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Form **990-PF** 

Department of the Treasury Internal Revenue Service

## **Return of Private Foundation**

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

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

2009

Fore	alen	dar year 2009, or ta	x year begi	nning			, and e	nding				
G C	heck	all that apply:	Initial	return		Initial return of a f	ormer public	charity		Final return	1	
			L Amen	ded return		Address char	nge		Name change			
Use	the l	RS Name of founda	ation						A Employer id	Jentification	ınumber	
	abel.										•	
	Otherwise, JUBITZ FAMILY FOUNDAT									324016		
	print r type		•			elivered to street address)		Room/suite	B Telephone r			
	Spec	221 11.11			/ENU	E		210	(503)	274-	6255	
	ructio	I Lilly or lown, Sta		9720	٠.						ending, check here	
	la a al .					kempt private foundation			D 1. Foreign or	rganizations	S, Check here seting the 85% test, emputation	
HU	_	type of organization; ction 4947(a)(1) none			· -		-4		check here	and attach co	mputation	
		rket value of all asset				Other taxable private found no method: Cash	X Acci		E If private for	Indation sta	tus was terminate	۰,q۲ L
		Part II, col (c), line		year J A		ther (specify)	LAL ACC	uai			)(A), check here	
( <i>ii</i>				56 . (Part		mn (d) must be on cash	basis )				60-month termina )(B), check here	ation
_	rt I	Analysis of Revenu	ue and Expe	enses		(a) Revenue and	_	vestment		1 1 1	(d) Disbursei	ments
<u></u>		(The total of amounts in necessarily equal the a	n columns (b), imounts in col	. (c), and (d) m lumn (a) )	ay not	expenses per books		ome	(c) Adjus incor		for charitable po	urposes
	1	Contributions, gifts,			-		-		N/A	<u> </u>	(0.0011 50.010	Jy,
		Check X if the fou			Sch B		· · · · ·					
	3	Interest on savings and cash investments	temporary			4,121.		4,121.			STATEMEN	VT 1
	4	Dividends and intere	st from sec	urities		366,346.	36	6,346.			STATEMEN	·
	5a	Gross rents						<del></del> -				
	b	Net rental income or (los	ss)								1	
as	6a	Net gain or (loss) from sa				-766,636.						
Revenue	b	Gross sales price for all assets on line 6a	2,0	080,52	23.							
eve	7	Capital gain net income	(from Part IV,	line 2)				0.				
Œ	8	Net short-term capit	al gaın									
	9	Income modification								いてくにご	1	
	10a	Gross sales less returns and allowances	` <u> </u>						`	<u> </u>		(
		Less Cost of goods sole									120	ļ
		Gross profit or (loss)	)							18 YAN	2010	
	11	Other income				206 160	2.5	0 460	10		100	
_	12	Total. Add lines 1 th				-396,169. 88,000.		0,467.		COE	10, U 70-	1400
	13	Compensation of officer				88,000.	<u> </u>	7,600.			1-0-	400.
	1	Other employee sala Pension plans, empl		-		8,013.	<u> </u>	1,603.	<u> </u>			,410.
es		Legal fees	oyee bellell	เจ		0,013.	-	1,000.		<del></del>	- 6	, 410.
sue		Accounting fees		STMT	3	2,508.		0.			2	,508.
Expenses		Other professional fe	965	STMT	4	63,326.	6	0,518.				,808.
		Interest	,00	<b>D</b>	_			0,5100				, 000.
ati		Taxes		STMT	5	6,740.	-	0.	<u> </u>		1	,170.
Operating and Administrative	19	Depreciation and dep	pletion				<b> </b>					
Ë	20	Occupancy				9,207.		1,841.	<u> </u>		7.	,366.
Αd	21	Travel, conferences,	and meetin	gs		10,166.		2,033.	i			,133.
pue	22	Printing and publicat	tions			264.		53.				211.
gu	23	Other expenses		STMT	6	22,655.		3,065.			19,	,590.
rati	24	Total operating and	administra	tive								
Ъ		expenses. Add lines	13 through	1 23		210,879.	8	6,713.				<u>,596.</u>
٦		Contributions, gifts,				552,170.	ļ				542	,170.
		Total expenses and	disbursem	ents.		F.C. 0.45	_	c =4=				
-		Add lines 24 and 25				763,049.	8	6,713.			660,	<u>,766.</u>
		Subtract line 26 from				1 150 040	ł					
		Excess of revenue over	-		nts	-1,159,218.	20	2 754			<del> </del>	<del></del>
		Net investment inco					48	3,754.	NT / R			
92350		Adjusted net income			duatia a	Ant Notice and the instruc	<u></u>	<del></del>	N/A	<u>,                                      </u>	Form 000 B	E (0000)

