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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service**Open to Public
Inspection**

▶ Sponsoring 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

A For the 2009 calendar year, or tax year beginning**, 2009, and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C
 Peter W. Stott Foundation
 c/o OCF 1221 SW Yamhill #100
 Portland, OR 97205

D Employer identification number

93-1261580

E Telephone number

(503) 227-6846

F Group Exemption Number

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method ☒ Cash ☐ Accrual
 Other (specify) ▶

I Website: ▶ N/A

J Tax-exempt status (check only one) — ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ 447,320.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

| | | | |
|-----------|--|-----------|----------|
| 1 | Contributions, gifts, grants, and similar amounts received | 1 | 432,207. |
| 2 | Program service revenue including government fees and contracts | 2 | |
| 3 | Membership dues and assessments | 3 | |
| 4 | Investment income | 4 | 83. |
| 5a | Gross amount from sale of assets other than inventory | 5a | |
| 5b | Less cost or other basis and sales expenses | 5b | |
| 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| 6 | Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/> | 6 | |
| 6a | Gross revenue (not including \$ of contributions reported on line 1) | 6a | |
| 6b | Less direct expenses other than fundraising expenses | 6b | |
| 6c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | |
| 7b | Less cost of goods sold | 7b | |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | |
| 8 | Other revenue (describe ▶ See Statement 1) | 8 | 15,030. |
| 9 | Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 447,320. |
| 10 | Grants and similar amounts paid (attach schedule) See Statement 2 | 10 | 297,719. |
| 11 | Benefits paid to or for members | 11 | |
| 12 | Salaries, other compensation, and employee benefits | 12 | |
| 13 | Professional fees and other payments to independent contractors | 13 | 45. |
| 14 | Occupancy, rent, utilities, and maintenance | 14 | |
| 15 | Printing, publications, postage, and shipping | 15 | 150. |
| 16 | Other expenses (describe ▶ See Statement 3) | 16 | 2,231. |
| 17 | Total expenses. Add lines 10 through 16 | 17 | 300,145. |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 147,175. |
| 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 8,335. |
| 20 | Other changes in net assets or fund balances (attach explanation) | 20 | |
| 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 155,510. |

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

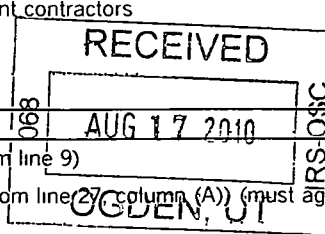
(See the instructions for Part II.)

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | 8,335. | 155,510. |
| 23 Land and buildings | | |
| 24 Other assets (describe ▶) | | |
| 25 Total assets | 8,335. | 155,510. |
| 26 Total liabilities (describe ▶) | 0. | 0. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 8,335. | 155,510. |

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

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Part V Other Information (Note the statement requirements in the instrs for Part V.)

See Statement 5

| | Yes | No |
|--|-----|----|
| 33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity | | X |
| 34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes | | X |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining 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(e) notice, reporting, and proxy tax requirements? | | X |
| b If 'Yes,' has it filed 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 | | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0. | | |
| b Did the organization file Form 1120-POL for this year? | | X |
| 38a 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? | | X |
| b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A | | |
| 39 Section 501(c)(7) organizations Enter | | |
| a Initiation fees and capital contributions included on line 9 39a N/A | | |
| b Gross receipts, included on line 9, for public use of club facilities 39b N/A | | |
| 40a 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 40b | | X |
| 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 0. | | |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0. | | |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e | | X |
| 41 List the states with which a copy of this return is filed None | | |

42a The organization's books are in care of **Brenda VanKanegan** Telephone no **503-227-6846**
 Located at **1221 SW Yamhill St Portland OR** ZIP + 4 **97205**

| | Yes | No |
|---|-----|----|
| 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 (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. 42b | | X |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a 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. 42c | | X |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

| | Yes | No |
|---|-----|----|
| 44 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 |

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

| | Yes | No |
|-----------|-----|----|
| 46 | | X |

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

| | | |
|-----------|--|---|
| 47 | | X |
|-----------|--|---|

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

| | | |
|-----------|--|---|
| 48 | | X |
|-----------|--|---|

49a Did the organization make any transfers to an exempt non-charitable related organization?

| | | |
|------------|--|---|
| 49a | | X |
|------------|--|---|

b If 'Yes,' was the related organization a section 527 organization?

| | | |
|------------|--|--|
| 49b | | |
|------------|--|--|

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 ▶

| | | | | |
|---------------------------------|---|---|--|--|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. | | | |
| | <p>▶ <u>Gregory A. Chaille</u> Signature of officer</p> <p>▶ <u>Gregory A. Chaille</u> Type or print name and title</p> | <p>Date <u>8/12/10</u></p> <p><u>Asst Sec/Treas</u></p> | | |
| Paid Preparer's Use Only | <p>Preparer's signature ▶ <u>OREGON COMMUNITY FOUNDATION</u></p> <p>Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>1221 SW YAMHILL ST STE 100</u> <u>Portland, OR 97205-2108</u></p> | <p>Date</p> | <p>Check if self-employed <input type="checkbox"/></p> | <p>Preparer's Identifying Number (See instructions) <u>N/A</u></p> <p>EIN ▶ <u>N/A</u></p> <p>Phone no ▶ <u>(503) 944-2106</u></p> |

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☒ Yes ☐ No

BAA

Form 990-EZ (2009)

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

2009

Open to Public
Inspection

Name of the organization

Peter W. Stott Foundation

Employer identification number

93-1261580

Part I 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.)

