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Form **990-EZ** 

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsonng organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

**Open to Public** Inspection

Α	For th	e 2009 caler	ndar year,	or tax year beginr	ning		, and	l ending			
В		f applicable	Please	C Name of organi	ızatıon				D Employ	er ident	ification number
Щ	Address	s change	use IRS	CENTRAL LLIT	HERAN FOUNDA	TION				03 U	762860
	Name o	change	label or print or	7	(or P O box, if mail is not de			Room/suite	E Teleph		
$\sqcup$	Initial re	eturn	type.	Number and street	(UFO DOX, II Mail IS NOT G	elivered to street address)		Room/suite		01.0	
	Termina	ated	See	1857 POTTER S	STREET					541-4	185-8567
	Amende	ed return	Specific Instruc-	City, town, or co	ountry	State	ZIP	+4	F Group	Exemp	otion
	Applica	tion pending	tions.	EUGENE		OR	97-	403-1366	Numbe	eΓ	•
•	Section	n 501(c)(3) o	rganizatio		nonexempt charita	able trusts must a		G Accounting	a Method	Ιx	Cash Accrual
		(-)(-)	_	, ,, ,	Form 990 or 990-E			Other (sp	_		
								H Check▶	X If the	organi	zation is not
1	Websit	e: ► N/A									B (Form 990,
J	Tax-exei	mpt status (che	eck only one)	_ X 501(c) (	3 ) <b>◄</b> (insert no )	4947(a)(1) or	527	990-EZ, c	r 990-PF).		
ĸ	Check	▶ if the	organizati		509(a)(3) supporting	organization and	ıts aross r	eceipts are no	mally not	more t	han \$25.000
					i, but if the organizat						
L	Add lines	s 5b, 6b, and 7b	o, to line 9 to	determine gross rece	eipts, if \$500,000 or moi	re, file Form 990 inste	ead of Form 9	990-EZ	<b>•</b>	\$	14,828
Pa	ırt l	Revenue	, Expens	ses, and Chan	ges in Net Asse	ets or Fund Ba	lances (	See the ins	tructions	for P	
	1				lar amounts receiv						7,547
	2	Program s	ervice rev	enue including g	jovernment fees a	nd contracts .				2	
	3	Membersh	ip dues a	nd assessments				•		3	
	4	Investment	t income.					•	4	1	7,281
	5a	Gross amo	ount from	sale of assets ot	her than inventory		5a		0		
	b	Less cost	or other b	pasis and sales e	expenses		5b		0		
a	С	Gain or (lo	ss) from s	sale of assets oth	ner than inventory	(Subtract line 51	o from line	e 5a) .	5	С	0
Revenue	6	Special events	and activitie	s (complete applicable	e parts of Schedule G) I	If any amount is from	gaming, che	ck here		.	
ě	а		•	including \$	<u>0</u> c	of contributions			13		
器		reported or	n line 1	DEOE			6a		0	' .	
	b	Less direc	ct expense	as office than thin	draising expenses ents and activities	3	6b		0		
	C					(Subtract line 6		e 6a) .	<u>6</u>		0
	7a				s and allowances		7a		(i). <sup>2</sup>		
	b	Less cost					7b	<del></del>		<u>ئە</u> ــــــــــــــــــــــــــــــــــــ	
	C				ventory (Subtract	line /b from line	:/a) .		. 7		0
	8	Other reve	nue (ges	cribe GDEN	E	<del>.</del>			/	3	<u></u>
$\dashv$	<u>9</u> 10			mounts paid (att	5c=6c, 7c, and 8.	<u> </u>	· · · · · ·	· · · · ·	. 1	-	14,828 23,500
	11			or members	•	•			<del>  1</del>	$\overline{}$	23,300
<sub>s</sub>	12	-			mployee benefits		• •		<u> </u>	2	
nses	13				ts to independent		•			3	690
ĕ	14				enance					4	
Expe	15		-	s, postage, and s				_	1		<del></del>
_	16				Attached Statemer	nt				6	18,533
	17			d lines 10 through						7	42,723
S	18	Excess or	(deficit) fo	or the year (Subti	ract line 17 from lii	ne 9)			1	8	-27,895
Set	19				ning of year (from		(A)) (mus	st agree with		<u>.</u> ]	
Asi		end-of-yea	ır figure re	eported on prior y	/ear's return) .				1	9	760,081
Net Assets	20	Other char	nges in ne	t assets or fund	balances (attach	explanation) .			2		<u>75,722</u>
	21				of year Combine I				▶ 2		807,908
P	art II	Balance :			n line 25, column (	(B) are \$1,250,0	00 or mor			d of F	
			•	he instructions fo	•			(A) Beginr	ning of year		(B) End of year
22		-		ments					428,340		474,167
23		and building						<u> </u>	331,741	23	331,741
24		-		PREPAID EXPE			)		760.091	24	2,000
25									760,081 0	25 26	807,908
26		liabilities (			olumn (B) <b>must</b> ag	aree with line 21	······	<u> </u>	760,081	27	807,908
27					tice see the senara				, 00,001	-1	Form <b>990-F7</b> (2009)