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		00-야 (2009) <u>JUBITZ FAMILY FOUNDATIO</u>		93-	1324016 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year
<u> </u>	art	Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	ı	Cash - non-interest-bearing			
	ı	Savings and temporary cash investments		113,062.	113,062.
	3	Accounts receivable ► 1,053.		4 4-4	
		Less: allowance for doubtful accounts		1,053.	1,053.
	4	Pledges receivable ►			
	_	Less; allowance for doubtful accounts			
_	5	Grants receivable		<del> </del>	
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons		_ <del></del>	
	′	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
Assets	1	Inventories for sale or use			
Ass		Prepaid expenses and deferred charges			
-	l	Investments - U.S. and state government obligations Investments - corporate stock STMT 8	4,539,637.	5 21E E00	5,315,509.
	l .		3,552,266.	5,315,509. 3,768,621.	
	l	Investments - corporate bonds STMT 9 Investments - land, buildings, and equipment, basis	3,332,200.	3,700,041.	3,700,021.
	11				
	12	Less accumulated depreciation  Investments - mortgage loans			
	13	Investments - other STMT 10	2,628,508.	3,214,421.	3,214,421.
	l	Land, buildings, and equipment: basis	2,020,300.	3,214,421.	3,214,421.
	' 7	Less accumulated depreciation			
	15	Other assets (describe >		<del></del> -	
	'3	The assets (describe >			
	16	Total assets (to be completed by all filers)	10,720,411.	12,412,666.	12,412,666.
	17	Accounts payable and accrued expenses	7,493.	5,157.	
	18	Grants payable	24,240.	34,240.	
Ś	19	Deferred revenue	•	,	1
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			1
abi	21	Mortgages and other notes payable			
=	22	Other liabilities (describe >			1
	23	Total liabilities (add lines 17 through 22)	31,733.	39,397.	
		Foundations that follow SFAS 117, check here			
<b>"</b>		and complete lines 24 through 26 and lines 30 and 31.			
ĕ	24	Unrestricted	10,688,678.	<u>12,373,269.</u>	
lan	25	Temporarily restricted			
Net Assets or Fund Balances	26	Permanently restricted			
Ę		Foundations that do not follow SFAS 117, check here			
ᆫ		and complete lines 27 through 31.			
ts	27	Capital stock, trust principal, or current funds			
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ę	29	Retained earnings, accumulated income, endowment, or other funds			
ž	30	Total net assets or fund balances	10,688,678.	<u>12,373,269.</u>	1
		<b>~</b>	10 700 411	10 410 666	
_	31	Total liabilities and net assets/fund balances	10,720,411.	12,412,666.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		st agree with end-of-year figure reported on prior year's return)	<del></del>	1	10,688,678.
2		r amount from Part I, line 27a		2	-1,159,218.
		r increases not included in line 2 (itemize)	SEE STA	ATEMENT 7 3	2,843,809.
		lines 1, 2, and 3		4	12,373,269.
5	Decr	eases not included in line 2 (itemize)		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	12,373,269.

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2,838.

685,409.

660,766.

6

7

8

See the Part VI instructions.

7 Add lines 5 and 6

Enter 1% of net investment income (1% of Part I, line 27b)

Enter qualifying distributions from Part XII, line 4

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.

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	<u>4948</u>	- 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)					
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1			5,6	75.
	of Part I, line 27b					
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3			5.6	75.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4_			<u>-, , , , , , , , , , , , , , , , , , , </u>	0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	1		5.6	75.
6	Credits/Payments:	Ť	1		<u>-                                    </u>	<del></del>
_	2009 estimated tax payments and 2008 overpayment credited to 2009 6a	-				
	Exempt foreign organizations - tax withheld at source 6b	1	-			
	Tax paid with application for extension of time to file (Form 8868)  6c  0	1				
	Backup withholding erroneously withheld  6d	4				
7	Total credits and payments. Add lines 6a through 6d	7	-			0.
_	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8	+		1	70.
8		9	+		<del>5,8</del>	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		+		5,6	45.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax ► Refunded ► Int VII-A Statements Regarding Activities	11				
				Τ	Yes	No
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interver	ie in		<del>  </del>	163	-
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ed or				
	distributed by the foundation in connection with the activities.					<u></u>
	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 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		X
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation.	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3_		<u> </u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	1	N/A	4b		
5	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.	te law				ŀ
	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	<u> </u>
	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					
t	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					ĺ
	of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	lendar				
	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			10		X
			For	m <b>990</b>	-PF	(2009)

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	art VII-A Statements Regarding Activities (continued)	<u> </u>	FOTO		
	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	İ	X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before				
'-	August 17, 2008?		12		X
12	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	х	
13	Website address ► WWW.JUBITZFF.ORG		10		
1.4		.▶(503)	274	-62	55
	-Lecated at -221-N.W. SECOND AVENUE, SUITE 210, PORTLAND, OR	ZIP+4 ▶97		<u> </u>	<u> </u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			<u> </u>	
		<b>-</b>   15	N	/A	
Pa	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly):				
		Yes X No		ŀ	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
		Yes X No			
		Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?				
	(5) Transfer any income or assets to a disqualified person (or make any of either available				
		Yes 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				
		Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			- 1	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?		16	İ	X
	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			- 1	
	before the first day of the tax year beginning in 2009?		10		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1			
_	defined in section 4942(j)(3) or 4942(j)(5)):				
2	a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginn	inn		1	
•		Yes X No			
	If "Yes," list the years ▶ , , , ,				
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorre	ct			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attain			1	
	statement - see instructions.)	N/A	2b		
	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			i	
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
		Yes X No			
Ł	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons			ŀ	
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to				
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule	•			
	Form 4720, to determine if the foundation had excess business holdings in 2009)	N/A	3ь		
48	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>,</b>	4a	$\neg \uparrow$	X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpo	se that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b		х

