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Form	99	U-	PF

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

OMB No 1545-0052

		evenue Se		Note: The foundati	on may	be able to use a copy of	this return to	satisfy state	reporting requirements	<u> </u>
F	or ca	lendar	year 2009	, or tax year begi	nning		, 2009	, and end	ing	, 20
G	Che	ck all t	that apply	Initial retur	n	Initial return	of a former p	oublic cha	rity	Final return
				Amended	return	Addres	ss change		Name change	
			Name of fo	oundation					A Employer identific	ation number
ι	Jse th	ne IRS								
	lab	el.	STEPHE	N & JEAN ROT	H CHA	ARITABLE FOUNDA	TION		95~	4479497
•		wise,	Number ar	nd street (or P O box	number	f mail is not delivered to street	address)	Room/su	IITE B Telephone number (see	page 10 of the instructions)
	•	int	į							
	or t	ype. pecific	13363	SW IRON MOUN	TAIN	BLVD.			(50	3) 953-3780
		ctions.	City or tow	n, state, and ZIP coo	ie				C If exemption applicar pending, check here	tion is
•		+400.	1						D 1. Foreign organizati	▶ 1 1
			PORTLA	ND, OR 97219					2. Foreign organizat	
Н	Che	ck typ	e of organiz	zation X Section	on 501((c)(3) exempt private f	oundation		85% test, check h computation •	
ſ	_	• •	_	onexempt charitable				tion	E If private foundation	
ī						unting method X C	ash Acc	crual	under section 507(b)	
	of ye	ear (fro	om Part II, c	ol (c), line		ther (specify)			F If the foundation is	
		▶ \$		82,114.	(Part I,	column (d) must be on	cash basis)		l l	(1)(B), check here
E	art l			enue and Expens		(a) Revenue and	(b) Not	notmont.	(a) Advisted set	(d) Disbursements
_				columns (b), (c), and iv equal the amounts		expenses per	(b) Net inve	1	(c) Adjusted net income	for charitable purposes
_				nge 11 of the instruct		books				(cash basis only)
	1	Contribu	ition <u>s, gift</u> s, grant	s, etc , received (attach sch	nedule) .	53,676.				
	2	Check		e foundation is not requ th Sch. B						
	3	Interest		nd temporary cash inves						
	4	Divide	nds and inte	rest from securities		6.				ATCH 1
	5 a	Gross	rents							
	b	Net ren	tal income or (loss)						
e l	6 a	Net gai	n or (loss) froi	n sale of assets not on l	ine 10					
enı	þ		sales price for a on line 6a	<u></u>						
Revenue	7	Capita	I gain net in	come (from Part IV, I	ine 2) .					
ш.	8		•	oital gain						
	9		e modificationales les les return	ons · · · · · · ·				\Box	1/1/01-12	
	10 a		owances						MEURINED	
			ost of goods so	•				8		78
				s) (attach schedule)				<u> </u>	NOV 2 2 2010	131
	11			ch schedule)		53,682.		 W 	# S 2010	181
_				through 11		0.			OGDEN UT	
				cers, directors, trustees,					OGDEN, UT	
Se	14			alaries and wages .						
Su:	15		•	ployee benefits						
Operating and Administrative Expenses	16a b	Legal Accou	ntina fees /s	schedule) attach schedule) ^{ATC}	 н 2	8,100.		0.	0.	0
e E				fees (attach schedul		· · · · · · · · · · · · · · · · · · ·				
Ę	17		•							
str	18			e) (see page 14 of the insi						
Ē	19	•		ch schedule) and de	-					
퉏	20	•	•							
∢ ₽	21			s, and meetings						
ğ	22			cations						
ug	23		•	ttach schedule)						
rati	24		-	nd administrative ex						
þe				gh 23		8,100.		0.	0.	0
0	25			s, grants paid		28,468				28,468
_	26		_	ursements. Add lines 2		36,568		0.	0.	28,468
_	27	Subtra	act line 26 fr	om line 12		_				
	а	Excess	of revenue over	expenses and disburseme	ents	17,114.				
	ь	Net in	vestment in	come (if negative, er	nter -0-)			-0-		
	l _	A -11		(if posstup onto	- 0 \	1	I		-0-	1