Form **990-EZ** (2009)

Form	990-EZ (2009) CENTRAL LUTHERAN FO	UNDATION			93	3-0/62	2860		Page Z
Pa	rt III Statement of Program Service Ac	complishments (S	ee the i	nstructions for Pa	art III	)		Expenses	
Wha	it is the organization's primary exempt purpose?			•				ired for section	
	cribe what was achieved in carrying out the organ						501(c)	(3) and 501(c)(4	
	ner, describe the services provided, the number of					٥r		zations and sect a)(1) trusts, optic	
	n program title	, , , , , , , , , , , , , , , , , , , ,				•	for oth		,,,a,
	SCHOLARSHIPS ARE PROVIDED TO QUALIFIE	ED CANDIDATES WH	O ARE	ACTIVE IN THE				<del>`</del>	
	LUTHERAN COMMUNITY TO HELP FUND THE		111111						
	TWO SCHOLARSHIPS WERE AWARDED IN 20								
	(Grants \$ 1,500 ) If this amou		anta ch	ock horo		· <u>~~</u>	00-		4 500
	·			· · · · · · · · · · · · · · · · · ·	141	<u> </u>	28a		1,500
	CHARITABLE DONATIONS WERE MADE TO V		NATIO	NALINTERNATIO	NAL				
	CHARITIES. NONE OF THE GRANTS WERE \$	5000 OR MORE.							
	(Grants \$ 22,000 ) If this amou	ınt ıncludes foreign gr	ants, ch	eck here		Ш	29a	2	22,000
30									
	(Grants \$ 0 ) If this amou	ınt includes foreign gr	ants ch	eck here	•		30a		0
24	Other program services (attach schedule)		unto, or	CONTICIO			Jua		
			,				ایرا		_
		ınt includes foreign gr	ants, ch	eck nere		<u>Ш</u>	31a		0
	Total program service expenses. (add lines 28			•	<u> </u>		32		23,500
Pa	rt IV List of Officers, Directors, Trustees,								
	(a) Name and address	(b) Title and avera		(c) Compensation		Contribut		(e) Exper	
	(a) Name and address	hours per week devoted to position	n	(If not paid, enter -0)			fit plans & ensation	account a other allowa	
Ted	Scherer	Title President			40,0	<u>55 55.11p</u>	011000011	0.1101 0.11011	
	7 Potter Eugene OR 97403	-1	1 00	0			_		0
		Hr/WK					0		
	s Lodge	Title Vice Presiden	-				_		_
	7 Potter Eugene OR 97403	Hr/WK	1.00	0			0		0
JoAi	nne Hynes								
1857	7 Potter Eugene OR 97403	Hr/WK	1.00	0			0		C
Judy	y johnson	Title Secretary							
	7 Potter Eugene OR 97403	Hr/WK	1 00	o			0		C
	_ewis	Title Director							
	7 Potter Eugene OR 97403	Hr/WK	1 00	o			0		
	• • • • • • • • • • • • • • • • • • • •	i .	1 00						
	Anderson	Title Director	4 00	_			0		,
	7 Potter Eugene OR 97403	Hr/WK	1 00	0			0		
	Boehi	_ Title Director							
<u> 185</u>	7 Potter Eugene OR 97403	Hr/WK	1.00	0			0		
Vıja	Dose	Title Director							
185	7 Potter Eugene OR 97403	Hr/WK	1 00	0			0		
Rich	ard Bremer	Title Director							
	7 Potter Eugene OR 97403	Hr/WK	1 00	0			0		C
. 55	The state of the s	Title			ļ			-	
		-1	00	0			0		
		Hr/WK	00	<u>_</u>	<del> </del>		U		
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33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.  34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes  35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T and the organization had unrelated business gross income of \$1,000 or more or was it subject to section 8033(e) notice, reporting, and proxy tax requirements?  35 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete spliciable parts of Schedule N  36 If Yes, has a filled a tax return or Form 990-T for this year?  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ■ 1.7a	Par	Other Information (Note the statement requirements in the instructions for Part V)	<del></del>	W	
description of each activity.  3 Were any changes made to the organizing or governing documents? If "yes," attach a conformed copy of the changes  5 If the organization had income from business activities, such as these reported on lines 2, 6s, and 7s (among others), but not reported on From 990-T  a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  b If "Yes," has it filled a tax return on Form 990-T for this year?  3 Did the organization of the profit of the year?  3 Did the organization of the profit of this year?  3 Did the organization of the profit of this year?  3 Did the organization of the profit of this year?  3 Did the organization of the profit of this year?  3 Did the organization of the profit of this year?  3 Did the organization of the profit of this year?  3 Did the organization of the profit of this year?  3 Did the organization of the profit of this year?  3 Did the organization of the profit of this year?  3 Did the organization of the profit of this year?  3 Did the organization of the profit of this year?  3 Did the organization of the profit of this year?  3 Did the organization of the profit of this year?  3 Did the organization of the profit of this year?  3 Did the organization of the profit of this year?  3 Did the organization of the profit of this year?  4 Did the organization of the organization of the period to the profit of the period of the year of the year of the profit of the profit of the period of the year of the organization of the organization engage in any section 4958 excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's profit organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  4 Did the organization or disqualified persons during the year under sections 4912, 4955, and 4958  4 Did the organization organization.  