 2706 BRIGHTON AVE LOS ANGELES, CA 90018           | NONE<br>CHARITY   | 501(C)(3)                     | 15,000.    |
| SERVANT PARTNERS<br>1550 E ELIZABETH ST SUITE U-12A<br>PASADENA, CA 91104        | NONE<br>CHARITY   | 501(C)(3)                     | 5,000.     |
| SOLIDARITY<br>PO BOX 220 PLACENTIA, CA 92871                                     | NONE<br>CHARITY   | 501(C)(3)                     | 1,500.     |
| TEEN CHALLENGE OF THE ROCKY<br>MOUNTAINS INC<br>PO BOX 239 ENGLEWOOD, CO 80151   | NONE<br>TO PROVIDE LEADERSHIP<br>TRAINING AND<br>FUNDRAISING EXPERTISE. | 501(C)(3)                     | 2,500.     |
| THE NEIGHBORHOOD CHRISTIAN CLINIC 1929 WEST FILLMORE ST BLDG C PHOENIX, AZ 85009 | -NONE   | 501-(·C·)-( <del>·</del> 3-)- | 25,000.    |

| TOTAL TO FORM 990-PF, PART XV, LI   | NE 3A   |           | 706,668.   |
|---|---|-----------|------------|
| FUNDACION INCREMENTO A MISIONES,<br>A.C. (WIRE TFR TO MEXICO)<br>RIO ATOYAC 405, FRACC LOS RIOS<br>OAXACA, OAXACA, MEXICO | TO PROVIDE GENERAL  | 501(C)(3) | 252,097.   |
| WESTSIDE CHRISTIAN HIGH SCHOOL<br>4565 CARMEN DR. LAKE OSWEGO, OR<br>97035  | NONE<br>TO PROVIDE LEADERSHIP<br>TRAINING AND<br>FUNDRAISING EXPERTISE. | 501(C)(3) | 30,000.    |
| VISION HOUSE<br>PO BOX 2951 RENTON, WA 98056  | NONE<br>CHARITY   | 501(C)(3) | 5,000.     |
| URBAN IMPACT<br>7728 RAINIER AVE S SEATTLE, WA<br>98118   | NONE<br>TO PROVIDE LEADERSHIP<br>TRAINING AND<br>FUNDRAISING EXPERTISE. | 501(C)(3) | 15,000.    |
| UNITED INDIAN MISSIONS INC<br>HC2 BOX 269 TUCSON, AZ 85735  | NONE<br>CHARITY   | 501(C)(3) | 10,000.    |
| UIM AVIATION<br>HC2 BOX 269 TUCSON, AZ 85735  | NONE<br>CHARITY   | 501(C)(3) | 2,000.     |
| TRINITY LUTHERAN CHURCH<br>5520 NE KILLINGSWORTH ST.<br>PORTLAND, OR 97218  | NONE<br>CHARITY   | 501(C)(3) | 5,000.     |
| TRANSITIONAL YOUTH - PDX<br>14945 SW SEQUOIA PARKWAY STE 15<br>PORTLAND, OR 97224   | NONE<br>TO PROVIDE LEADERSHIP<br>TRAINING AND<br>FUNDRAISING EXPERTISE. | 501(C)(3) | 25,000.    |
| THE NEW YORK CITY LEADERSHIP<br>CENTER INC<br>46-04 31 AVE 2ND FLOOR LONG<br>ISLAND CITY, NY 11103                        | NONE<br>CHARITY   | 501(C)(3) | 50,000.    |
| MISSION INCREASE FOUNDATION   |   |           | 81-0618279 |

Form **8868** 

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

| • If yo   | ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box  | •   |  |  |  |
|---|--|---|--|--|--|
| Part  | Automatic 3-Month Extension of Time. Only submit original (no copies needed).  |   |  |  |  |
| A corp<br>Part I o  | oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and comonly   | nplete<br>  |  |  |  |
|   | er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an<br>ncome tax returns.   | extension of time   |  |  |  |
| noted<br>(not au<br>you mi  | onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensic below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronix atomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or colust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files gov/efile and click on e-file for Chanties & Nonprofits | cally if (1) you want the additional nsolidated Form 990-T Instead, |  |  |  |
| Type o  | Name of Exempt Organization  | Employer identification number                                      |  |  |  |
| print File by th  | MISSION INCREASE FOUNDATION  | 81-0618279  |  |  |  |
| due date  | ntor Number, street, and room or suite no. If a P.O. box, see instructions.  |   |  |  |  |
| return S<br>instruction   | 06   |   |  |  |  |
|   | Form 990       Form 990-T (corporation)       Form 4720         Form 990-BL       Form 990-T (sec. 401(a) or 408(a) trust)       Form 5227         Form 990-EZ       Form 990-T (trust other than above)       Form 6069         X Form 990-PF       Form 1041-A       Form 8870   |   |  |  |  |
| Tele  | DAN DAVIS blooks are in the care of ▶ 5665 SW MEADOWS RD., STE. 120 - LAKE OS ephone No. ▶ 503.639.7364 FAX No. ▶ 503.210.0283 ne organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the  If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all   | s is for the whole group, check this                                |  |  |  |
| 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until |  |   |  |  |  |
| 2 1   | If this tax year is for less than 12 months, check reason: Initial return Final return   | Change in accounting period   |  |  |  |
|   | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any  | -3a -\$ -3,450.   |  |  |  |
|   | nonrefundable credits. See instructions.————————————————————————————————————   | -3a \$ 3,450.   |  |  |  |
| c (   | tax payments made Include any prior year overpayment allowed as a credit.  Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).  See instructions.   | 3b \$ 3,450.<br>3c \$ 0.  |  |  |  |
| <u>`</u>  | SOO INDIVIDUO.   |   |  |  |  |

