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### **Return of Private Foundation**

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

2009

OMB No 1545-0052

	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								
For	For calendar year 2009, or tax year beginning , and ending								
G	heck	all that apply Initial return Amended return		Initial return of a fo	•		Final return Name change		
Oth	the abel	Name of foundation se, VC FUND					A Employer Identification 94–3189006	number	
0	print r type	6149 SW SHATTUCK ROAL		o street address)		Room/suite	B Telephone number (503)244-1	133	
Inst	Sper ruction heck			rivate foundation			C If exemption application is per D 1. Foreign organizations, 2. Foreign organizations mee check here and attach cor	check here	
	ır ma	ction 4947(a)(1) nonexempt charitable trust	ting met		tion Accr	ual	E If private foundation state under section 507(b)(1)(	A), check here	
▶	\$	2,929,704. (Part I, coll	ther (sp umn (d)				F If the foundation is in a 6 under section 507(b)(1)(	B), check here	
P2	ert I	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	ех	i) Revenue and penses per books	(b) Net in		(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)	
	2	Contributions, gifts, grants, etc., received  Check  if the foundation is not required to attach Sch. B.  Interest on savings and temporary cash investments.	1	,088,331.			N/A	***************************************	
	4	Dividends and interest from securities		36,856. 55,247.		6,856. 5,247.	<u>.                                    </u>	STATEMENT 1 STATEMENT 2	
Revenue	b	· · · · · · · · · · · · · · · · · · ·		<64,551.				STATEMENT 3	
	b	Net gain or (loss) from sate of assets not on line 10 Gross sales price for all assets on line 6a  Capital gain net income (from Part IV, line 2)				0.			
æ	8 9	Net short-term capital gain		***************************************	***************************************				
	10a				~!~!···	***************************************	, , , , , , , , , , , , , , , , , , ,		
	11 12	- 101 <del>- 121</del>	1	1,825. ,117,708.	9	1,825. 3,928.		STATEMENT 4	
	13	Compensation of officers directors, trustees, etc		0.		0.		0.	
S	14 15	Other employee salaries and wages Pension plans, employee benefits Legal fees							
Expens	b	Accounting fees STMT 5 Other professional fees STMT 6		2,493. 4,648.		1,247. 4,648.		1,247. 0.	
trative	17 18	Interest Taxes STMT 7		4,784.		4,660.		124.	
SCANNEU AUG II & ZUIU SCANNEU AUGUSTION Expenses	19 20 21	Depreciation and depletion Occupancy Travel, conferences, and meetings		6,484.		6,484.			
iig angle	22 23	Printing and publications Other expenses STMT 8		7,883.		7,883.		0.	
الالم Operat	25	Total operating and administrative expenses. Add lines 13 through 23 Contributions, gifts, grants paid		26,292. 159,200.	2	4,922.		1,371. 159,200.	
	26	Total expenses and disbursements. Add lines 24 and 25		185,492.	2	4,922.		160,571.	
ZZX.	27 a	Subtract line 26 from line 12  Excess of revenue over expenses and disbursements		932,216.		9,006.		·······	
<u>ഴ</u>	C	Net investment income (if negative, enter -0-)  Adjusted net income (if negative, enter -0-)			O	<i></i>	N/A	······	

VC FUND Form 990-PF (2009)

