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Return of Private Foundation

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

G Check all that apply: Initial return Address change Name change Use the IRS label. Otherwise. Print or type. See Specific City or town, state, and ZIP code PO Box number if mail is not delivered to street address) H Check type of organization: X Section 501(c)(3) exempt private foundation Fair market value of all assets at end of year (from Part II, col. (c), line 16) Set 1 Analysis of Revenue and Expenses (the total of amounts in columns (d.)) (c), and (d) may not necessarily equal the amounts in columns (d.)) (c), and (d) may not necessarily equal the amounts in columns (d.)) (c), and (d) may not necessarily equal the amounts in columns (d.)) (c) and (d) may not necessarily equal the amounts in columns (d.)) (c) and (d) may not necessarily equal the amounts in columns (d.)) (c) and (d) may not necessarily equal the amounts in columns (d.)) (c) (d.) (d.) (d.) (d.) (d.) (d.) (d.) (d.
Amended return
Otherwise, print or type. P.O. BOX 25308 Boom/suite B Telephone number South of the structions PORTLAND, OR 97298-0308 City or town, state, and ZIP code Dother taxable private foundation Fair market value of all assets at end of year J Accounting method: X Cash City or town, state and expenses (the total of amounts in columns (b), (c), and (c)) may not necessarily equal the amounts in columns (b), (c), and (c)) may not necessarily equal the amounts in columns (b), (c), and (c) may not necessarily equal the amounts in columns (b), (c), and (c) may not necessarily equal the amounts in columns (b), (c), and (c) may not necessarily equal the amounts in columns (b), (c), and (c) may not necessarily equal the amounts in columns (b), (c), and (c) may not necessarily equal the amounts in columns (b). (c) and (c) may not necessarily equal the amounts in columns (b). (c) and (c) may not necessarily equal the amounts in columns (b). (c) and (c) may not necessarily equal the amounts in columns (c). (c) and (c) may not necessarily equal the amounts in columns (c). (c) and (c) may not necessarily equal the amounts in columns (c). (c) and (c) may not necessarily equal the amounts in columns (c). (c) and (c) may not necessarily equal the amounts in columns (c). (c) and (c) may not necessarily equal the amounts in columns (c). (c) and (c) may not necessarily equal the amounts in columns (c). (c) and (c) may not necessarily equal the amounts in columns (c). (c) and (c) may not necessarily equal the amounts in columns (c). (c) and (c) may not necessarily equal the amounts in columns (c). (d) Disbursements (c) Adjusted net income
THE EQUITY GROUP FOUNDATION Point Number and street (or PO box number if mail is not delivered to street address) Room/suite B Telephone number Foundation Found
Print or type. See Specific Instructions. See Specific Instructions. City or town, state, and ZIP code PORTLAND, OR 97298 – 0308 H. Check type of organization: X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
See Specific Instructions. H Check type of organization: X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end of year (from Part II, col. (c), line 16) Standard Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) 1 Contributions, gifts, grants, etc., received 2 Check Instructions (a) Revenue and expenses (cash basis only) 2 Check Instructions. Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end of year of the foundation is a foundation in termination (from Part II, col. (c), line 16) Accounting method: X Cash Accrual (from Part II, col. (c), line 16) Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) 1 Contributions, gifts, grants, etc., received 64,439. 2 Check (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) 1 Contributions, gifts, grants, etc., received 64,439. 2 Check (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) 1 Contributions, gifts, grants, etc., received 64,439. 2 Check (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) 1 Contributions, gifts, grants, etc., received 64,439. 2 Check (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) 1 Contributions, gifts, grants, etc., received 64,439. 2 Check (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) 3 Interest on savings and temporary 2 25. 3 Interest on savings and temporary 2 25. 4 Dividends and interest from securities
See Specific Instructions. City or town, state, and ZIP code Instructions. PORTLAND, OR 97298-0308
Instructions. PORTLAND, OR 97298-0308
H Check type of organization: X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$\infty\$ 20, 247. (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (a)) 1 Contributions, gifts, grants, etc., received 2 Check Interest on savings and temporary cash investments
Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end of year (from Part II, col. (c), line 16) Other (specify) \$\infty\$ 1 Analysis of Revenue and Expenses (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) 1 Contributions, gifts, grants, etc., received 2 Check Interest on savings and temporary cash investments (a) Revenue and expenses per books (b) Net investment income (c) Adjusted net income
Fair market value of all assets at end of year (from Part II, col. (c), line 16)
(from Part II, col. (c), line 16) S 20, 247. (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) 1 Contributions, gifts, grants, etc., received 2 Check
Part I Analysis of Revenue and Expenses (The total of amounts in column (a)) 1 Contributions, gifts, grants, etc., received 2 Check
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) 1 Contributions, gifts, grants, etc., received 2 Check Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents (a) Revenue and expenses per books (b) Net investment income (c) Adjusted net inco
The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) 1 Contributions, gifts, grants, etc., received 2 Check interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents
1 Contributions, gifts, grants, etc., received 2 Check Inf the foundation is not required to attach Sch 8 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents
2 Check fifthe foundation is not required to attach Sch 8 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents
3 Interest on savings and temporary cash investments 25. STATEMENT 3 4 Dividends and interest from securities 5a Gross rents
4 Dividends and interest from securities 5a Gross rents
5a Gross rents
D Net rental income or (loss)
62 Net gain or (large) from pole of appete act on line 10
b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2)
7 Capital gain net income (from Part IV, line 2)
8 Net short-term capital gain
⊇ 9 Income modifications
9 Income modifications Toa and allowances 9 Income modifications
D Less Cost of goods sold
c Gross profit or (loss)
11 Other income
11 Other income 12 Total. Add lines 1 through 11 64,464. 25. 0.
13 Compensation of officers, directors, trustees, etc 0 · 0 · 0 · (
14 Other employee salaries and wages
13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 16a Legal fees 16a Legal fees
b Accounting fees STMT 2 685. 0. 0.
b Accounting fees STMT 2 685. 0. 0. 0.
9 17 Interest
To Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications CONTROL IT.
19 Depreciation and depletion
19 Depreciation and depletion S MAR 1 8 20 0 C
21 Travel, conferences, and meetings
22 Printing and publications
23 Other expenses Ospholis, T 120. 0. 0.
23 Other expenses CSTMT 13, 1 120. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0
expenses. Add lines 13 through 23 805. 0. 0.
25 Contributions, girts, grants paid 54,146.
26 Total expenses and disbursements.
Add lines 24 and 25 54,953. 0. 0. 54,148
27 Subtract line 26 from line 12:
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 25.
b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 0.
923501 02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Form 990-PF (20)