4 Did the	33	Did the organization engage in any activity not previously reported to the IRS2 If "Yes " attach a detailed		Yes	No
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes  35 If the organization and income from business activities, such as these reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization of dot report the income on Form 990-T and or reported on Form 990-T, attach a statement explaining why the organization of our reported on Form 990-T and the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  35 If Yes," has if filled a tax return on Form 990-T for this year?  36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  36 a Settine 501(e)(7) organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the penod covered by this return?  37 a If the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the penod covered by this return?  38 a Od the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the penod covered by this return?  39 b If Yes, complete Schedule L, Part II and enter the total amount involved  39 section 501(c)(7) organizations Enter amount of tax mimosation during the year under section 4912  49 section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c  19 c section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c  20 c section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c  21 c section 501(c)(3) and 501(c)(4) organizat	-		33		×
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35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement expianing why the organization did not report the income on Form 990-T and the organization have unrelated business gross income of \$1,000 or more or was it subject to section 5033(e) notice, reporting, and proxy tax requirements?  35 Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 5033(e) notice, reporting, and proxy tax requirements?  36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 1'ves, "complete spiciolable parts of Schedule N  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ■ 37a	-	···	34	,	x
not reported on Form 990-T, attach a statement explaning why the organization did not report the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(9) notice, reporting, and proxy tax requirements?  b if "Yes," has it filed a tax return on Form 990-T for this year?  Did the organization did gross and the proxy of the year? If "Yes," complete applicable parts of Schedule N  a Enter amount of political expenditures, did not stope and year of the year? If "Yes," complete schedule is a discribed in the instructions ▶ 37a	35			-1"E.E.	
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6 603(e) notice, reporting, and proxy tax requirements?  b if "Yes," has it filled a tax return on Form 990-T for this year?  Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? if "Yes," complete applicable parts of Schedule N  37 a Enter amount of political expenditures, diverted or indirect, as described in the instructions ▶ [37a] 0  38 b Unit of organization file Form 1120-POL for this year?  39 b Off the organization file Form 1120-POL for this year?  30 b Off the organization file Form 1120-POL for this year?  30 b Off the organization file Form 1120-POL for this year?  31 b Off the organization file Form 1120-POL for this year?  32 b Off the organization file Form 1120-POL for this year?  30 b Off the organization file Form 1120-POL for this year?  31 b Off the organization file Form 1120-POL for this year?  32 b Off the organization file Form 1120-POL for this year?  33 b Off the organization file Form 1120-POL for this year?  34 b Off the organization file Form 1120-POL for this year?  35 b Off the organization file Form 1120-POL for this year?  36 b Off the organization file Form 1120-POL for this year?  37 b Off the organization file Form 1120-POL for this year?  38 b Off the organization file Form 1120-POL for this year?  39 b Off the organization self-the organization file file file file file file file file	а				<i></i>