94-3189006

Page 2

Par	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	<del></del>	
1 41	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value	
1	Cash - non-interest-bearing	26,263.	68,538.	68,538.	
2	Savings and temporary cash investments	35,102.	10,676.	10,676.	
3	Accounts receivable -				
	Less: allowance for doubtful accounts ▶				
4	Pledges receivable -				
	Less allowance for doubtful accounts				
5	Grants receivable		-		
6	Receivables due from officers, directors, trustees, and other			-	
	disqualified persons				
7	Other notes and loans receivable				
	Less. allowance for doubtful accounts ▶				
छ । छ	Inventories for sale or use				
Assets	Prepaid expenses and deferred charges			. <u> </u>	
۲   <sub>10</sub>	a Investments - U.S. and state government obligations				
	b Investments - corporate stock STMT 9	191,817.	898,714.	898,714.	
	c Investments - corporate bonds STMT 10	69,563.	76,016.	76,016.	
11	241 264				
- 1"	Less: accumulated depreciation STMT 11▶ 99,795.	247,953.	241,469.	903,020.	
12				200,0200	
13	2mvm 12	566,016.	972,740.	972,740.	
14		30070101	3,2,,100		
' '	Less accumulated depreciation				
				· · · · · · · · · · · · · · · · · · ·	
15	Other assets (describe				
١.,		1 126 714	2 260 152	2 929 704	
$\overline{}$	Total assets (to be completed by all filers)	1,136,714.	2,268,153.	2,929,704.	
17	• •	1,400.	1,400.		
18	• •				
<u>8</u> 19	Deferred revenue	· · ·			
Liabilities					
[편   21	. ,				
-  22	! Other liabilities (describe ►)				
		1 400	1 406		
23	Total liabilities (add lines 17 through 22)	1,406.	1,406.		
	Foundations that follow SFAS 117, check here				
G	and complete lines 24 through 26 and lines 30 and 31.				
S 24					
호 25	Temporarily restricted				
26					
Net Assets or Fund Balance	Foundations that do not follow SFAS 117, check here				
<u>ا</u> م	and complete lines 27 through 31.		_		
g 27	Capital stock, trust principal, or current funds	0.	0.		
9 28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.		
₹  29	Retained earnings, accumulated income, endowment, or other funds	1,135,308.	2,266,747.		
₹  30	Total net assets or fund balances	1,135,308.	2,266,747.		
31	Total liabilities and net assets/fund balances	1,136,714.	2,268,153.		
Day	Analysis of Changes in Net Assets or Fund B	alances			
rar	EBE Analysis of Changes in Net Assets of Fund B	alances			
<b>1</b> To	tal net assets or fund balances at beginning of year - Part II, column (a), line	30			
(m	ust agree with end-of-year figure reported on prior year's return)		1	1,135,308.	
	ter amount from Part I, line 27a	•	2	932,216.	
	ner increases not included in line 2 (itemize)  NET CHANGE	IN FAIR MARKET	VALUE 3	199,223.	
	d lines 1, 2, and 3		4	2,266,747.	
	creases not included in line 2 (itemize)		5_	0.	
	tal net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	2,266,747.	
				Form <b>990-PF</b> (2009)	

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(d)
Distribution ratio
(col (b) divided by col (c)) (a) Base period years Calendar year (or tax year beginning in) 1,991,808. 151,009. .075815 2008 1,996,631. 94,532 .047346 2007 .044599 1,905,878. 85,000. 2006 70,000. 1,743,520. .040149 2005

79,244.

1,418,767.

2

2 Total of line 1, column (d) Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years Enter the net value of noncharitable-use assets for 2009 from Part X, line 5

Multiply line 4 by line 3

2004

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

Add lines 5 and 6

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 See the Part VI instructions

.052753 3 1,998,785. 4 105,442. 5 690. 6 106,132. 7 160,571. 8

Form **990-PF** (2009)

.055854

.263763

		-3189			Page 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see i	instru	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)			_	
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔀 and enter 1%			6	90.
	of Part I, line 27b				
	: 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-)				0.
	Add lines 1 and 2				90.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		-		90.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0	90.
	Credits/Payments 2009 estimated tax payments and 2008 overpayment credited to 2009 6a 1,832.				
	b Exempt foreign organizations - tax withheld at source  Tax paid with application for extension of time to file (Form 8868)  6c				
	, , , , , , , , , , , , , , , , , , ,				
		1		1.8	32.
	Total credits and payments Add lines 6a through 6d  Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.	+		<u> </u>	<del>52.</del>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
	. T	<del></del>		1.1	42.
	Enter the amount of line 10 to be: Credited to 2010 estimated tax   1, 142 • Refunded  11	<del></del>		_,_	0.
	art VII-A Statements Regarding Activities		_		
	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		T	Yes	No
	any political campaign?		1a		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b		X
_	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				
	distributed by the foundation in connection with the activities.				
C	Did the foundation file Form 1120-POL for this year?		10		X
	1 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		X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	37 / B	4a	<b>.</b>	X
	·	N/A	4b		<u>.</u>
5			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		6	Х	i
-	remain in the governing instrument?		7	X	<del> </del>
′	Did the foundation have at least \$5,000 in assets at any time during the year?  If "You " complete Port II and (c), and Port YV		<b>-</b>		
0.	If "Yes," complete Part II, col. (c), and Part XV.				
04	a 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 calendar				
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV	m 10	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STM		10	X	(0000)
		Foi	rm <b>990</b>	-PF (	(2009)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