95-4479497

P	art II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
			amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ing	44.	44.	44.
	2	Savings and temporary	cash investments	60,763.	82,070.	82,070.
	3	Accounts receivable ▶				
		Less allowance for dou	btful accounts			
- 1	4					
-			btful accounts			
-]	5					
- 1	6		fficers, directors, trustees, and other			
	•		ach schedule) (see page 16 of the instructions)			
	7	, ,	receivable (attach schedule)			
	•		btful accounts			
sets	8		·e			
SS	9		eferred charges			
As			e government obligations (attach schedule)		· · · · · · · · · · · · · · · · · · ·	
			stock (attach schedule)			
	11 C	Investments - corporate Investments - land, buildings	bonds (attach schedule)			
		and equipment, basis Less accumulated deprecia	ation			
	12		loans			
	13		ach schedule)			
	14	Land, buildings, and				
		equipment basis Less accumulated deprecia	ation			
		(attach schedule)	ntion			· · · · · · · · · · · · · · · · · · ·
	15	Other assets (describe	- '			
	16	•	pleted by all filers - see the	60,807.	82,114.	82,114
\dashv			age 1, item l)	60,807.	02,114.	02,114
	17		occrued expenses		· · · · · · · · · · · · · · · · · · ·	
	18					
es	19	Deferred revenue		2.2.2.1		
Liabilities	20		ors, trustees, and other disqualified persons .	36,914.	41,107.	
흺	21		otes payable (attach schedule) L			
ᅦ	22	Other liabilities (describe	: ▶)			
\Box	23	Total liabilities (add line	es 17 through 22)	36,914.	41,107.	
			low SFAS 117, check here ▶			
			24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted				
aŭ	25	Temporarily restricted				
핆	26	Permanently restricted				
핓		Foundations that do	not follow SFAS 117, plete lines 27 through 31. ▶ X cipal, or current funds			
<u>.</u>		check here and com	plete lines 27 through 31.			
딍	27	Capital stock trust princ	cipal, or current funds			
ts (28	Paid-in or cantal cumbic of	r land, bldg , and equipment fund			
Net Assets	29		ulated income, endowment, or other funds	23,893.	41,007.	
As	30	•	d balances (see page 17 of the	,	,,-	
필	30			23,893.	41,007.	
	24	Total liabilities and and	assets/fund balances (see page 17	23,033.	41,007.	
	31		` ' *	60,807.	82,114.	
	. 4 1				02,114.	
			anges in Net Assets or Fund B			
1			alances at beginning of year - Part II,			03.000
			d on prior year's return)			23,893
2	Ente	r amount from Part I,	line 27a		2	17,114
3	Othe	er increases not includ	ed in line 2 (itemize) ▶		3	
4	Add	lines 1, 2, and 3				41,007
5	Decr	reases not included in	line 2 (itemize) ▶		5	
6	Tota	I net assets or fund ba	alances at end of year (line 4 minus lii	ne 5) - Part II, column (b).	, line 30 6	41,007.
_						