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be I	Required (contin	ued)			
5a During the year did the foundation pay or incur any amount to:						
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No			
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire					
any voter registration drive?						
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No	l		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section					
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No			
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or					
the_prevention.of.cruelty_to_children_or_animals?	***************************************		s X No			
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify unc		in Regulations				
section 53.4945 or in a current notice regarding disaster assistance (see instru			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						
expenditure responsibility for the grant?		I/AYe	s L No			
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	pay premiums on					
a personal benefit contract?		Ye	s X No			
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	6b	<u> </u>	
If "Yes" to 6b, file Form 8870.			G-71			
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No		<del></del>	
b If yes, did the foundation receive any proceeds or have any net income attribute				7b		
Part VIII Information About Officers, Directors, Trustoral Paid Employees, and Contractors	ees, Foundation Ma	inagers, Higniy	<i>'</i>			
List all officers, directors, trustees, foundation managers and their controls.	compensation					
List all officers, directors, a distens, foundation managers and their		(c) Compensation	(d) Contributions to	(e)	Expense	
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	acco	Expense unt, other	
	to position	`enter'-0-)'	compensation	alic	wances	
SEE STATEMENT 11		00 000	0 013		^	
SEE STATEMENT II		88,000.	8,013.		0.	
		<del>                                     </del>				
				<u> </u>	····	
				1		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."				
	(b) Title, and average		(d) Contributions to	(e)	Expense	
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	acco	unt, other owances	
NONE	devoted to position		Compensation	ain	Marices	
		<del> </del>		<del> </del>		
	<u> </u>			<del> </del>		
				<del> </del>	<del></del>	
Total number of other employees paid over \$50,000	<u> </u>	1		I	0	
					<u>~</u>	

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Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ent	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant state number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the oduced, etc.	Expenses
1N/A		
2		
3		
4		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year o	n lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		<del></del>
Total Add lines 1 through 2		

P	art X Minimum Investment Return (All domestic foundations must of	complete this part. Foreign four	ndations	s, see 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	11,312,393.
b	Average of monthly cash balances		1b	11,312,393. 105,913.
C	Fair market value of all other assets		1c	
đ	Total (add lines 1a, b, and c)		1d	11,418,306.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach-detailed-explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	11,418,306.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see i	nstructions)	4	171,275.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part	V, line 4	5	11,247,031.
6	Minimum investment return. Enter 5% of line 5		6	562,352.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(	5) private operating foundations ar	d certain	1
_	foreign organizations check here and do not complete this part.)			562,352.
1	Minimum investment return from Part X, line 6	5,675.	1	304,334.
2a	· · · · · · · · · · · · · · · · · · ·	5,675.		
b	,		_	E 67E
C	Add lines 2a and 2b	,	2c	<u>5,675.</u>
3	Distributable amount before adjustments. Subtract line 2c from line 1		3 4	<u>556,677.</u>
4	Recoveries of amounts treated as qualifying distributions			<u>0.</u> 556,677.
5	Add lines 3 and 4		5	
6	Deduction from distributable amount (see instructions)	4	7	<u>0.</u>
<u>_</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, I	ne i		556,677.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes			
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	660,766.
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, et	c., purposes	2	
3 '	Amounts set aside for specific charitable projects that satisfy the:			
а	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 Pa	t XIII, line 4	4	660,766.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investmen	nt		
	income. Enter 1% of Part I, line 27b		5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4		6	660,766.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when o	alculating whether the foundation (	qualifies	for the section
	4940(e) reduction of tax in those years.	-		

Form **990-PF** (2009)

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	( <b>d)</b> 2009
1 Distributable amount for 2009 from Part XI,				
line 7				556,677.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
	<del></del>		<del></del>	
3 Excess distributions carryover, if any, to 200	no-	0.		
•				
b From 2005 c From 2006	<u> </u>			
d From 2007 442, 07:	2			
e From 2008 303,375				
f Total of lines 3a through e	818,878.			
4 Qualifying distributions for 2009 from	010,070.			
Part XII, line 4: ► \$ 660, 766	6.			
a Applied to 2008, but not more than line 2a	<u> </u>		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				556,677.
e Remaining amount distributed out of corpus	104,089.			330,011.
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				0.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	922,967.			
<b>b</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.	i	
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line	3			
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount mus	it			
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	17,649.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	905,318.			
0 Analysis of line 9:	.			
a Excess from 2005 55, 783	<u> </u>			
b Excess from 2006	2			
c Excess from 2007 442,073				
d Excess from 2008 303,37!				
e Excess from 2009 104,089	7 •		<u> </u>	<u> </u>

	FAMILY FOUN				L324016 Page 10
Part XIV Private Operating F	<del></del>	<del> </del>	-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo		=	▶ └	1	
<b>b</b> Check box to indicate whether the foun		ig foundation described i		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2009	(b) 2008	Prior 3 years (c) 2007	(d) 2006	(a) Tatal
income from Part I or the minimum	(a) 2009	(0) 2008	(6) 2007	(0) 2000	(e) Total
investment return from Part X for					
each year listed				<del></del>	<del> </del>
b 85% of line 2a					<del></del>
c Qualifying distributions from Part XII,					
line 4 for each year listed				+	<del></del>
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				<del> </del>	<del>-  </del>
alternative test relied upon:					
<ul><li>a "Assets" alternative test - enter;</li><li>(1) Value of all assets</li></ul>					
• •					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</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 foundation	n had \$5,000 or	more in assets
at any time during	<del> </del>	nstructions.)			
1 Information Regarding Foundation					
a List any managers of the foundation will year (but only if they have contributed in the contributed in the contributed in			ributions received by th	e foundation before the	close of any tax
M. ALBIN JUBITZ, JR.	, ,	0011011 007 (0)(2).)			
b List any managers of the foundation wi		e stock of a cornoration i	for an equally large port	tion of the ownership of	a nartnership or
other entity) of which the foundation ha			(or an oqually large port	area or and owner or ap or	a partitionomp of
NONE_					
2 Information Regarding Contribut	tion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here \( \bigcup  \text{ \left} \) If the foundation the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	nber of the person to who	m applications should be	addressed:	· · · · · · · · · · · · · · · · · · ·	
SEE STATEMENT 12	h h				
<b>b</b> The form in which applications should	oe submitted and informa	tion and materials they si	nould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	ls, such as hy deographic	al areas, charitable fields	kinds of institutions or	other factors	
,	, 220 20 0) googiapillo	545, 5114114410 115143,	or monutions, or	Caron nations.	