orm 990-PF (2009) VC FUND			94-31890	06	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)		
5a Quring the year did the foundation pay or incur any amount to			,,,,		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955), or	r to carry on, directly or indire				
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	,	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	i described in section	_			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
the prevention of cruelty to children or animals?		Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described	in Regulations	4-		
section 53 4945 or in a current notice regarding disaster assistance (see instruc			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check he			▶□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					
expenditure responsibility for the grant?	N	I/A Ye	s Mo		
If "Yes," attach the statement required by Regulations section 53.4945	i-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	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 pe	ersonal benefit contract?		<u></u>	6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax si		Ye	s X No		
b If yes, did the foundation receive any proceeds or have any net income attributa				7b	
Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors		inagers, Highly	<i>'</i>	_	
List all officers, directors, trustees, foundation managers and their	·	1	7-0-		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) E	Expense unt, other
(a) Name and address	to position	`enter -0-) '	compensation	allo	wances
			•		•
SEE STATEMENT 14		0.	0.	<del>                                     </del>	0.
				├──	
				1	
				<b>├</b>	
				ŀ	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1\ If none	enter "NONE "	<u> </u>	Ь	
Compensation of five highest-paid employees tother than those me	(b) Title, and average	enter HOHE.	(d) Contributions to	(e) !	Expense
(a) Name and address of each employee paid more than \$50,000	hours der week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	accou	unt, other wances
NONE	devoted to position	<del> </del>	compensation	allo	walices_
NONE					
				1	
		<del> </del>			
		<del> </del>			
	<del></del>	· <del></del>			
Total number of other employees hald over \$50 000		I	<b>•</b>	<del>1</del>	0

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Amount

N/A

All other program-related investments See instructions

3

Form 990-PF (2009)

0.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must 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		<del></del>
-	Average monthly fair market value of securities .	1a	1,049,792.
	Average of monthly cash balances	1b	76,411.
	Fair market value of all other assets	1c	76,411. 903,020.
d	Total (add lines 1a, b, and c)	1d	2,029,223.
_	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	2,029,223.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	30,438.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,998,785.
6	Minimum investment return. Enter 5% of line 5	6	99,939.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part )	d certain	
1	Minimum investment return from Part X, line 6	1	99,939.
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	20	690.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	99,249.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	99,249.
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	99,249.
P	art XII Qualifying Distributions (see instructions)	·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		160 571
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	160,571.
þ	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		
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	160 571
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	160,571.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		<b></b>
	income Enter 1% of Part I, line 27b	5	690.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	159,881.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies 1	for the 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,				
line 7				99,249.
2 Undistributed Income, if any, as of the end of 2009				
a Enter amount for 2008 only			41,641.	
b Total for prior years				
		0.		······································
3 Excess distributions carryover, if any, to 2009				
a From 2004				
<b>b</b> From 2005				
c From 2006				
d From 2007				
e From 2008	0.			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 160,571.	***			
a Applied to 2008, but not more than line 2a			41,641.	
b Applied to undistributed income of prior	***************************************			***************************************
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		1111		
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				99,249.
e Remaining amount distributed out of corpus	19,681.			······································
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a) )  6 Enter the net total of each column as				
indicated below:	19,681.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	19,001.			
b Prior years' undistributed income Subtract		0.		
line 4b from line 2b				
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			1.1. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	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	0.			
9 Excess distributions carryover to 2010.	10 601			
Subtract lines 7 and 8 from line 6a	19,681.			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008  e Excess from 2009  19,681.				
D FACEC ITUM SHIP I		į.	1	