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during the year? If "Yes," complete applicable parts of Schedule N 3 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	36	·		<u> </u>	
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37 a			36		Ιx
b Did the organization file Form 1120-POL for this year?  38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  b if "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0 0 38 Section 501(c)(7) organizations Enter:  a Initiation fees and capital contributions included on line 9 39a 39a 39a 39a 39a 39a 39a 39a 39a 3	37 a			11.4.5	
Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the penod covered by this return?  b If "Yes," complete Schedule L, Part II and enter the total amount involved  38a	b	<b>—</b>			X
any such loans made in a prior year and still outstanding at the end of the period covered by this return?  388	38 a	· · · · · · · · · · · · · · · · · · ·		E. J. Y	17/1
b If "Yes," complete Schedule L, Part II and enter the total amount involved  3 Section 501(c)(7) organizations Enter:  a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities.  39a  Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 0  b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ" If "Yes," complete Schedule L, Part I.  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed  42 a The organization's books are in care of ▶ JOANNE HYNES. Telephone no. ▶ (541),484-2854  Located at ▶ 1857 POTTER ST. City, EUGENE ST. OR ZIP + 4 ▶ 97403-1366  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country !▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S ?  If "Yes," enter the name of the foreign country !▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At an				كالمعندة الكبيت	X
39 Section 501(c)(7) organizations Enter: a Intitation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities.  39 b 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 0 b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part I.  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  a All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T  42 a The organization's books are in care of ▶ JOANNE HYNES  Located at ▶ 1857 POTTER ST  City, EUGENE  ST. OR  ZIP + 4 ▶ 97403-1366 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country leads a bank account, securities account, or other financial account in a foreign country P  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S?  If "Yes," enter the name of the foreign country P  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization ma	b		ر بران در المراد		-
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See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S?			42b	4 51 5 5-1	
and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S?  If "Yes," enter the name of the foreign country.  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here.  and enter the amount of tax-exempt interest received or accrued during the tax year  43 N/A  Yes Note  44 Visually any related organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.  45 X			1	3-1-1	14.5
c At any time during the calendar year, did the organization maintain an office outside of the U.S?			1、1		1
If "Yes," enter the name of the foreign country ►  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	_		HA		ب ریگ
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	С		42c		LX
and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No.  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.  45 X					_
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Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44 X  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.  45 X		and enter the amount of tax-exempt interest received or accrued during the tax year . ▶ 43 N/A	<u> </u>		
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44 X  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.  45 X					
Form 990-EZ				Yes	No
Form 990-EZ.  44 X  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If  "Yes," Form 990 must be completed instead of Form 990-EZ.  45 X	44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			25, 1
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ			44		Х
"Yes," Form 990 must be completed instead of Form 990-EZ	45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		1 3 3	:-::3
* <del></del>			45	<u> </u>	X
			Form 9	90-E2	(200