Form **990-PF** (2009)

923511

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

Forn	990-PF (2009) THE EQUITY GROUP FOUNDATION			1293			Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 49	948	- see i	nstru	ctio	ns)
1a	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)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	Ĺ	1				1.
	of Part I, line 27b	ļ					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	ļ	_ 2				<u>0.</u>
3	Add lines 1 and 2	L	3				<u>1.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	Ļ	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	.	5				1.
6	Credits/Payments:	-					
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 6a						
b	Exempt foreign organizations - tax withheld at source 6b						
C	Tax paid with application for extension of time to file (Form 8868) 6c						
d	Backup withholding erroneously withheld 6d						
7	Total credits and payments. Add lines 6a through 6d	.	7_				<u>0.</u>
8	·· · · · · · · · · · · · · · · · · · ·	L	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶│	9				1.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶	10				
	Enter the amount of line 10 to be: Credited to 2010 estimated tax		11				
	rt VII-A Statements Regarding Activities					V	NI-
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inter	vene i	ın			Yes	
	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 definitio				1b	-	<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publications of the activities and copies of any materials publications.	iishea	1 or				
_	distributed by the foundation in connection with the activities						v
	Did the foundation file Form 1120-POL for this year?				1c		X
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	^					
(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.							
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0 •						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		х
2	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 incorporati	on or					
٠	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	on, o			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 $4942(j)(5)$	calen	ıdar				
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV				9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	S'	TMT	4	10	X	