Part XIV Private Operating F		structions and Part VI	I.A guestion (I)	N/A	109000 Page 1
1 a If the foundation has received a ruling of			1-A, question 9)	N/A	<del> </del>
foundation, and the ruling is effective fo		<del>*</del>	in eastern	4942(j)(3) or	4040(1)(5)
b Check box to indicate whether the found	Tax year	y ivanuation described	Prior 3 years	14942([)(3) 01	4942(j)(5)
2 a Enter the lesser of the adjusted net	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
income from Part I or the minimum	(4) 2003	(1) 2000	(6) 2007	(4) 2000	(6) 10(4)
investment return from Part X for					
each year listed			<del> </del>	<del> </del>	
<b>b</b> 85% of line 2a			<u> </u>		
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not		II.			
used directly for active conduct of		·			
exempt activities				<del></del>	
<ul> <li>Qualifying distributions made directly</li> </ul>					
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		<del>-</del> -	<del> </del>		
(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	rmation (Comple	te this part only	if the foundation	n had \$5,000 or	more in assets
at any time during t	the year-see the i	nstructions.)			
1 Information Regarding Foundation	on Managers:			-	
a List any managers of the foundation wh	no have contributed more	than 2% of the total con	tributions received by the	e foundation before the	close of any tax
year (but only if they have contributed r	nore than \$5,000) (See se	ection 507(d)(2) )			
SEE_STATEMENT 15					
b List any managers of the foundation wh			(or an equally large port	ion of the ownership of	a partnership or
other entity) of which the foundation ha	s a 10% or greater interes	st			
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
Check here 🟲 🔙 if the foundation of	•	•	•	· ·	
the foundation makes gifts, grants, etc	(see instructions) to indiv	iduals or organizations i	under other conditions, c	complete items 2a, b, c,	and d
a The name, address, and telephone num			addressed <sup>.</sup>		
CARL H. CADONAU	(503)244-1	133			
			···		
b The form in which applications should I					
WRITTEN GRANT APPLIC	ATION AND S	UPPLEMENTAL	INFORMATION	ON AS DEEME	D NECESSARY
c Any submission deadlines.					
APPLICATIONS ARE ACC	EPTED AT AN	Y TIME.			
d Any restrictions or limitations on award		ıl areas, charitable fields	, kınds of ınstitutions, or	other factors	
MUST BE A PUBLIC CHA	RITY.				
923601 02-02-10					Form <b>990-PF</b> (2009)

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to **Amount** status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year 50,000. PORTLAND RESCUE MISSION NONE 509(A)(1) PROVIDE SUPPORT FOR 1507 NE 122ND AVE PUBLIC INDIGENTS CHARITY PORTLAND, OR 97230 50,000. NONE CHURCH PORTLAND FOURSQUARE PROVIDE SUPPORT FOR CHURCH 170(B)(1) RELIGIOUS PROGRAMS (A)(I) 1302 SE ANKENY ST PORTLAND, OR 97214 19,200. NONE 509(A)(1) BRIDGETOWN MINISTRIES PROVIDE SUPPORT FOR 21065 SW STAFFORD RD PUBLIC RELIGIOUS PROGRAMS CHARITY TUALATIN, OR 97062 20,000. NONE CHURCH YOUNG LIFE PROVIDE SUPPORT FOR 170(B)(1) RELIGIOUS PROGRAMS PO BOX 520 **COLORADO** SPRINGS, CO 80901 (A)(I) 20,000. COMPASSION MINISTRIES NONE 509(A)(1) PROVIDE SUPPORT FOR PO BOX 91516 PUBLIC RELIGIOUS PROGRAMS PORTLAND, CHARITY OR 97291 159,200. ➤ 3a Total b Approved for future payment NONE Total