Form 990-E2	<del></del>						<u>07628</u>		Page 4
Part VI	Section 501(c)(3) org								
	`501(c)(3) organization			cempt charitat	ole trusts must a	nswer questions	46–49	b	
46 D.d	and complete the table				1 1 16 6 :			<b>V</b> .	
	the organization engage in ididates for public office? If					osition to	40	Yes	No
	the organization engage in	•	·		C Bod II		46 47		X
	he organization a school as						48		x
	the organization make any						49a		x
	es," was the related organi		•	•			49b		<u> </u>
	mplete this table for the orga		-		(other than officer	s, directors, trustee		kev	
em	ployees) who each received	I more than \$10	00,000 of compens	ation from the o	organization. If the	ere is none, enter "I	None."	•	
(6	a) Name and address of each employ than \$100,000	ee paid more	(b) Title and hours pe devoted to	r week	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	àc	) Expension and a count a	nd
Name Nor			Title	Poolaon		deletted bottlpetisation	Othe	dilowa	1003
City	ST	ZIP	Hr/WK	.00	o	О			0
Name	Str		Title						
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	al number of other employe	·		.00  . •		each received mo	e than	1	
<b>f</b> Tota		es paid over \$1 anization's five l	100,000 .	ed independen	nt contractors who	-	re thar	ı	
<b>f</b> Tota	al number of other employe	es paid over \$1 anization's five I m the organizat	highest compensat	ed independen	nt contractors who	-		l npensat	ion
<b>f</b> Tota	al number of other employemplete this table for the orga 0,000 of compensation from (a) Name and address of eac	es paid over \$1 anization's five I m the organizat	highest compensat	ed independen	nt contractors who	each received mo			ion
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f Tota  51 Cor  \$10  Name Nor  City  Name	al number of other employemplete this table for the orga 0,000 of compensation from (a) Name and address of eac	es paid over \$1  anization's five I  m the organizat  th independent contra  Str  Str  Str	highest compensate tion If there is none actor paid more than \$100	ed independen	nt contractors who	each received mo			ion
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f Total	al number of other employe mplete this table for the orga 10,000 of compensation from (a) Name and address of eache al number of other independent	es paid over \$1  anization's five I  m the organizat  th independent control  Str  Str  Str  Str  Str  Str  Str  St	highest compensation of preparer (other than sound).	er \$100,000	(b) Type	each received mode of service	(c) Cor	npensat	ion
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f Total 51 Cor \$10  Name Nor City Name City Name City Name City Name City Od Total	al number of other employe mplete this table for the orga 10,000 of compensation from (a) Name and address of each	es paid over \$1  anization's five I  m the organizat  th independent control  Str  Str  Str  Str  Str  Str  Str  St	highest compensation of preparer (other than sound).	er \$100,000	(b) Type	each received mode of service	(c) Cor	npensat	lon
f Total 51 Cor \$10  Name Nor City Name City Name City Name City Name City Od Total	al number of other employe mplete this table for the orga 10,000 of compensation from (a) Name and address of each	es paid over \$1  anization's five I  m the organizat  th independent control  Str  Str  Str  Str  Str  Str  Str  St	highest compensation of preparer (other than sound).	ed independence, enter "None."  0,000  er \$100,000 .  g accompanying sc n officer) is based of the second s	(b) Type  (b) Type  chedules and statement on all information of while	each received mode of service	(c) Cor	npensat	ion
f Total  51 Cor \$10  Name Nor City Name City Name City Name City Name City And Total  Sign Here	al number of other employe mplete this table for the orga 10,000 of compensation from (a) Name and address of each ne  Under penalties of perjury, I declared belief it is true, correct, and Signature of officer Type or print name and title Preparer's	es paid over \$1  anization's five I  m the organizat  th independent control  Str  Str  Str  Str  Str  Str  Str  St	highest compensation of preparer (other than sound).	er \$100,000 g accompanying son officer) is based of ASU (SE R	(b) Type  (b) Type  chedules and statement on all information of while self-	each received mode of service  s, and to the best of my ch preparer has any known as a service.	knowled	npensat	
f Total	al number of other employe  mplete this table for the orga 0,000 of compensation from  (a) Name and address of each  al number of other independence  Under penalties of perjury, I declared belief at its true, correct, and  Signature of officer  Type or print name and title  Preparer's signature	es paid over \$1  anization's five I  m the organizat  th independent control  Str  Str  Str  Str  Str  Str  Str  St	highest compensation of preparer (other than son other t	ed independence, enter "None."  0,000  er \$100,000 .  g accompanying sc n officer) is based of the second s	(b) Type  (b) Type  chedules and statement on all information of while self- employed	each received mode of service  s, and to the best of my ch preparer has any known between the company and the company of the c	knowledge	npensat	
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f Total 51 Cor \$10  Name Nor City Name City Na	al number of other employemplete this table for the organo,00,000 of compensation from  (a) Name and address of each of the organo each of the each of	es paid over \$1  anization's five I m the organizat th independent control Str ST Str ST Str Str ST Str Str Str LIAM E MAAS 5 COUNTRY CI	highest compensation of there is none actor paid more than \$100 ZIP  ZIP  ZIP  ZIP  ZIP  ZIP  S each receiving over the seach receiving over the s	er \$100,000  er \$100,000  Date 8/10/	(b) Type  (b) Type  chedules and statement on all information of while self- employed	each received mode of service  s, and to the best of my ch preparer has any known between the company and the company of the c	knowledge	ge	