	n 990-PF (2009) THE EQUITY GROUP FOUNDATION	93-1293	3204		Page 5
_	art 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		<u> X</u>
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 ► N/A				
14	The books are in care of ▶ HEATHER FLEMING Telephone no.	▶ 503-67	0-3	000	
	Located at ▶P.O. BOX 25308, PORTLAND, OR	ZIP+4 ▶97			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				$\overline{\Box}$
	and enter the amount of tax-exempt interest received or accrued during the year	15	N	/A_	_
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1 10 1		/	
	· · · · · · · · · · · · · · · · · · ·			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		\vdash	163	110
18	a During the year did the foundation (either directly or indirectly):		1		
		es 🗶 No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
	a disqualified person? L Y	es 🗶 No	1 1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	es 🗓 No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	es X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available				
		es X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"				
	if the foundation agreed to make a grant to or to employ the official for a period after				
		es X No			
	•	es LAL No			
D	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	/-			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here				
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
	before the first day of the tax year beginning in 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)):				
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	na			
_		es X No			
	If "Yes," list the years ▶ , , , ,	C3 (22) 110			
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	•			
U					
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attack		١		
	statement - see instructions.)	N/A	2b	-	
C	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
)				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
	during the year?	es X No	}		
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons at	ter			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to 0	lispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule Control of the Inc.)	-			
	Form 4720, to determine if the foundation had excess business holdings in 2009.)	N/A	3b		
Δa	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	/ .	4a		x
		o that	70		
U	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpos	e niat	AL.	}	v
	had not been removed from jeopardy before the first day of the tax year beginning in 2009?	·	4b		<u>X</u>
		For	m 990	-PF ()	ZUUY)

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be I	Required (contin	nued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?		es X No	
(2) Influence the outcome of any specific public election (see section 4955); o		•••		
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	>		es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	· · · · · · · · · · · · · · · · · · ·			
509(a)(1), (2), or (3), or section 4940(d)(2)?	. 40001.004 000001	☐ Y	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses or			
the prevention of cruelty to children or animals?	or caacadonar parposes, or		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uno	ar the excentions described	• —	.3 (42) 100	
section 53.4945 or in a current notice regarding disaster assistance (see instru		III riegulations	N/A	5b
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 fr	<u>-</u>			
expenditure responsibility for the grant?			es 🔲 No	
•		1/A	25 110	
If "Yes," attach the statement required by Regulations section 53 4945				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract?	ay premiums on		es X No	
•	araanal hanafit aantraati	🗀 10	. –	6b X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal denetit contract?	•	 '	6b X
If "Yes" to 6b, file Form 8870.	haltas transaction ()		es X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		T6		7b
b If yes, did the foundation receive any proceeds or have any net income attribute		nogoro Highli		<u> </u>
Part VIII Information About Officers, Directors, Trustore Paid Employees, and Contractors	ees, roundation Ma	magers, migni	y	
List all officers, directors, trustees, foundation managers and their officers.	compensation			
Eist an officers, an ectors, a astees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	enter -0-)	compensation	allowances
·				
CDD CMAMDWENT F		0.	0.	0
SEE STATEMENT 5		0.	0.	0.
	·			_ - · · · - · ·
Compensation of five highest-paid employees (other than those inc.)	luded on line 4). If name	ontor UNONE U	<u> </u>	
2 Compensation of five highest-paid employees (other than those inc		enter NONE.	(d) Contributions to	(a) Eynense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	devoted to position	<u> </u>	compensation	allowances
NONE				
				
		ļ		
Total number of other employees paid over \$50,000				0
			Form S	990-PF (2009)

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Total, Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, see	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	<u>0.</u> 15,438.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	15,438.
е	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	15,438.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	232.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	15,206.
6	Minimum investment return. Enter 5% of line 5	6	760.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	760.
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	1.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	759.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	759.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	759.
P	art XII Qualifying Distributions (see instructions)		·
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	54,148.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	54,148.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	54,148.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for the	e section

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,	00.600	134.5 \$1.51.15 2500	2000	
line 7				759.
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 92,395.				
b From 2005 116,421.				
c From 2006 163,755.				
d From 2007 145,636.				
e From 2008 107,655.				
f Total of lines 3a through e	625,862.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ►\$ 54,148.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				759.
e Remaining amount distributed out of corpus	53,389.			·····
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	679,251.			
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 instr.			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.			
8 Excess distributions carryover from 2004		•		
not applied on line 5 or line 7	92,395.			
9 Excess distributions carryover to 2010				
Subtract lines 7 and 8 from line 6a	586,856.			
10 Analysis of line 9:				
a Excess from 2005 116, 421.				
b Excess from 2006 163,755.				
c Excess from 2007 145,636.				
d Excess from 2008 107,655.				
e Excess from 2009 53,389.				<u></u> _