Part XVI-A	Analy	sis of	Income-	Producing	Activities
* *** * ** * X ** X ** * X ** * X **	~	, 5.5 5.	111001110	oudoni	3 77011111100

inter gross amounts unless otherwise indicated	Unrelated business income Ex			y section 512, 513, or 514	(e)
•	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue.	code	Amount	sion code	Amount	function income
a					
b					
C					
d					
e					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	36,856.	.,
5 Net rental income or (loss) from real estate.		**************************************			
a Debt-financed property					
b Not debt-financed property			16	36,583.	
6 Net rental income or (loss) from personal					
property			<u> </u>		
7 Other investment income		_			
8 Gain or (loss) from sales of assets other					
than inventory			18	<64,551.>	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue			1		
a OTHER INCOME			<u> </u>		1,825
b					
C			1		
d	.		<del>                                     </del>		
e				0.000	1 005
2 Subtotal Add columns (b), (d), and (e)		0	•	8,888.	1,825 10,713
3 Total. Add line 12, columns (b), (d), and (e)				13	10,713.
See worksheet in line 13 instructions to verify calculations )			· · · -		
Part XVI-B Relationship of Activities	to the Accom	plishment of E	xempt P	urposes	
Line No. Explain below how each activity for which income the foundation's exempt purposes (other than			A contributed	importantly to the accomp	lishment of

Line No.			ome is reported in column (e) o		tantily to the accomplishin	ient or
lacktriangledown	the foundation's exempt p	ourposes (other tha	n by providing funds for such p	urposes)		
11A	MISCELLANEOUS	RELATED	INCOME			
						•
			······································			
			· · · · · · · · · · · · · · · · · · ·			•
					<u>-</u>	
						<u> </u>
					<del> </del>	·
923621 02-02-10					Fo	rm <b>990-PF</b> (2009)

		PF (2009) VC FU	IND		94-31	<u>89006</u>	Pa	ge 13
P	art XI	Information Re Exempt Organ		and Transactions ar	nd Relationships With Nonch	naritable	•	
1	Did th		rectly engage in any of the follow	ing with any other organization	described in section 501(c) of		Yes	No
Ċ			c)(3) organizations) or in section 5		• •	ļ		
		•	lation to a noncharitable exempt of	• •				ĺ
١	(1) (	· · · · · ·	idion to a nononantable exempt e	ngumzation of		1a(1)		Х
		Other assets						X
		transactions				1a(2)		
١			able exempt ergenization			15/41		х
		Sales of assets to a noncharita	. •			15(1)		X
			oncharitable exempt organization			1b(2)		X
	1-7	Rental of facilities, equipment,	•			1b(3)		X
		Reimbursement arrangements	•			1b(4)		X
		oans or loan guarantees		1000		1b(5)		X
			embership or fundraising solicitat			1b(6) 1c		X
		• • • •	ailing lists, other assets, or paid ei	• •	and the second s		oto.	
(		*			ays show the fair market value of the good		eis,	
					in any transaction or sharing arrangemen	t, Show in		
<del>/</del> =\		(b) Amount involved	other assets, or services received (c) Name of noncharitati		(4) 0			
(4)	Line no	(b) Amount involved	N/A	ne exempt organization	(II) Description of transfers, transactions, a	ing snaring an	rangeme	intes
			N/A					
_				<del></del>				
_					· · · · · · · · · · · · · · · · · · ·			
					-			
_								
			<u>.                                    </u>					
2:	a Is the	foundation directly or indirec	ctly affiliated with, or related to, or	ie or more tax-exempt organiza	ations described			
	ın sec	ction 501(c) of the Code (othe	er than section 501(c)(3)) or in se	ction 527?		Yes	X	No
ı	f "Ye	s," complete the following sch	nedule					
		(a) Name of or	ganization	(b) Type of organization	(c) Description of relation	nship		
		N/A						
					nts, and to the best of my knowledge and belief, i	t is true, corre	ct,	
	and cor	nplete Declaration of preparer (oth	er than taxpayer or fiduciary) is based of	n all information of which preparer h	as any knowledge			
		Carl Casto	mu i	18/10/10	TRUSTES			
919	SI	gnature of officer or trustee	5/1/2	Date	Title	-		
Į		Preparer's	1 14 1	Da		parer's identif	ying nun	nber
Sign Here	_ 'z' >	signature	/ Kint	\( \mathred{\gamma}	9/10   self- employed ► □			
G)	e sid	Firm's name (or yours MOSS	ADAMS LLP		EIN >		· -	
	Paid Preparer's Use Only	if self-employed), 805		1200	Ent F		_	
	رة	address, and ZIP code PORT	LAND, OREGON 9		Phone no (50	3)242	_14	47
					1 10 10 1			