Part IV Capital Gains	and Losses for Tax on Inv	estment Income			
	d describe the kind(s) of property sold (rick warehouse, or common stock, 200	=	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo , day, yr)
`1a					
<u>b</u>			ļ		
<u>c</u>			-		<u> </u>
_d	·			<u></u>	
<u>e</u>	(D. Danas dation allowed	(g) Cost or other basis		(h) Cora es (le	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
_a					
<u>b</u>					
C					······
<u>d</u>			 		
Complete only for assets s	howing gain in column (h) and owi	ned by the foundation on 12/31/69		Coine (Col. (b) a	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col. (j), if any		Gains (Col (h) g (k), but not less t Losses (from co	than -0-) or
<u>a</u> b		-			
C					
d			i		
е					
2 Capital gain net income or	(net capital loss) {	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		
3 Net short-term capital gain	، ن من or (loss) as defined in sections 12	,		-	
	line 8, column (c) (see pages 13				
If (loss), enter -0- in Part I,	line 8	<u> </u>	3		
Part V Qualification Ur	nder Section 4940(e) for Red	uced Tax on Net Investment Inc	ome		
		outable amount of any year in the back Do not complete this part	ase period	^{ქ?}	Yes X No
		, see page 18 of the instructions be	efore mak	ing any entries	
(a) Base penod years	(b)	(c)		(d) Distribution re	etio
Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		(col (b) divided by	col (c))
2008	12,600.	0.			0.000000
2007	11,630.	0.	ļ		0.000000
2006	88,115.	0.			0.000000
2005	67,471. 88,623.	194,007.			0.000000
2004	00,023.	194,007.			0.436603
2 Total of line 1 column (d)			2		0.456803
3 Average distribution ratio	for the 5-year base period - divide	e the total on line 2 by 5, or by the	- -	-	
•	•	s than 5 years	3		0.091361
4 Enter the net value of nor	charitable-use assets for 2009 fro	om Part X, line 5	4		0.
5 Multiply line 4 by line 3	5		0.		
6 Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		0.
8 Enter qualifying distribution If line 8 is equal to or graph Part VI instructions on page	eater than line 7, check the box	in Part VI, line 1b, and complete t	8 hat part	using a 1% ta:	28,468. x rate See the

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	ie ins	tructio	ons)
1 a	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 ruling letter if necessary - see instructions)			
b	Domestic_foundations that meet the section 4940(e) requirements in Part V, check			0.
	here X and enter 1% 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)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			0.
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a			
b	Exempt foreign organizations-tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
d	Backup withholding erroneously withheld			^
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No X
	participate or intervene in any political campaign?	1a		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19		1	Х
	of the instructions for definition)?	1 b		
	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	1c		х
c	Did the foundation file Form 1120-POL for this year?	16		
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation (2) On foundation managers \$\Bigsim \frac{1}{2} = \frac{1}{			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
е		.		
•	on foundation managers \$ Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
2	If "Yes," attach a detailed description of the activities		_	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	i		
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4.5	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
4a b		4 b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
•	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	.		
٠	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) ► OR,			
b			х	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b		-
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 on page			x
	27)? If "Yes," complete Part XIV	9_		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		х

If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here,

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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

b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

Form 990-PF (2009)

Х

Х

2b

3 b

4a

4h

X No

3a Did the foundation hold more than a 2% direct or indirect interest in any business

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Part VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)		
 5a During the year did the foundation pay or incur any amout (1) Carry on propaganda, or otherwise attempt to influer (2) Influence the outcome of any specific public election directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or otherwise. 	nce legislation (section (see section 4955), (or to carry on,	1 1 1 1 1 1 1 1	,	
 (4) Provide a grant to an organization other than a charistection 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charital purposes, or for the prevention of cruelty to children or 	(see page 22 of the in: ble, scientific, literary,	structions) , or educational	Yes X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the trans Regulations section 53 4945 or in a current notice regard Organizations relying on a current notice regarding disast	ling disaster assistant	ce (see page 22 of the	instructions)?	<u>5b</u>	X
c If the answer is "Yes" to question 5a(4), does the foundation because it maintained expenditure responsibility for the gill "Yes," attach the statement required by Regulations section.	ation claim exemption rant?	from the tax	Yes X No		
 6a Did the foundation, during the year, receive any funds, on a personal benefit contract? b Did the foundation, during the year, pay premiums, directions. 			Yes X No	6 b	х
If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a pa	•			,	
b If yes, did the foundation receive any proceeds or have a					X
Part VIII Information About Officers, Directors and Contractors	, irustees, Foun	dation Managers,	Highly Paid Empi	oyees,	
1 List all officers, directors, trustees, foundation m					
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	
ATTACHMENT 3		-0-	-0-	-0) -
2 Compensation of five highest-paid employees (ot if none, enter "NONE."	her than those inc	cluded on line 1 - se	e page 23 of the inst	tructions). 	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	
NONE				· · · · · · · · · · · · · · · · · · ·	
Total number of other employees paid over \$50,000		·			Τ

and Contractors (continued)	/ees,
Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none,	enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
ONE	
	
otal number of others receiving over \$50,000 for professional services	▶ NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number	Expenses
of organizations and other beneficianes served, conferences convened, research papers produced, etc	
1 NOT APPLICABLE	
2	
3	
⁴	
art IV D. Summary of Brogger Boleted Investments (see need 22 of the maturature)	
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NOT APPLICABLE	Alliount
2	
2	
All other program-related investments. See page 24 of the instructions	
3 NONE	
otal. Add lines 1 through 3	