3 Grants and Contributions Paid During the		- ayment	<del>-  </del>	<del> </del>
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	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
- V-, St. 1				
SEE STATEMENT 13 Total			<b>▶</b> 3a	542,17
b Approved for future payment		E 0 0 / = :		
MPACT NW PORTLAND, OR	NONE	509(A)	GENERAL OPERATIONS	5,00
- January VAL			32 22 24 2 24 2	
NITED WAY LANE COUNTY	NONE	509(A)	GENERAL	10,00
SPRINGFIELD, OR			OPERATIONS	
EFFERSON HIGH SCHOOL	NONE	509(A)	GENERAL	-5,00
PORTLAND, OR			OPERATIONS	
Total		<u></u>	<b>▶</b> 3b	10,00
3811 02-02-10				orm <b>990-PF</b> (20

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

Enter gross amounts unless otherwise indicated.	Unrelated business income			ided by section 512, 513, or 514	(e)		
	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income		
1 Program service revenue:	Code		COUB				
8		<del></del>			<del></del>		
b			<del> </del>		<del></del>		
			<del> </del>				
<del></del>	<del></del>						
e f							
g Fees and contracts from government agencies							
2 Membership dues and assessments							
3 Interest on savings and temporary cash							
investments			14	4,121.			
4 Dividends and interest from securities			14				
5 Net rental income or (loss) from real estate:							
a Debt-financed property							
<b>b</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			14	-766,636.			
9 Net income or (loss) from special events			<u> </u>				
10 Gross profit or (loss) from sales of inventory			ļ				
11 Other revenue:			,				
a		<del>.</del>					
b			ļ				
C			ļ				
d					<del></del>		
e		0.		306 160			
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)		U •		-396,169.			
(See worksheet in line 13 instructions to verify calculations.)				13	-396,169.		
				. D.			
Part XVI-B Relationship of Activities to	tne Acc	omplishment of Ex	emp	t Purposes			
Line No. Explain below how each activity for which incom			contrib	outed importantly to the accom	plishment of		
the foundation's exempt purposes (other than b	y providing fu	inds for such purposes).		<del></del> _			
	<del></del>				<del></del>		
				<del></del>			
		<del> </del>					
		<del></del>					
				····			
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		· · · · · · · · · · · · · · · · · · ·					
				<del></del>	<del></del>		
			_		······································		
923621							

P	art X			and Transactions ar	nd Relationships With Nonch	aritable	9	<u> </u>
		Exempt Organ	<del></del>				V	N
1			rectly engage in any of the follow			<u> </u>	Yes	NO
_			:)(3) organizations) or in section (		rations?			
а	(1) (	, -	lation to a noncharitable exempt o	organization of:		4-/41		v
						1a(1)	-	_ <u>X</u> _
		Other assets transactions:				<u>1a(2)</u>		
U		Gales of assets to a noncharita	ahla ayamnt organization			16(1)		v
			oncharitable exempt organization		*****	1b(2)		_ <u>X</u> _X
		Rental of facilities, equipment,	·			1b(3)		X
		Reimbursement arrangements				1b(4)		X
		oans or loan guarantees	1			1b(5)		X
			embership or fundraising solicitat	tions		1b(6)		X
c	٠,		ailing lists, other assets, or paid e			1c		X
		• • • • •		• •	ays show the fair market value of the goods		sets.	
Ī					in any transaction or sharing arrangement		,	
			other assets, or services received		,	•		
(a)	Line no	(b) Amount involved	(c) Name of noncharitab	ole exempt organization	(d) Description of transfers, transactions, ar	nd sharing ar	rangeme	nts
			N/A					
			<u> </u>					
		, ,						
_								
				<del></del>				
_						<del></del>		
_	lo the	foundation diseastly as radical	the officer of with the related to the		Abore described			
28			ctly affiliated with, or related to, on or than section 501(c)(3)) or in se	· · · · · · · · · · · · · · · · · · ·	ations described		T	] No
		s," complete the following sch		CHOIT JZ7 ?		Yes	$\Box$	סא ר
	11 10	(a) Name of org		(b) Type of organization	(c) Description of relation	nship		
		N/A	<u>,</u>	(-), ,p====g========	(0)			
	Under	enalties of perjury, Leclare that I h	nave examined this return, including ac	companying schedules and statemen	nts, and to the best of my knowledge and belief, it	is true, corre	ect,	
	and cor	oplete Declaration of preparer (other	er than taxpayer or fiduciary) is based o	-//	as any knowledge			
	<b>N</b> -	10	41 1/	3   5/13/10	Des.			
Sign Here	S	gnature of office <del>f or</del> trustee		Date	Title			
드	σ.	Preparer's		Da	Check If Prep	arer's identif	ying nun	ber
Sig	aid arer': Only	signature	30 The		self- employed ▶ □			
	Paid Preparer's Use Only	Firm's name (or yours GARY			EIN ►			
	ž Š			NUE, SUITE 700				
		address, and ZIP code PORT	<u>LAND, OR 97204</u>		Phone no. (50)	3) 22	2-2	<u>515</u>

(503) 222-2515 Form **990-PF** (2009)