### 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

2009

Name of the organization	Employer identification number			
VC	94-3189006			
Organization type (check o	one):			
Filers of:	Section:			
Form 990 or 990-EZ	501(c)( ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> 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			
• •	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special l	Rule. See instructions.		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in elete Parts I and II.	money or property) from any one		
Special Rules				
509(a)(1) and 170(	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the r (b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of th (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.			
aggregate contrib	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one conutions of more than \$1,000 for use exclusively for religious, charitable, scientific, literar cruelty to children or animals. Complete Parts I, II, and III.			
contributions for u If this box is check purpose. Do not c	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one consecutively for religious, charitable, etc., purposes, but these contributions did not ked, enter here the total contributions that were received during the year for an exclusion omplete any of the parts unless the <b>General Rule</b> applies to this organization because le, etc., contributions of \$5,000 or more during the year.	aggregate to more than \$1,000. vely religious, charitable, etc.,		
but it must answer "No" on	hat is not covered by the General Rule and/or the Special Rules does not file Schedul n Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on lin ing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•		
LHA For Privacy Act and	Paperwork Reduction Act Notice, see the Instructions Schedule	B (Form 990, 990-EZ, or 990-PF) (2009)		

923451 02-01-10

for Form 990, 990-EZ, or 990-PF.

	A CONTRACTOR OF THE CONTRACTOR		
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	VC TRUST IRA, BENE OF VIRGINIA CADONAU 6149 SW SHATTUCK RD PORTLAND, OR 97221	\$1,088,331.	Person X Payroll
(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 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
	Trumo, address, una sin + 4	\$	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.)

923452 02-01-10

# 2009 DEPRECIATION AND AMORTIZATION REPORT 2 COMMERCIAL REAL ESTATE PROPERTIES

RENT

Current Year <sup>7</sup> Deduction		1,203.	2,218.	3,063.	6,484.		0	0	0	6,484.				•		
Current Sec 179					0				0	¢		<del></del>	- <del>                                    </del>			
Accumulated Depreciation		18,045.	32,900.	42,372.	93,317.		***		0	93,317.				•		
Basis For Depreciation	1	46,900.	86,500.	119,464	252,864.	•	24,300.	64,100.	88,400.	341,264.						
Reduction In Basis	<del> </del>		***	***********	0	***************************************	- 424	*********	0	0	<del>1*3*1</del>			•		
Bus % Excl					1.		***		**	·······	<del> </del>				 	=
Unadjusted Cost Or Basis		46,900.	86,500.	119,464.	252,864.	,	24,300.	64,100.	88,400.	341,264.		,		***************************************		
Line		9	16	36												
Lrfe	:	39.0016	39.001	39.001	•								1 111			
Method		SI	SL	SI	•		ت	J								
Date Acquired		01019481	010194SL	01019581			010194L	010194L							 	
Description	BUILDINGS	14707 N. LOMBARD ST	25412 SE WOODSTOCK	35412 SE WOODSTOCK	TOTAL BUILDINGS	LAND	44707 N. LOMBARD ST	55412 SE WOODSTOCK	* 990-PF KENTAL TOTAL LAND	990-PF RENTAL DEPR						
Asset No		<del>                                      </del>	- 7	<i>?</i> ?≱			4	មា								