COIL	33 11 13 13 ·		1 age 0
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn foundati	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
	Average monthly fair market value of securities	1a	
	Average of monthly cash balances	1b	
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
	Total (add lines 1a, b, and c)	1d	0.
<u>.</u>	Reduction claimed for blockage or other factors reported on lines 1a and	· · ·	
-	1c (attach detailed explanation)		
2	A constitution and a bit a disease in a color and a fine of in a color and a c	2	0.
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25	 	
•		4	0.
_	of the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
5		6	0.
6	Minimum investment return. Enter 5% of line 5	to operating	
Рa	foundations and certain foreign organizations check here \blacktriangleright and do not complete this p	ne operating	
			0.
1	Minimum investment return from Part X, line 6	-	·····
2 a	Tax of threather modifie for 2000 from Fart VI, mic 5		
	Income tax for 2009. (This does not include the tax from Part VI.) 2b	.	0
С	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	0.
Pa	rt XII Qualifying Distributions (see page 25 of the 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	28,468.
b	The state of the s	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		
-		2	0.
3	Amounts set aside for specific charitable projects that satisfy the	-	
a	Suitability test (prior IRS approval required)	3a	0.
b	Suitability test (prior IRS approval required) Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	28,468.
4 5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	 	
J	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	
c		6	28,468.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating we qualifies for the section 4940(e) reduction of tax in those years	memer me r	Jundation

Ľ	Undistributed income (see page	e 26 of the instruction	ns)		
٠ 1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7				0.
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only			0.	
b	Total for pnor years 20 07 20 06 20 05		0.		
3	Excess distributions carryover, if any, to 2009				
а	From 2004				
b					
c	From 2005				
ď	From 2007 11, 630.				
•	From 2007 11, 630. From 2008 12, 600.				
		262,787.			
_f	Total of lines 3a through e	2027101.			
4	Qualifying distributions for 2009 from Part XII, line 4 > \$ 28,468.				
а	Applied to 2008, but not more than line 2a			0.	
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount				0.
		28,468.			
5	Excess distributions carryover applied to 2009	0.			0.
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	291,255.			
	Prior years' undistributed income Subtract				
	line 4b from line 2b		0.		
С	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				
d	Subtract line 6c from line 6b Taxable		0.		
۵	amount - see page 27 of the instructions Undistributed income for 2008 Subtract line		0.		
٠	4a from line 2a Taxable amount - see page				
	27 of the instructions			0.	
f	Undistributed income for 2009. Subtract lines 4d and 5 from line 1 This amount must be		;		0.
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 177(b)(1/4)(5) or 1012(c)(3) (200 200 37 of the				<u> </u>
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)	82,971.			
9	Excess distributions carryover to 2010.				
-	Subtract lines 7 and 8 from line 6a	208,284.			
10	Analysis of line 9				
	Excess from 2005				
	Excess from 2006				
	Excess from 2007				
	Excess from 2008				
	Excess from 2009 28, 468.				