- 1 ☐ 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 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 _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the 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.
 - a ☒ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III – Other
 - e ☒ 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)**.
 - f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|--|-----|----|
| (i) 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? | | X |
| (ii) a family member of a person described in (i) above? | | X |
| (iii) a 35% controlled entity of a person described in (i) or (ii) above? | | X |

h Provide the following information about the supported organizations

| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U.S.? | | (vii) Amount of Support |
|------------------------------------|------------|---|--|----|---|----|--|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| The Oregon Community Foundation | 23-7315673 | 8 | X | | | | | | 297,719. |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | 297,719. |

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

Schedule A (Form 990 or 990-EZ) 2009

Client 2

Peter W. Stott Foundation

93-1261580

8/11/10

10 54AM

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

| | | |
|------------------|----|----------------|
| Grant repayments | \$ | 15,000. |
| Subpoena | | 30. |
| Total | \$ | <u>15,030.</u> |

Statement 2
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

| | | |
|--------------------|---|-------------|
| Class of Activity: | Nuture Children&Families | |
| Donee's Name: | Catholic Charities | |
| Donee's Address: | 231 SE 12th Avenue Portland, OR 97214 | |
| Cash Amount Given: | | \$ 10,000. |
| Class of Activity: | Nuture Children&Families | |
| Donee's Name: | OHSU Foundation | |
| Donee's Address: | 1121 SW Salmon St # 200 Portland, OR 97205 | |
| Cash Amount Given: | | \$ 30,000. |
| Class of Activity: | Nuture Children&Families | |
| Donee's Name: | St. Mary's Home for Boys | |
| Donee's Address: | 16535 SW Tualatin Valley Highway Beaverton, OR 97006 | |
| Cash Amount Given: | | \$ 26,500. |
| Class of Activity: | Education | |
| Donee's Name: | Jefferson Scholars Foundation | |
| Donee's Address: | P.O. Box 400891 Charlottesville, VA 22904 | |
| Cash Amount Given: | | \$ 100,000. |
| Class of Activity: | Education | |
| Donee's Name: | Jesuit High School | |
| Donee's Address: | 9000 SW Beaverton-Hillsdale Highway Portland, OR 97225 | |
| Cash Amount Given: | | \$ 26,000. |
| Class of Activity: | Education | |
| Donee's Name: | Portland State University Foundation | |
| Donee's Address: | P.O. Box 243 Portland, OR 97207 | |
| Cash Amount Given: | | \$ 14,269. |
| Class of Activity: | Cultural Opportunities | |
| Donee's Name: | Portland Art Museum | |
| Donee's Address: | 1219 SW Park Ave Portland, OR 97205 | |
| Cash Amount Given: | | \$ 10,000. |

Client 2

Peter W. Stott Foundation

93-1261580

8/11/10

10 54AM

Statement 2 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

| | | |
|--------------------|--|------------|
| Class of Activity: | Cultural Opportunities | |
| Donee's Name: | Portland Center Stage | |
| Donee's Address: | 1111 SW Broadway Portland, OR 97205 | |
| Cash Amount Given: | | \$ 10,000. |
| Class of Activity: | Citizen Involvement | |
| Donee's Name: | Mazamas | |
| Donee's Address: | 527 SE 43rd Ave Portland, OR 97215 | |
| Cash Amount Given: | | \$ 10,000. |
| Class of Activity: | Citizen Involvement | |
| Donee's Name: | SOLV | |
| Donee's Address: | 5193 NE Elam Young Parkway, Suite B Hillsboro, OR 97124 | |
| Cash Amount Given: | | \$ 10,000. |
| Class of Activity: | Citizen Involvement | |
| Donee's Name: | Portland Marathon | |
| Donee's Address: | 1000 SW Broadway , Suite 1900 Portland, OR 97205 | |
| Cash Amount Given: | | \$ 30,000. |
| Donee's Name: | Grants \$5000 and under | |
| Cash Amount Given: | | \$ 20,950. |

Statement 3
Form 990-EZ, Part I, Line 16
Other Expenses

| | |
|-----------------|------------------|
| OCF fees | \$ 2,068. |
| Office Expenses | 38. |
| State fees | 125. |
| Total | <u>\$ 2,231.</u> |

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

The Peter W. Stott Foundation is a supporting organization of The Oregon Community Foundation (OCF). The Foundation makes grants that further the mission of OCF which is to improve life in Oregon and to promote effective philanthropy.

2009

Federal Statements

Page 3

Client 2

Peter W. Stott Foundation

93-1261580

8/11/10

10 54AM

Statement 5
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No