SOURCE							
CD INTEREST   CHECKING INTEREST   CHECKING INTEREST   CHECKING INTEREST   CHECKING INTEREST   CHECKING INTEREST   COLUMN A	FORM 990-PF INTEREST ON SAVI	NGS AND TE	MPORARY C	ASH IN	NVESTMENTS	STATEMENT	1
### CHECKING INTEREST  TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A  FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEME  SOURCE GROSS AMOUNT DIVIDENDS AMOUNT  SOURCE GROSS AMOUNT DIVIDENDS AMOUNT  DIVIDENDS AMOUNT  TOTAL TO FM 990-PF, PART I, LN 4 360,054. 0. 36  FORM 990-PF ACCOUNTING FEES STATEME   (A) (B) (C) (C)  EXPENSES NET INVEST- ADJUSTED CHAR RETURN  GARY MCGEE & CO 2007 TAX RETURN  LAURA BROWER 2,000. 0.  FORM 990-PF, PG 1, LN 16B 2,508. 0.  FORM 990-PF OTHER PROFESSIONAL FEES STATEME   (A) (B) (C) (C)  EXPENSES NET INVEST- ADJUSTED CHAR NET INCOME PUR  CONTROL OF THE PROFESSIONAL FEES STATEME  (A) (B) (C) (C) (C)  EXPENSES NET INVEST- ADJUSTED CHAR NET INCOME PUR  CONTROL OF THE PROFESSIONAL FEES STATEME  (A) (B) (C) (C) (C)  EXPENSES NET INVEST- ADJUSTED CHAR NET INCOME PUR  CONTROL OF THE PROFESSIONAL FEES STATEME  (A) (B) (C) (C) (C)  EXPENSES NET INVEST- ADJUSTED CHAR NET INCOME PUR  CONTROL OF THE PROFESSIONAL FEES STATEME  (A) (B) (C) (C)  EXPENSES NET INVEST- ADJUSTED CHAR NET INCOME PUR  CONTROL OF THE PROFESSIONAL FEES STATEME  (A) (B) (C) (C)  EXPENSES NET INVEST- ADJUSTED CHAR NET INCOME PUR  CONTROL OF THE PROFESSIONAL FEES STATEME  (A) (B) (C) (C)  EXPENSES NET INVEST- ADJUSTED CHAR NET INCOME PUR  CONTROL OF THE PROFESSIONAL FEES STATEME  (A) (B) (C) (C)  CONTROL OF THE PROFESSIONAL FEES STATEME  CONTROL OF THE PROFESSIONAL FEES STATEME  (A) (B) (C) (C)  CONTROL OF THE PROFESSIONAL FEES STATEME  C	SOURCE					AMOUNT	
FORM 990-PF   DIVIDENDS AND INTEREST FROM SECURITIES   STATEME						4,05	57. 5 <b>4.</b>
SOURCE   GROSS AMOUNT   CAPITAL GAINS   COLUMN	TOTAL TO FORM 990-PF, PART I,	LINE 3, C	OLUMN A			4,12	21.
SOURCE	FORM 990-PF DIVIDEND	S AND INTE	REST FROM	SECUE	RITIES	STATEMENT	2
TOTAL TO FM 990-PF, PART I, LN 4   366,346.   0.   36	SOURCE	GROS	S AMOUNT			COLUMN (A)	<b>)</b>
FORM 990-PF ACCOUNTING FEES STATEME  (A) (B) (C) ( EXPENSES NET INVEST- ADJUSTED CHAR PER BOOKS MENT INCOME NET INCOME PUR  GARY MCGEE & CO 2007 TAX RETURN 2,000. 0. LAURA BROWER 508. 0.  TO FORM 990-PF, PG 1, LN 16B 2,508. 0.  FORM 990-PF OTHER PROFESSIONAL FEES STATEME  (A) (B) (C) ( EXPENSES NET INVEST- ADJUSTED CHAR PER BOOKS MENT INCOME NET INCOME PUR  U.S. TRUST - INVESTMENT MGMT. FEES ERNEST BLOCH - CONSULTING SERVICES 2,808. 0.			•			360,05 6,29	
TO FORM 990-PF OTHER PROFESSIONAL FEES    (A)	TOTAL TO FM 990-PF, PART I, L	N 4	366,346.		0.	366,34	16.
DESCRIPTION  EXPENSES NET INVEST- ADJUSTED CHAR NET UNCOME PUR  GARY MCGEE & CO 2007 TAX RETURN LAURA BROWER  TO FORM 990-PF, PG 1, LN 16B  2,508.  O.  TOFORM 990-PF  OTHER PROFESSIONAL FEES  STATEME  (A) (B) (C) (C) ADJUSTED CHAR NET INVEST- ADJUSTED CHAR NET INCOME PUR  EXPENSES NET INVEST- ADJUSTED CHAR NET INCOME PUR  U.S. TRUST - INVESTMENT MGMT. FEES ERNEST BLOCH - CONSULTING SERVICES  2,808.  O.	FORM 990-PF	ACCOUNT	ING FEES			STATEMENT	3
RETURN	DESCRIPTION	<b>EXPENSES</b>	NET INV	EST-	ADJUSTED		
FORM 990-PF  OTHER PROFESSIONAL FEES  (A) (B) (C) ( EXPENSES NET INVEST- ADJUSTED CHAR PER BOOKS MENT INCOME NET INCOME PUR  U.S. TRUST - INVESTMENT MGMT. FEES ERNEST BLOCH - CONSULTING SERVICES  2,808.  0.	RETURN	•				2,00	00.
(A) (B) (C) ( EXPENSES NET INVEST- ADJUSTED CHAR PER BOOKS MENT INCOME NET INCOME PUR  U.S. TRUST - INVESTMENT MGMT. FEES 60,518. ERNEST BLOCH - CONSULTING SERVICES 2,808. 0.	TO FORM 990-PF, PG 1, LN 16B	2,508	•	0.		2,50	08.
DESCRIPTION  DESCRIPTION  U.S. TRUST - INVESTMENT MGMT. FEES ERNEST BLOCH - CONSULTING SERVICES  EXPENSES NET INVEST- ADJUSTED CHAR MENT INCOME NET INCOME PUR  60,518. 60,518.  2,808.  0.	FORM 990-PF C	THER PROFE	SSIONAL F	EES		STATEMENT	4
MGMT. FEES 60,518. 60,518. ERNEST BLOCH - CONSULTING 2,808. 0.	DESCRIPTION	<b>EXPENSES</b>	NET INV	EST-	ADJUSTED		
SERVICES 2,808. 0.	MGMT. FEES	60,518	. 60	,518.			0.
TO FORM 990-PF, PG 1, LN 16C 63,326. 60,518.		2,808	•	0.		2,80	08.
	TO FORM 990-PF, PG 1, LN 16C	63,326	. 60	,518.		2,80	08.