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' Pa	rt XIV Private Oper	ating Foundations (see page 27 of the	instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE
	If the foundation has			•	~ 1	
	foundation, and the ruling					
b	Check box to indicate wh	ether the foundation is a	private operating found	dation described in section	4942(j)(3) or 4942(j)(5)
` 2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(0) 1042.
	I or the minimum investment return from Part X for each					
	year listed					
b	85% of line 2a					
С	Qualifying distributions from Part					
-	XII, line 4 for each year listed .					
d	Amounts included in line 2c not		· · · · · · · · · · · · · · · · · · ·			
	used directly for active conduct of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the	-				
а	alternative test relied upon "Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying		· · · · · · · · · · · · · · · · · · ·			
	under section 4942(j)(3)(B)(i)			1		
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest-					
	ment return shown in Part X. line 6 for each year listed					
С	"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)					
	port from an exempt					
	organization					
Pa	rt XV Supplementa	ary Information (C	omplete this part	only if the founda	ation had \$5.000	or more in assets
		luring the year - sec				
1	Information Regarding	g Foundation Manage	rs:			
а	List any managers of					
	before the close of any	tax year (but only if th	ey have contributed r	nore than \$5,000) (Se	ee section 507(d)(2))	
	STEPHEN ROT	rh				
b	List any managers of	the foundation who	own 10% or more of	the stock of a corpo	pration (or an equally	large portion of the
	ownership of a partner					g. priman or and
	N/A					
2	Information Regarding	g Contribution, Grant	, Gift, Loan, Scholarsi	nip, etc., Programs:		
	Check here ► X if t	he foundation only r	nakes contributions	to preselected charit	able organizations a	and does not accept
	unsolicited requests f	or funds. If the found	dation makes gifts, g	rants, etc (see page	28 of the instruction	ns) to individuals or
	organizations under ot	her conditions, comple	ete items 2a, b, c, and	d		
а	The name, address, a	nd telephone number	of the person to whor	n applications should be	e addressed	
b	The form in which appl	lications should be sub	omitted and information	on and materials they	should include	
С	Any submission deadli	nes.				
					·	
d	Any restrictions or li	mitations on awards,	such as by geogra	aphical areas, charital	ble fields, kinds of	institutions, or other
	factors					

Part XV Supplementary Information (continued) 3. Grants and Contributions Paid During the Year or Approved for Future Payment									
Recipient	Recipient If recipient is an individual, show any relationship to								
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount					
a Paid during the year	or substantial contributor	recipient							
a r aid during the year									
ATTACHMENT 4									
111111011111N1 4		}							
		1							
		Ì							
Total		<u> </u>	▶ 3a	28,468					
b Approved for future payment									
	İ								
Total		L	A 2L						
10tai	<u></u>	<u> </u>	<u></u> 3b	<u> </u>					