	ITY GROUP F			93-12	293204 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	r 2009, enter the date of	the ruling .	▶ ∟		
b Check box to indicate whether the found	dation is a private operati	ng foundation described	ın section	4942(j)(3) or4	942())(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of			·		
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					_
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income				_	
Part XV Supplementary Info			if the foundatio	n had \$5,000 or m	ore in assets
at any time during t	he year-see the	instructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			tributions received by th	e foundation before the clo	ose of any tax
year (but only if they have contributed in	nore than \$5,000). (See s	ection 507(a)(2).)			
NONE	_				
b List any managers of the foundation wh other entity) of which the foundation ha			(or an equally large por	tion of the ownership of a p	partnership or
NONE	-				
2 Information Regarding Contributi	on Grant Gift Loan	Scholarship etc. P	roorams:		
Check here ► X if the foundation of				not accept unsolicited red	uests for funds. If
the foundation makes gifts, grants, etc.	•	•	•		
a The name, address, and telephone num	ber of the person to who	m applications should be	addressed:		
,					
b The form in which applications should b	e submitted and informa	tion and materials they s	hould include:		· · · · · · · · · · · · · · · · · · ·
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	, kınds of ınstitutions, o	r other factors:	
			•		

Part XV Supplementary information				
3 Grants and Contributions Paid During the	rear or Approved for Future F	Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial Continuator	Touplant		
a raid during the year				
SEE STATEMENT 6 Total			▶ 3a	54,148
b Approved for future payment				J4,140.
- pp				
		•		
Total SEE STATEMENT 7			▶ 3b	4,671
iviai Dala DIAIBIBBILI (₹ 30 I	44 / U / L (

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

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	7	
a					
b					
C					
d					
				-	
e	-				
			-		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	25.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
b Not debt-financed property		_			
6 Net rental income or (loss) from personal		•			
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
			-		
9 Net income or (loss) from special events		· · · · · · · · · · · · · · · · · · ·			
10 Gross profit or (loss) from sales of inventory					-
11 Other revenue:					
a					
b					
c					
d					
Δ					
40 Cubasta Add as lumas (b) (d) and (s)		0.		25	_0.
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>	<u> </u>	<u> </u>		
13 Total. Add line 12, columns (b), (d), and (e)	-			. 13 _	25.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acco	omplishment of Ex	emp	t Purposes	
Tartxt: 2		omphomion of Ex	.ср		
Line No. Explain below how each activity for which incom	ne is reported i	in column (e) of Part XVI-A	contrit	outed importantly to the accord	nplishment of
the foundation's exempt purposes (other than b					•
					
					<u> </u>
					
					
				_ 	
					
			_		
			_		
					
<u></u>					

Ľ	artx	Exempt Organ	egarding Transfers To	and transactions	and nelation	isinps with r	ionenant	inie	•	
1	Did ti		rectly engage in any of the following	ng with any other organiza	tion described in s	ection 501(c) of		П	Yes	No
)(3) organizations) or in section 5					一		
,		•	ation to a noncharitable exempt or							
•	(1) (gameadon on			1:	a(1)		Х
	` '	Other assets	• •••	•	•	•		a(2)		X
,		transactions:			• •	• •	· ''	35/		
٠		Gales of assets to a noncharital	hle evernt arganization				11	b(1)		X
			ncharitable exempt organization			•	• –	b(2)		X
		tental of facilities, equipment,	• •	•		••		0(3)		X
	٠,,	termar or racinities, equipment, the strangements arrangements	•					b(4)		X
		oans or loan guarantees		•		•				X
		•	 mbership or fundraising solicitation					5(5)		X
			·		• •			(6)	_	X
		• • • • • • • • • • • • • • • • • • • •	iling lists, other assets, or paid en		shumun ahaw tha fa	ur markat valua af th		1c	l	
("Yes," complete the following school oundation. If the foundation receiv						eis,	
			other assets, or services received.		nuc in any uansaci	ion or snaring arrai	igenient, snow			
<u>(a)</u>	Line no	(b) Amount involved	(c) Name of noncharitable		(d) Descript	tion of transfers, transa	otions and shari	00.90	anceme	
(4)	-	(b) / intodire involved	N/A	o oxompt organization	(d) Descrip	non or unisiers, unise	ctions, and sitan	ig and	Bigaile	
_			N/A							
_	-									_
_		. —					<u> </u>			
										