FORM 990-PF	TAX	ES 	S'	TATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
EXCISE TAX ON INVESTMENT INCOME	5,570.	0.			0.
OREGON CHARITY	-				•
REGISTRATION FEES	1,170.	0.		1,1	70.
TO FORM 990-PF, PG 1, LN 18	6,740.	0.		1,1	70.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
INTERNET	617.	123.		4:	94.
TELEPHONE	1,169.	234.		9:	35.
LICENSES AND PERMITS	300.	0.		3	00.
POSTAGE AND DELIVERY	243.	49.		1:	94.
OFFICE SUPPLIES	598.	120.		4	78.
OTHER	450.	90.		3	60.
PROGRAM EXPENSES	7,035.	0.		7,0	35.
COMPUTER/WEB MAINTENANCE	359.	72.		2	87.
PAYROLL TAXES	6,814.	1,363.		5,4	51.
DUES AND SUBSCRIPTIONS	5,070.	1,014.		4,0	56.
TO FORM 990-PF, PG 1, LN 23	22,655.	3,065.		19,5	90.
FORM 990-PF OTHER INCREASES	S IN NET ASS	ETS OR FUND BA	ALANCES S	TATEMENT	7
DESCRIPTION				AMOUNT	
NET INCREASE IN THE FAIR VAL	UE OF INVEST	MENTS		2,843,8	09.
TOTAL TO FORM 990-PF, PART I	II. LINE 3			2,843,8	09.

FORM 990-PF CORP	ORATE STOCK		STATEMENT	8
DESCRIPTION		BOOK VALUE	FAIR MARKE	r
EQUITY SECURITIES		5,315,509.	5,315,50	9.
TOTAL TO FORM 990-PF, PART II, LINE	10B	5,315,509.	5,315,50	9.
FORM 990-PF CORP	PORATE BONDS		STATEMENT	9
DESCRIPTION		BOOK VALUE	FAIR MARKE	r
FIXED INCOME SECURITIES		3,768,621.	3,768,62	21.
TOTAL TO FORM 990-PF, PART II, LINE	10C	3,768,621.	3,768,62	21.
FORM 990-PF OTHER	R INVESTMENTS		STATEMENT	10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKE	Г
OTHER SECURITIES CASH REAL ESTATE/ALTERNATIVE INVESTMENTS	FMV FMV FMV	169,305. 481,830. 2,563,286.	169,30 481,83 2,563,28	30.
TOTAL TO FORM 990-PF, PART II, LINE	13	3,214,421.	3,214,4	21.

FORM 990-PF PART VIII - I TRUSTEES A	LIST OF OFFICERS, DE AND FOUNDATION MANAGE		STATI	EMENT 11
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
M. ALBIN JUBITZ, JR. 221 N.W. SECOND AVENUE, SUITE 2 PORTLAND, OR 97209	PRESIDENT 210 10.00	0.	0.	0.
ELIZABETH JUBITZ SAYLER 221 N.W. SECOND AVENUE, SUITE 2 PORTLAND, OR 97209		1,000.	0.	0.
SARAH C. JUBITZ 221 N.W. SECOND AVENUE, SUITE 2 PORTLAND, OR 97209		1,000.	0.	0.
KATHERINE H. JUBITZ 221 N.W. SECOND AVENUE, SUITE 2 PORTLAND, OR 97209	SECRETARY 210 2.00	1,000.	0.	0.
RAYMOND G. JUBITZ 221 N.W. SECOND AVENUE, SUITE 2 PORTLAND, OR 97209	EXECUTIVE DIRECT 210 40.00		8,013.	0.
TOTALS INCLUDED ON 990-PF, PAGE	E 6, PART VIII	88,000.	8,013.	0.

## FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 12 PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MR. RAYMOND JUBITZ, EXECUTIVE DIRECTOR

211 N.W. SECOND AVENUE, SUITE 210

PORTLAND, OR 97209

TELEPHONE NUMBER

(503) 274-6255

#### FORM AND CONTENT OF APPLICATIONS

I. LETTER OF INQUIRY ("LOI") - SHOULD BE ONE TO TWO PAGES AND INCLUDE THE ORGANIZATION'S CONTACT INFORMATION; DESCRIPTION OF THE REQUEST; HOW THE ORGANIZATION IMPACTS THE COMMUNITY; A BRIEF PROGRAM BUDGET THAT INCLUDES THE AMOUNT REQUESTED; AND THE ANTICIPATED PROGRAM OUTCOMES.