r gross amounts unless otherwise indicated.	Unrei	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt function income
rogram service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
·					
		<u> </u>			
Fees and contracts from government agencies					
Membership dues and assessments					
nterest on savings and temporary cash investments Dividends and interest from securities		6.			
let rental income or (loss) from real estate:					
Debt-financed property		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Not debt-financed property	· <u>-</u>				
let rental income or (loss) from personal property					<u> </u>
Other investment income					
Gain or (loss) from sales of assets other than inventory					
let income or (loss) from special events	•				
Gross profit or (loss) from sales of inventory.	-				
Other revenue a					
			1		
· · · · · · · · · · · · · · · · · · ·				13	6
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 to taxvi-base No. Explain below how each activity the accomplishment of the fo	o verify calcu to the Ac	ulations) complishment of Exect	empt Purp	oses ı (e) of Part XVI-A con	tributed importantly
isobtotal Add columns (b), (d), and (e) iotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 to taxvible. Relationship of Activities e No. Explain below how each activities the accomplishment of the for page 29 of the instructions)	o verify calcu to the Ac	ulations) complishment of Exect	empt Purp	oses ı (e) of Part XVI-A con	tributed importantly
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Pa	rt XVI	Information F Exempt Orgai	_	Transfers to and	Transaction	s and Relat	ionsnips With r	loncha	ritable
1		he organization directly	or indirectly					Ye	s No
	in sei organi	ction 501(c) of the Co izations? fers from the reporting fo	ode (other than	n section 501(c)(3) org	anizations) or ir	section 527,	relating to political		
٠	/1) C:	ash	idildallon to a n	onchantable exempt organ	nzation of			12/11	l x
		ther assets						1a(1) 1a(2)	X
ŀ		transactions					• • • • • • • • • • • • •	18(2)	+-
		ales of assets to a nonch	aritable exempt	organization				15(1)	X
		urchases of assets from a						1b(2)	X
		ental of facilities, equipme						1b(3)	 x
		eimbursement arrangeme						1b(4)	X
		oans or loan guarantees .							X
		erformance of services or							X
c		ng of facilities, equipment							X
		answer to any of the							market
		of the goods, other a							
	value	in any transaction or	sharing arran	gement, show in colur	nn (d) the valu	ue of the good	is, other assets, or	services i	eceived
		•	•			_			
(a)	Line no	(b) Amount involved	(c) Name of	noncharitable exempt organiz	ation (d) D	escription of trans	fers, transactions, and shar	ing arranger	nents
		N/A			N/A	1			
		<u>-</u> , -							
			–				-		
						<u> </u>			
							<u></u>		
			.=.						
2 a	Is the	foundation directly or	ındırectly affılıa	ated with, or related to,	one or more ta	x-exempt organi	zations described in		
	section	n 501(c) of the Code (othe	er than section (501(c)(3)) or in section 52	77			Yes [X No
b	If "Yes	s," complete the following	schedule						
	_	(a) Name of organization		(b) Type of orga	nization		(c) Description of relations	hip	
							<u> </u>		
						<u> </u>			
						<u> </u>			
	Under	penalties of perjury, I declar	re that I have ex	camined this return, including	accompanying sc	hedules and state	ments, and to the best o	f my knowle	edge and
	beller, i	it is true, correct, and count	lete Declaration	or preparer (other than taxp	ayer or ilductary is	based on all amor	mation of which preparer	nas any kr	iowieage
	L _		7		1111	2110	Meith	<u> </u>	
re	Sig	gnature of officer or trustee		·	Date		Title		
Sign Here					Date	Check if	Preparer's	identifying	
g	ა ≽	Preparer's	7Dk	c	1/9/10	self-employ	red ▶ number (Se page 30 of t		
S	Paid Preparer's Use Only	signature	(BASNI	<u>, U/T</u>	1 1/5/11/0		P00284		<u> </u>
	Pa Prepa Use	Firm's name (or yours if	HOLTHO		AN TRIGT L	LP	EN ▶ 95-4345	526	
	<u> </u>	self-employed), address,	555 A	NTON BOULEVARD,	SUITE 700	<u> </u>			
		and ZIP code	COSTA	MESA, CA	9	2626	Phone no. 714-3	61-760	<u> </u>
								000 D	

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

Name of the organization Employer identification number STEPHEN & JEAN ROTH CHARITABLE FOUNDATION 95-4479497 Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and П For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). For Privacy Act and Paperwork Reduction Act Notice, see the Instructions Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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

Part I	Contributors	(see	instructions)

4-1			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	STEPHEN ROTH 13363 SW IRON MOUNTAIN BLVD	\$53,676.	Person Payroll Noncash
	PORTLAND, OR 97219		(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
	<u>.</u>	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Page

of Part II

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization STEPHEN & JEAN ROTH CHARITABLE FOUNDATION

Employer identification number 95-4479497

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	50 SHARES OF SECURED CAPITAL JAPAN PUBLIC STOCK		12/16/2009
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
·· ··			
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

JSA 9E1254 1 000

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

ATTACHMENT 1

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

REVENUE AND EXPENSES PER BOOKS

DESCRIPTION

DIVIDENDS FROM CS - XU9193-4610

6.

TOTAL

6.