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization **CENTRAL LUTHERAN FOUNDATION** 93-0762860 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated Type III-Other a | Type | Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?... 11g(i) A family member of a person described in (i) above? . . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . 11g(iii) Provide the following information about the supported organization(s) (vii) Amount of (ili) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (ii) EIN (i) Name of supported (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? Yes No

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**CENTRAL LUTHERAN FOUNDATION** 93-0762860 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Totál 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants"). 3,457 11,403 4,205 9.148 7,547 35.760 2 Tax revenues levied for the organization's benefit and either paid to or expended on ıts behalf . . . . . . . . . . . . . . . 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 35,760 Total. Add lines 1 through 3. 3,457 4,205 9,148 7,547 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . 35,760 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007(d) 2008 (e) 2009 (f) Total Amounts from line 4 . . . . . <u>3,45</u>7 11,403 4,205 9,148 7,547 35,760 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 30,237 39,816 33,614 21,397 7,281 132,345 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . 网络沙漠 美国人特别人的 医乳球 海洋 医乳球性小脑炎 168,105 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc. (see instructions). 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 21 27% 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 19 85% 15 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a and stop here. The organization qualifies as a publicly supported organization . . . . 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how

the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

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

Scried	Intel y (Lottil aan ot aan-ET) 500a CENTRYL FOL	HEKAN FOUNL	JATION			93-076286	U Page <b>3</b>
Par	t III Support Schedule for Organia	zations Descr	ibed in Secti	on 509(a)(2)			
	(Complete only if you checked t	he box on line	9 of Part I)				
Sec	tion A. Public Support					· · · · · · · · · · · · · · · · · · ·	
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
•	membership fees received (Do not	1					
	include any "unusual grants.") .	l ol	ol				0
_		1	Y				
2	Gross receipts from admissions, merchandise		ļ				
	sold or services performed, or facilities furnished						
	in any activity that is related to the	ا ا					_
3	organization's tax-exempt purpose Gross receipts from activities that are not an	0	0				0
3	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's	1					0
7	benefit and either paid to or expended on	]		1			
	its behalf.		ol				0
5	The value of services or facilities	<del>-</del>		····			
•	furnished by a governmental unit to the						
	organization without charge	l ol	ol				0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
	Amounts included on lines 1, 2, and 3	<u> </u>					
	received from disqualified persons .		ļ				0
	. ,						
b	Amounts included on lines 2 and 3 received	l i					
	from other than disqualified persons that					}	
	exceed the greater of \$5,000 or 1% of the	1		i		]	
	amount on line 13 for the year	ļ					0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from				, 3 Trail 2	12 m	_
Soo	line 6)	<b>*</b>	·	, - T	- 1-1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0
	endar year (or fiscal year beginning in)	(-) 2005	(h) 2000	(=) 0007	(-1) 0000	(-) 0000	40 T-1-1
Can	endar year (or riscar year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	0	0	ol	0	o	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar			1			
	sources						0
D	Unrelated business taxable income (less	l 1		i			
	section 511 taxes) from businesses						•
_	acquired after June 30, 1975	<del></del>					0
с 11	Net income from unrelated business	0	0	0	0	0	0
• •	activities not included in line 10b.		j				
	whether or not the business is regularly		l				
	carried on	ľ					0
12	Other income. Do not include gain or					-	
	loss from the sale of capital assets						