II. GRANT APPLICATION- THE APPLICATION SHOULD INCLUDE A GRANT APPLICATION FORM; DETAILED PROGRAM BUDGET WITH ALL SOURCES OF INCOME; ANTICIPATED OUTCOMES OF THE PROJECT/PROGRAM AND HOW THEY WILL BE MEASURED AND EVALUATED; A LIST OF THE BOARD OF DIRECTORS, INCLUDING CONTACT INFORMATION: A LIST OF CURRENT MAJOR DONORS; A BRIEF DESCRIPTION OF THE INDIVIDUALS INVOLVED IN THE PROJECT/PROGRAM; A COPY OF YOUR IRS DETERMINATION LETTER; AND THE ORGANIZATION'S MOST CURRENT FINANCIAL STATEMENTS. IF THE FINANCIAL STATEMENTS HAVE NOT BEEN AUDITED, INCLUDE THE FIRST (INCOME & EXPENSES) AND FOURTH (BALANCE SHEET) PAGES OF YOUR CURRENT 990.

#### ANY SUBMISSION DEADLINES

GRANT REQUESTS MUST BE RECEIVED THREE MONTHS AHEAD OF THE APRIL 1 AND OCTOBER 1 GRANT DEADLINES.

#### RESTRICTIONS AND LIMITATIONS ON AWARDS

EARLY CHILDHOOD DEVELOPMENT AND YOUTH EDUCATION, WITH AN EMPHASIS ON CHILDREN AT-RISK.

ENVIRONMENTAL STEWARDSHIP, WITH AN EMPHASIS ON RIVERS AND THEIR WATERSHED

PEACEMAKING ACTIVITIES, WITH AN EMPHASIS ON TEACHING PEACE AND CONFLICT RESOLUTION.

FORM 990-PF

STATEMENT 13

PAID	DURING THE YEAR		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
ADELANTE MUJERES FOREST GROVE, OR	NONE GENERAL OPERATIONS	509(A)	5,000.
BARK PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	5,800.
BEYOND WAR ASHLAND, OR	NONE GENERAL OPERATIONS	509(A)	5,000.
BIG BROTHERS BIG SISTERS-CENTRAL OREGON BEND, OR	NONE GENERAL OPERATIONS	509(A)	5,000.
BIRTH TO THREE EUGENE, OR	NONE GENERAL OPERATIONS	509(A)	10,000.
CASA FOR CHILDREN PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	7,500.
CENTER FOR ENVIRONMENTAL EQUITY PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	4,500.
CHILD ADVOCATES, INC. OREGON CITY, OR	NONE GENERAL OPERATIONS	509(A)	5,000.

GRANTS AND CONTRIBUTIONS

JUBITZ FAMILY FOUNDATION			93-1324016
CHILDREN FIRST FOR OREGON PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	5,000.
CHILDREN'S JUSTICE ALLIANCE PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	10,000.
COLUMBIA GORGE CASA HOOD RIVER, OR	NONE GENERAL OPERATIONS	509(A)	5,000.
COLUMBIA RIVERKEEPER HOOD RIVER, OR	NONE GENERAL OPERATIONS	509(A)	5,000.
COMMONWAY INSTITUTE PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	2,000.
COMMUNITY OUTREACH, INC. CORVALLIS, OR	NONE GENERAL OPERATIONS	509(A)	5,000.
COMMUNITY TRANSITIONAL SCHOOL PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	10,000.
CONCORDIA UNIVERSITY PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	5,000.
COOS-DOUGLAS NEIGHBOR TO NEIGHBOR NORTH BEND, OR	NONE GENERAL OPERATIONS	509(A)	4,000.
DESCHUTES RIVER CONSERVANCY BEND, OR	NONE GENERAL OPERATIONS	509(A)	10,000.

JUBITZ FAMILY FOUNDATION			93-1324016
EPIPHANY SCHOOL DORCHESTER, MA	NONE GENERAL OPERATIONS	509(A)	7,500.
FAMILY BUILDING BLOCKS SALEM, OR	NONE GENERAL OPERATIONS	509(A)	5,000.
FAMILY RELIEF NURSERY COTTAGE GROVE, OR	NONE GENERAL OPERATIONS	509(A)	5,000.
FRESHWATER TRUST PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	20,000.
FRIENDS OF THE COLUMBIA GORGE PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	15,000.
GIFFORD PINCHOT TASK FORCE PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	7,500.
ILLINOIS VALLEY S&W CONSERVATION DISTRICT CAVE JUNCTION, OR	NONE GENERAL OPERATIONS	509(A)	15,000.
IMPACT NW PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	10,000.
JOHNSON CREEK WATERSHED COUNCIL MILWAUKIE, OR	NONE GENERAL OPERATIONS	509(A)	10,000.
JULIETTE'S HOUSE MCMINNVILLE, OR	NONE GENERAL OPERATIONS	509(A)	5,000.

JUBITZ FAMILY FOUNDATION			93-1324016
KIDS INTERVENTION & DIAGNOSTIC SERVICE CT BEND, OR	NONE GENERAL OPERATIONS	509(A)	5,000.
KINSHIP HOUSE PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	5,000.
KLAMATH-SISKIYOU WILDLANDS CENTER ASHLAND, OR	NONE GENERAL OPERATIONS	509(A)	10,000.
LATINO NETWORK PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	5,000.
LUTHERAN COMMUNITY SERVICE NW BEAVERTON, OR	NONE GENERAL OPERATIONS	509(A)	5,000.
METROPOLITAN FAMILY SERVICES PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	10,000.
MORRISON CHILD & FAMILY SERVICES' PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	15,770.
NATIONAL FOREST FOUNDATION SEATTLE, WA	NONE GENERAL OPERATIONS	509(A)	5,000.
NATIVE FISH SOCIETY PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	10,000.
NEIGHBORHOOD HOUSE PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	10,000.