		, <u></u> .								
_										
_										
_										
							······································			
_										-
2a	ls the	foundation directly or indirect	ly affiliated with, or related to, one	or more tax-exempt orga	nizations described					
			than section 501(c)(3)) or in sec	• -			Γ,	Yes	X	No
b		," complete the following sche								•
		(a) Name of org	anization	(b) Type of organization		(c) Description o	f relationship		-	
		N/A								
						·			·	
										
					<u></u>					
		\	ave examined this return, including according than taxpayer or ilductary) is based on		•	t of my knowledge and	belief, it is true,	correc	et,	
		picto Pacialation of prepara (outo	Ninar taxpayer of reducing y, is based on	1 1	_					
		-pun Uk	Lunde	3 12 2010	<u> </u>	CTOR				
Sign Here	Sı	nature/of officer or trustee		Date	Title		<u>, </u>			
드	σ×	Preparer's \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	A mil late			Check if self-	Preparer's id	entifyi	ing num	ber
છું	Paid Preparer's Use Only	signature	n program		3.6.10	employed 🕨 🕍	⅃ ┃			
	Paid reparer' Use Only	Firm's name (or yours BROW)	,			EIN ►				
	ξž	if self-employed),	SW MAIN STREET				/=		·	-
		address, and ZIP code PORT	<u>LAND, OR 97205-</u>	1190		Phone no.	(503)2 Form 9			
							Γα ν σα (44.16		AUUU/

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

Name of the organization	n	Employer identification number
	THE EQUITY GROUP FOUNDATION	93-1293204
Organization type (chec	k 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	
	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	al Rule See instructions.
General Rule		
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (mplete Parts I and II.	(in money or property) from any one
Special Rules		
509(a)(1) and 17	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of in (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
aggregate contr	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one conductions of more than \$1,000 for use exclusively for religious, charitable, scientific, literal for the cruelty to children or animals. Complete Parts I, II, and III.	
contributions fo If this box is che purpose Do not	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one or use exclusively for religious, charitable, etc., purposes, but these contributions did necked, enter here the total contributions that were received during the year for an exclusive technique and of the parts unless the General Rule applies to this organization becausele, etc., contributions of \$5,000 or more during the year.	ot aggregate to more than \$1,000. lusively religious, charitable, etc,
but it must answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Scheo on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	
LHA For Privacy Act ar for Form 990, 990		dule B (Form 990, 990-EZ, or 990-PF) (2009

art I
,

Name of organization

Employer identification number

THE EQUITY GROUP FOUNDATION

93-1293204

Part i	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	RE/MAX EQUITY GROUP INC PO BOX 25308 PORTLAND, OR 97298	\$ 64,438.	Person Payroll X Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Name, address, and zir + +	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) 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) 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) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II of there is a noncash contribution.)
(a) 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.)

<u> </u>					
FORM 990-PF INTEREST ON SAVI	INGS AND TEM	PORARY CASH II	NVESTMENTS	STATEMENT	1
SOURCE				TRUOMA	
US BANK			_		25.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	=		25.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	NET INVEST-			
ACCOUNTING FEES	685.	0.	0	•	0.
TO FORM 990-PF, PG 1, LN 16B	685.	0.	0	•	0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
TAXES & LICENSES REGISTRATION FEES	45. 75.	0.	0		0.
TO FORM 990-PF, PG 1, LN 23	120.	0.	0	•	0.

	0-PF LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10			STATEMENT	
NAME OF CONTRIBUTOR	ADDRESS				
RE/MAX EQUITY GROUP, INC.	3 972980308				
	LIST OF OFFICERS, DI AND FOUNDATION MANAGE		STAT	EMENT 5	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE	
JAMES HOMOLKA P.O. BOX 25308 PORTLAND, OR 97298-0308	DIRECTOR 1.00	0.	0.	0.	
KARIN J. ATKINS P.O. BOX 25308 PORTLAND, OR 97298-0308	DIRECTOR 1.00	0.	0.	0.	
S. JOAN HAMRICK P.O. BOX 25308 PORTLAND, OR 97298-0308	DIRECTOR 1.00	0.	0.	0.	
SHARLENE GIARD P.O. BOX 25308 PORTLAND, OR 97298-0308	CHAIRPERSON 1.00	0.	0.	0.	
HEATHER FLEMING P.O. BOX 25308	DIRECTOR-ELECT 0.00	0.	0.	0.	