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

HA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

| Form                | 8868 (Rev. 4-2009)   |   |             |                | Page 2                                 |
|---------------------|--|---|-------------|----------------|--|
| • If y              | ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and   | check this bo                           | x           |                | ► X                                    |
| Note                | . Only complete Part II if you have already been granted an automatic 3-month extension on a p   | reviously filed                         | Form 886    | 68.            |  |
|                     | /ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)  |   |             |                | <del> </del>                           |
| Pai                 |  | onginal (no co                          |             |                |  |
| Туре                | or Name of Exempt Organization   | The case                                | Employ      | er identificat | on number                              |
| print               | MISSION INCREASE FOUNDATION  |   | 81-         | -061827        | 9                                      |
| File by extend      |  | 1.53                                    |             | use only       |  |
| due da<br>filing ti | <sup>10 o</sup> 5665 SW MEADOWS RD NO. 120   | 1                                       |             |                |  |
| return,<br>Instruc  | See City, town or post office, state, and ZIP code. For a foreign address, see instructions.   | 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 37.         | 1. 阿斯斯         | 為可用原                                   |
| Chec                | ck type of return to be filed (File a separate application for each return).   | _                                       |             |                | _                                      |
|                     |  | m 1041-A                                |             | 5227           | Form 8870                              |
|                     | Form 990-BL X Form 990-PF Form 990-T (trust other than above)  | m 4720 L                                | Form        | 6069           |  |
| STO                 | P! Do not complete Part II if you were not already granted an automatic 3-month extension  | on a previous                           | sly filed F | orm 8868.      |  |
|                     | DAN DAVIS  |   |             | ·              |  |
| • Ti                | ne books are in the care of > 5665 SW MEADOWS RD., STE. 120 -  | LAKE OS                                 | WEGO.       | OR 97          | 035                                    |
|                     | elephone No. ► 503.639.7364 FAX No. ► 503.2  |   |             |                | <del>3 3 3 3 , </del>                  |
|                     | the organization does not have an office or place of business in the United States, check this be  |   |             |                | <b>▶</b> □                             |
| • If                | this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) $\_$  | If the                                  | s is for th | e whole group  | o, check this                          |
| box                 | . If it is for part of the group, check this box . and attach a list with the names a  | and EINs of all i                       | members     | the extension  | is for                                 |
| 4                   | I request an additional 3-month extension of time until NOVEMBER 15, 2010.   |   |             |                |  |
| 5                   |  | and ending _                            |             |                | ······································ |
| 6                   | ·  | al return                               | L Ch        | ange in accol  | inting period                          |
| 7                   | State in detail why you need the extension   | 51/1 = 501                              |             |                |  |
|                     |  | RMATION                                 | NEEL        | DED TO         |  |
|                     | COMPLETE THE RETURN  If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less   |   |             |                | <del></del>                            |
| 8a                  | nonrefundable credits. See instructions.   | sally                                   | 8a \$       |                | 15,506.                                |
| ь                   | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and es  | stimated                                | Sa a        | <u>'</u>       | 13/3000                                |
|                     | tax payments made. Include any prior year overpayment allowed as a credit and any amount p   |   | 深源          |                |  |
|                     | previously with Form 8868.   |   | 8b \$       |                | 43,600.                                |
| С                   | Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required   | l, deposit                              |             |                |  |
|                     | with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See   |   | 8c \$       |                | 0.                                     |
|                     | Signature and Verification   |   |             |                |  |
| Under               | penalties of perjury, I declare that I have examined this form, including accompanying schedules and staten<br>ue, correct, and complete, and that I am authorized to prepare this form. | nents, and to the                       | best of m   | y knowledge an | d belief,                              |
| Signa               | ture > Zuch DI 5 Title > CPG   |   | Date ►      | 8/12           | -110                                   |
|                     |  |   |             | Form 886       | (Rev. 4-2009)                          |