(D) - Asset disposed

928102 06-24-09

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

FORM 990-PF	DIVIDENDS	AND	INTEREST	FROM	SECURITIES	STATEMENT	1
SOURCE			GROSS AMO	UNT	CAPITAL GAINS DIVIDENDS	COLUMN (A AMOUNT	)
SCHWAB ACCOUNT #4865		•		204.	0.	7,2	
SCHWAB ACCOUNT #7443 SCHWAB ACCOUNT #7762				820. 218.	439.	24,3 4,2	
SCHWAB ACCOUNT #9423				054.	ō.	1,0	
TOTAL TO FM 990-PF,	PART I, LN	4	37	296.	440.	36,8	56.
FORM 990-PF		REN'	FAL INCOM	<u> </u>		STATEMENT	2
KIND AND LOCATION OF	F PROPERTY				ACTIVITY NUMBER	GROSS RENTAL INC	OME
2 COMMERCIAL REAL ES	STATE PROPER	RTIE	S		1	55,2	47.
TOTAL TO FORM 990-PH	F, PART I, I	LINE	5A			55,2	47.
FORM 990-PF	F	RENT	AL EXPENS	ES		STATEMENT	3
DESCRIPTION			ACTI NUM		AMOUNT	TOTAL	
DEPRECIATION PROPERTY TAX EXPENSE BUILDING REPAIRS INSURANCE EXPENSE UTILITY EXPENSE	Ξ				6,484. 4,297. 5,025. 1,063. 1,795.		
	- SUE	зтот	AL -	1	·	18,6	64.
TOTAL RENTAL EXPENSE	ES					18,6	64.
NET RENTAL INCOME TO	O FORM 990-I	PF, I	PART I, L	INE 51	В	36,5	83.

FORM 990-PF	OTHER I	NCOME		STATEMENT 4
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME	_	1,825.		· · · · · · · · · · · · · · · · · · ·
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	1,825.		
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MOSS ADAMS LLP	2,493.	1,247	•	1,247.
TO FORM 990-PF, PG 1, LN 16B	2,493.	1,247	•	1,247.
FORM 990-PF C	THER PROFES	SIONAL FEES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CHARLES SCHWAB	4,648.	4,648	•	0.
TO FORM 990-PF, PG 1, LN 16C	4,648.	4,648	•	0.
FORM 990-PF	TAX	ES		STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
STATE TAXES FOREIGN TAXES PAID PROPERTY TAX EXPENSE	124. 363. 4,297.	363	•	124. 0. 0.
TO FORM 990-PF, PG 1, LN 18	4,784.	4,660	•	124.

FORM 990-PF	OTHER E	XPENSES		STATEMENT	8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO			
BUILDING REPAIRS INSURANCE EXPENSE UTILITY EXPENSE	5,025. 1,063. 1,795.	1,0	25. 63. 95.		0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	7,883.	7,8	83.		0.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	9
DESCRIPTION			BOOK VALUE	FAIR MARKE VALUE	Т
CHARLES SCHWAB CORPORATE STOC	CK	_	898,714.	898,7	14.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B	· =	898,714.	898,7	14.
FORM 990-PF	CORPORAT	E BONDS		STATEMENT	10
DESCRIPTION			BOOK VALUE	FAIR MARKE VALUE	T
CHARLES SCHWAB CORPORATE BONI	os	_	76,016.	76,0	16.
TOTAL TO FORM 990-PF, PART II	I, LINE 10C	=	76,016.	76,0	16.
FORM 990-PF DEPRECIATION O	OF ASSETS HE	LD FOR INV	VESTMENT	STATEMENT	11
DESCRIPTION		ST OR R BASIS	ACCUMULATED DEPRECIATION	BOOK VAL	UE
BUILDINGS AND IMPROVEMENTS LAND		252,864. 88,400.	99,795.		
TOTAL TO FM 990-PF, PART II,	LN 11	341,264.	99,795.	241,4	69.

FORM 990-PF	OTHER 1	INVESTMENTS		STATEMENT	12
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKE VALUE	T
CHARLES SCHWAB OTHER ASSETS CHARLES SCHWAB MUTUAL FUNDS		FMV FMV	589,992. 382,748.	589,9 382,7	
TOTAL TO FORM 990-PF, PART	II, LINE 13	3	972,740.	972,7	40.
FORM 990-PF LIST		FIAL CONTRIE A, LINE 10	UTORS	STATEMENT	13
NAME OF CONTRIBUTOR	AI	DDRESS			
VC TRUST IRA, BENEFICIARY OF VIRGINIA CADONAU	· 6:	149 SW SHATT	UCK RD		