0.

0.

PORTLAND, OR 97298-0308

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

0.

FORM 990-PF

6

STATEMENT

	DURING THE YEAR	STAT:	EWENT. 9
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
CRYSTAL PEAKS YOUTH RANCH 19344 INNES MARKET ROAD BEND, OR 97701			556.
SUSAN G. KOMEN 1400 SW FIFTH AVENUE PORTLAND, OR 97201			15,000.
MAKE A WISH - TYLER (OT MATCHING) 2000 SW 1ST AVENUE, SUITE 100 PORTLAND, OR 97201			3,000.
OHSU - CHILD DEVELOPMENT & REHABILITATION (CDRC) PO BOX 574 PORTLAND, OR 97207			1,000.
RONALD MCDONALD HOUSE 2620 N. COMMERCIAL AVENUE PORTLAND, OR 97227			1,413.
YUKON 205 SE SPOKANE ST, SUITE 300-64 PORTLAND, OR 97202			4,379.
ALTRUSA INTERNATIONAL OF CLARK CTY 14612 SE 20TH STREET VANCOUVER, WA 98683			1,500.
ASSISTANCE LEAGUE OF SALEM 1095 SAGINAW STREET SOUTH SALEM, OR 97302			500.

GRANTS AND CONTRIBUTIONS

THE EQUITY GROUP FOUNDATION	93-1293204
CANDLELIGHTER'S PO BOX 2277 PORTLAND, OR 97208	1,500.
DINNER & A MOVIE 5004 NE JARRETT STREET PORTLAND, OR 97218	3,500.
DOUGY CENTER 3909 SE 52ND AVENUE PORTLAND, OR 97286	1,500.
HELPING HANDS OF SHERWOOD PO BOX 494 SHERWOOD, OR 97140	1,000.
KEX KID'S FUND 4949 SW MACADAM AVENUE PORTLAND, OR 97239	5,000.
KIWANIS DOERNBECHER 1144 NE 25TH STREET GRESHAM, OR 97030	500.
MT. HOOD CAMP KIWANIS 9320 SW BARBUR BLVD, SUITE 165 PORTLAND, OR 97219	1,800.
NORTHWEST CATHOLIC COUNSELING 8383 NE SANDY BLVD, SUITE 205 PORTLAND, OR 97220	500.
OREGON FOSTER - CAMP TO BELONG 707 13TH STREET, SUITE 275 SALEM, OR 97301	2,000.
ROYAL FAMILY KIDS CAMP 1850 45TH AVENUE NE SALEM, OR 97305	1,500.

THE EQUITY GROUP FOUNDATION	93-1293204
SHOC FOUNDATION (OVARIAN CANCER) PO BOX 327 GLADSTONE, OR 97027	1,500.
THE BOYS & GIRLS AID SOCIETY 018 SW BOUNDARY COURT PORTLAND, OR 97239	3,500.
THE LEUKEMIA & LYMPHOMA SOCIETY 9320 SW BARBUR BLVD, SUITE 140 PORTLAND, OR 97219	1,000.
YMCA - CLACKAMAS COUNTY 10121 SE SUNNYSIDE RD, STE 300-S CLACKAMAS, OR 97015	2,000.
TOTAL TO FORM 990-PF, PART XV, LINE 3A	54,148.

FORM 990-PF GRANTS APPROVED	STATEMENT 7		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
BOYS AND GIRLS CLUB - HILLSBORO ONLY PO BOX 820127 PORTLAND, OR 97282			20.
EMMANUAL CHILDREN'S HOSPITAL 2801 N GANTENBEIN AVE PORTLAND, OR 97227			866.
SUSAN G. KOMEN 1400 SW FIFTH AVENUE PORTLAND, OR 97201			1,885.
NORTHWEST CHILDREN'S OUTREACH PO BOX 1604 LAKE OSWEGO, OR 97035			650.
NORTHWEST MEDICAL TEAMS PO BOX 10 PORTLAND, OR 97207			990.
OHSU - CHILD DEV & REHAB (CDRC) PO BOX 574 PORTLAND, OR 97207			190.
WHEELS TO WALK (VM PROJECT) PO BOX 20146 PORTLAND, OR 97294			20.
YUKON 205 SE SPOKANE ST, SUITE 300-64 PORTLAND, OR 97202			50.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3B		4,671.