	(Explain in Part IV)	l ol	ol				0
13	Total support. (Add lines 9, 10c, 11,	<del>-</del>	-				
	and 12)	l ol	o	o	0	ol	0
14	First five years. If the Form 990 is for the org	ganization's first	, second, third	, fourth, or fifth	tax year as a	section 501(c)(	(3)
	organization, check this box and stop here						ິ່. ▶ 🗔
Sec	ion C. Computation of Public Support	Percentage					
15	Public support percentage for 2009 (line 8, co		t by line 13, co	dump (fl)		15	0.00%
	rubiic support percentage for 2009 (fille 6, ci	, ,	*			16	
	Dublic cupport percentage from 2000 C-L-J.	nea rantii ili		, .		10_1	0 00%
<u>16</u>	Public support percentage from 2008 Schedu		MA				
Sect	ion D. Computation of Investment Inc	ome Percenta		. 49	<u>,,                                     </u>	47	0.0001
Sec1	ion D. Computation of Investment Incomposition Investment income percentage for 2009 (line	ome Percenta 10c, column (f)	divided by line	-		17	0 00%
Sect 17 18	Investment income percentage for 2009 (line Investment income percentage from 2008 Science Investment Income Investment Inv	ome Percenta 10c, column (f) hedule A, Part I	divided by line			18	0 00%
Sec1	Investment income percentage for 2009 (line Investment income percentage from 2008 Sc 33 1/3% support tests—2009. If the organiza	ome Percenta 10c, column (f) hedule A, Part I tion did not che	divided by line II, line 17 ck the box on I	ine 14, and lin	e 15 is more th	18 nan 33 1/3% ar	0 00% od line 17 is
Sec1 17 18 19a	Investment income percentage for 2009 (line Investment income percentage from 2008 Sc 33 1/3% support tests—2009. If the organiza not more than 33 1/3%, check this box and s	ome Percenta 10c, column (f) hedule A, Part I tion did not che top here. The o	divided by line II, line 17 . ck the box on I rganization qu	 Ine 14, and lin alifies as a pu	e 15 is more the blicly supporte	18 nan 33 1/3% and organization	0 00% od line 17 is
Sec1 17 18 19a	Investment income percentage for 2009 (line Investment income percentage from 2008 Sc 33 1/3% support tests—2009. If the organiza	ome Percenta 10c, column (f) hedule A, Part I tion did not che top here. The o	divided by line II, line 17 ck the box on I rganization qu c on line 14 or line	ine 14, and lin alifies as a pul e 19a, and line	e 15 is more th blicly supporte 16 is more than	18 nan 33 1/3% and organization 33 1/3% and	0 00% od line 17 is

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 CENTRAL LUTHERAN FOUNDATION	93-0762860	Page 4
Supplemental Information. Complete this part to provide the explanations required Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information		10,
Part II Line 17a The organization is affiliated with Central Lutheran Church and was		
formed to hold and manage contributions intended to support scholarship programs and to		
make grants to other charitable organizations, mostly local. Although investment income		
has been significant due to some large bequests in earlier years that are now invested		
with the Oregon Community Foundation (a 501c(3) organization that is not a private		
foundation), the organization has an active program of soliciting contributions from		
Part II Line 17a the church membership. All of the net earnings and contributions are		
expended for scholarships and grants to charitable organizations. Due to the investment		
arrangement with The Oregon Community Foundation, only a certain amount may be released to		
the organization each year. This restrictyion limits the ability of the organization to		
disburse those funds for charitable purposes., and will continue to result in significant		
nvestment earnings		

Pa	urt I, Line 16 (990-EZ) - Other Expenses		18,533
1	Travel	. 1	
2	Meals and entertainment	2	
3	Fundraising	3 —	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	. 9 —	
10	Supplies	10	60
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	STATE FEES	13	50
14	BANK CHARGES	14	41
15	INVESTMENT EXPENSES	15	3,184
16	ANNUITY PAYMENTS - LIFE ESTATE	16	14,000
17	1100101102	17	1,176
18	PROPERTY AND TIMBER TAXES	18	22
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

75,722

	Description		Amount
1	UNREALIZED GAIN ON INVESTMENTS	1	75,722
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	