JUBITZ, FAMILY FOUNDATION			93-1324016
OPAL CREEK ANCIENT FOREST CENTER PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	12,000.
OPEN MEADOW ALTERNATIVE SCHOOL PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	7,500.
OREGON NATURAL DESERT ASSOCIATION BEND, OR	NONE GENERAL OPERATIONS	509(A)	10,000.
OREGON PEACE INSTITUTE PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	8,000.
OREGON SHORES CONSERVATION COALITION SEAL ROCK, OR	NONE GENERAL OPERATIONS	509(A)	5,000.
OREGON WILD PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	10,000.
PARENT ENHANCEMENT PROGRAM CORVALLIS, OR	NONE GENERAL OPERATIONS	509(A)	5,000.
PORTLAND CHILDREN'S MUSEUM PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	10,000.
PORTLAND SCHOOLS FOUNDATION PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	5,000.
RAPHAEL HOUSE PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	5,000.

JUBITZ FAMILY FOUNDATION			93-1324016
REED COLLEGE PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	10,000.
SIGHTLINE INSTITUTE SEATTLE, WA	NONE GENERAL OPERATIONS	509(A)	5,000.
SISTERS OF THE ROAD PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	3,000.
SMART PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	10,000.
SOCIAL VENTURE PARTNERS PORTLAND PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	5,000.
SOUTH COUNTY RESOURCE CENTER CANYONVILLE, OR	NONE GENERAL OPERATIONS	509(A)	5,000.
SPEARFISH FOUNDATION PUBLIC ED SPEARFISH, SD	NONE GENERAL OPERATIONS	509(A)	10,000.
STAND FOR CHILDREN LEADERSHIP CENTER PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	25,000.
SUSTAINABLE NORTHWEST PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	5,000.
THE CHILDREN'S INSTITUTE PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	10,000.

JUBITZ FAMILY FOUNDATION			93-1324016
THE WILD SALMON CENTER PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	12,500.
TROUT UNLIMITED PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	7,800.
UNITED WAY OF  COLUMBIA/WILLAMETTE  PORTLAND, OR	AL JUBITZ IS A BOARDMEMBER OF THE RECIPENT ORGANIZATION GENERAL OPERATIONS	509(A)	10,000.
URBAN GREENSPACES INSTITUTE PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	5,000.
VICTIM OFFENDER RECONCILIATION PROGRAM DALLAS, OR	NONE GENERAL OPERATIONS	509(A)	5,000.
WALAMA RESTORATION PROJECT EUGENE, OR	NONE GENERAL OPERATIONS	509(A)	4,800.
WATERWATCH OF OREGON PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	7,500.
WESTERN RIVERS CONSERVANCY PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	12,500.
WHOLISTIC PEACE INSTITUTE PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	6,000.
WILLAMETTE RIVERKEEPER PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	5,000.

JUBITZ FAMILY FOUNDATION			93-1324016
YAMHILL COUNTY CASA MCMINNVILLE, OR	NONE GENERAL OPERATIONS	509(A)	6,000.
JEFFERSON HIGH SCHOOL PORTLAND, OR	NONE GENERAL OPERATIONS	509(A)	5,000.
TOTAL TO FORM 990-PF, PART XV	, LINE 3A	_	542,170.

# Form 8868

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

	you are filing for an Automatic 3-Month Extension, complete only Part I and check this box you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).	<b>▶</b> [X
-	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously fi		
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed)		
A cor	rporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and corr	plete	
Part I	l only .		▶ □
	ther corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar Income tax returns	exten	sion of time
noted (not a you n	tronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronicautomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or compust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic fileting gov/efile and click on e-file for Charities & Nonprofits.	cally if nsolida	f(1) you want the addition ated Form 990-T Instead
Туре	or Name of Exempt Organization	Empl	loyer identification num
print	JUBITZ FAMILY FOUNDATION	۵	3-1324016
File by	the Number street and some or suite no. If a D.O. have one instructions		3-1324010
due da filing ye			
return Instruc	566		
	PORTLAND, OR 97209		
Chec	ck type of return to be filed(file a separate application for each return)		
		•••	
믬	Form 990		
H	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52  Form 990-EZ Form 990-T (trust other than above) Form 60		
₩	Form 990-PF  Form 1041-A Form 88		
	1011104174		
	RAYMOND G. JUBITZ  ne books are in the care of > 221 N.W. SECOND AVENUE, SUITE 210 - POR	TLA	ND, OR 97209
Te If t	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box $\blacktriangleright$ and attach a list with the names and EINs of all	<b>56</b> is is foi	
Te • If t • If t	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	56 s is foi memb	ers the extension will co
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Te If the lift to	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th  If it is for part of the group, check this box	s is for memb	The extension  Change in accounting pe
Tee Iff	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th  If it is for part of the group, check this box  and attach a list with the names and EINs of all  I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitation and the organization return for the organization named a second is for the organization's return for:  X calendar year 2009 or  tax year beginning, and ending  If this tax year is for less than 12 months, check reason Initial return Final return  If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	s is for memb	The extension
Te If 1 If 1 box   1	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th  If it is for part of the group, check this box	s is formemb	The extension  Change in accounting possible \$ 5,6
Te lift lift lift lift lift lift lift lift	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th  If it is for part of the group, check this box	s is formemb	The extension  Change in accounting pe
Te Iff Iff Iff Iff If If If If If If If If	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If the lift is for part of the group, check this box and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united AUGUST 16, 2010 , to file the exempt organization return for the organization named a second state of the organization's return for the organization return for the organization named as a calendar year 2009 or tax year beginning , and ending , and ending .  If this tax year is for less than 12 months, check reason Initial return Final return fit this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	s is formemb	The extension  Change in accounting possible \$ 5,6
Te lift lift lift lift lift lift lift lift	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th  If it is for part of the group, check this box	s is formemb	The extension  Change in accounting possible \$ 5,6

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