PORTLAND, OR 97221

FORM 990-PF

STATEMENT

			EXPENSE
TRUSTEE 0.50	0.	0.	0
TRUSTEE 0.50	0.	0.	0
TRUSTEE 0.50	0.	0.	0
TRUSTEE 0.50	0.	0.	0
TRUSTEE 0.50	0.	0.	0
E 6, PART VIII	0.	0.	0
	TRUSTEE  0.50  TRUSTEE  0.50  TRUSTEE  0.50  TRUSTEE  0.50  TRUSTEE  TRUSTEE	TRUSTEE 0.50 0.  TRUSTEE 0.50 0.  TRUSTEE 0.50 0.  TRUSTEE 0.50 0.	TITLE AND COMPEN- BEN PLAN AVRG HRS/WK SATION CONTRIB  TRUSTEE 0.50 0. 0. 0.  TRUSTEE 0.50 0. 0.  TRUSTEE 0.50 0. 0.  TRUSTEE 0.50 0. 0.  TRUSTEE 0.50 0. 0.

PART VIII - LIST OF OFFICERS, DIRECTORS

NAME OF MANAGER

VIRGINIA MAE CADONAU CARL H. CADONAU, JR.

# Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

•			
) If ve	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box		► X
-	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this		
)o no	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously fil	ed For	m 8868.
Pari	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A corr	poration required to file Form 990·T and requesting an automatic 6-month extension - check this box and com	plete	
Part I	·		▶ □
W oth	ner corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	exten	sion of time
	income tax returns.		
noted not au ou m	ronic 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 electronic utomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file irs.gov/efile and click on e-file for Chanties & Nonprofits.	cally if	(1) you want the additional ted Form 990-T. Instead,
Гуре		Empl	oyer identification number
orint	VC FUND	O	4-3189006
∃le by t	the Number of the Alexander of the Alexa	3	I-2103000
lue date iling you eturn S	te for Number, street, and room or suite no. If a P.O. box, see instructions.		
nstructi			
Checl	k type of return to be filed (file a separate application for each return):		
	Form 990 Form 990-T (corporation) Form 47	20	
=	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	27	
=	Form 990-EZ Form 990-T (trust other than above) Form 60	69	
=	Form 990-PF		
			······································
	JOHN PEDERSEN	_	
	e books are in the care of 6149 SW SHATTUCK RD - PORTLAND, OR 9722	1	
Tel	lephone No. ► (503) 244-1133 FAX No. ►		
Tel If ti	he organization does not have an office or place of business in the United States, check this box		<b>▶</b> □
Tel Iftl Iftl	he organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If thi		
Tel Iftl Iftl	he organization does not have an office or place of business in the United States, check this box		
Tel Ifti Ifti oox	he organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If thi	memb II	ers the extension will cover.
Tel If ti If ti oox  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 this is for part of the group, check this box	memb II	ers the extension will cover.
Tel If ti If ti oox  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 this is for part of the group, check this box	memb II	ers the extension will cover.
Tel If ti If ti oox  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 this is for part of the group, check this box	memb II	ers the extension will cover.
Tel If ti If ti Doox	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 this is for part of the group, check this box	memb	ers the extension will cover.
Tel If ti If ti Doox  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 this 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 unt AUGUST 15, 2010 , to file the exempt organization return for the organization named a 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	memb	The extension will cover.  The extension  Change in accounting period
Tel If the If th	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 this is for part of the group, check this box . 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 unt AUGUST 15, 2010 , to file the exempt organization return for the organization named a is for the organization's return for:  X calendar year 2009 or tax year beginning , and ending . Initial return Final return 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.	memb	ers the extension will cover.  The extension
Tel If ti If ti If ti If ti	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 this 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 unto AUGUST 15, 2010 , to file the exempt organization return for the organization named a is for the organization's return for:  X calendar year 2009 or and ending , and ending Initial return Final 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.  If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	memb	ers the extension will cover.  The extension  Change in accounting period  \$
Tel If ti If ti If ti If ti	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 this 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 unt AUGUST 15, 2010, to file the exempt organization return for the organization named a 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.  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.	memb	ers the extension will cover.  The extension  Change in accounting period  \$
Tel If ti If ti If ti If ti	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 this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box	memb	The extension will cover.  The extension  Change in accounting period
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Form 8868 (Rev 4-2009)