FEES	
ACCOUNTING	
- 1	
Н	
PART	
990PF,	
FORM 9	

ADJUSTED NET INCOME PURPOSES		0.
NET INVESTMENT INCOME		0
REVENUE AND EXPENSES PER BOOKS	8,100.	8,100.
		TOTALS
DESCRIPTION	TAX PREPARATION FEE	

PAGE 19

PART VIII - LIST OF OFFICERS, DIRECTORS, FORM 990PE,

ATTACHMENT 3 AND TRUSTEES

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

STEPHEN ROTH

13363 SW IRON MOUNTAIN BLVD. PORTLAND, OR 97219

PRESIDENT

JEAN ROTH

SECRETARY

13363 SW IRON MOUNTAIN BLVD. PORTLAND, OR 97219 GRAND TOTALS

PAGE 20

ATTACHMENT 4

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
YALE UNIVERSITY, ANNUAL FUND YALE UNIVERSITY - CONTRIBUTION PROCESSING P O BOX 2038	NONE EXEMPT ORGANIZATION	SEE BELOW.	2,500
NEW HAVEN, CT 06521-2038			
FRIENDS OF TIMBERLINE	NONE	SEE BELOW.	1,000.
PO BOX 69544	EXEMPT ORGANIZATION		
PORTLAND, OR 97239			
LEE PESKY LEARNING CENTER	NONE	SEE BELOW*	. 200
3324 ELDER STREET	EXEMPT ORGANIZATION		
BOISE, ID 83705			
OREGON HUMANE SOCIETY	NONE	SEE BELOW*	3,250
POST OFFICE BOX 11364	EXEMPT ORGANIZATION		
1067 NE COLUMBIA BLVD			
PORTLAND, OR 97211			
LEWIS & CLARK ANNUAL FUND	NONE	SEE BELOW.	8,358.
10015 S.W TERWILLIGER BLVD.	EXEMPT		
PORTLAND, OR 97219			
PORTLAND ART MUSEUM	NONE	SEE BELOW*	7,500.
1219 S W. PARK AVENUE	EXEMPT		
PORTLAND, OR 97205			

*THE PURPOSE OF THE GRANT'S IS TO PROMOTE THE FOUNDATION'S PURPOSE OF EDUCATION

PAGE 21 ATTACHMENT 4

FOUNDATION
CHARITABLE
ROTH
JEAN
4
STEPHEN

95-4479497

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

CONSERVATION INTERNATIONAL

2011 CRYSTAL DRIVE

ARLINGTON, VA 22202

SUITE 500

EXEPMT

NONE

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

ATTACHMENT 4 (CONT'D)

1,000.

SEE BELOW*

SEE BELOW*

1,500.

STANFORD UNIVERSITY GRAD SCHOOL OF BUSINESS 518 MEMORIAL WAY

EXEMPT

NONE

STANFORD, CA 94305-5015 STANFORD UNIVERSITY

OREGON BALLET THEATRE 818 SE SIXTH AVENUE

EXEMPT

NONE

PORTLAND, OR 97214

INFORMATION AVAILABLE UPON REQUEST VARIOUS OTHER CHARITIES

EXEMPT NONE

SEE BELOW*

860.

2,000

SEE BELOW*

TOTAL CONTRIBUTIONS PAID

28,468.

*THE PURPOSE OF THE GRANT'S IS TO PROMOTE THE FOUNDATION'S PURPOSE OF EDUCATION

PAGE 22 ATTACHMENT 4

V 09-8 5

7.00 41 PM

709321 766Н 11/9/2010

Form 8868

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

If you are f	iling for an Automatic 3-Month Extension, complete only Part I and check this box		▶ X
	iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page te Part II unless you have already been granted an automatic 3-month extension on a previ		8868
Part I Auto	matic 3-Month Extension of Time. Only submit original (no copies needed).		
	required to file Form 990-T and requesting an automatic 6-month extension - check this bo	x and complete	
Part I only			▶ 📙
	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 700 pme tax returns.	04 to request	an extension of
	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month autoi		
	turns noted below (6 months for a corporation required to file Form 990-T) However f (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 9		
	omposite or consolidated From 990-T. Instead, you must submit the fully completed and		
	e details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Ch		
Type or	Name of Exempt Organization	Employer identi	fication number
print	STEPHEN & JEAN ROTH CHARITABLE FOUNDATION	95-44794	197
File by the	Number, street, and room or suite no. If a P.O. box, see instructions		
due date for	13363 SW IRON MOUNTAIN BLVD.		
filing your return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
nstructions	PORTLAND, OR 97219		
Check type o	f return to be filed (file a separate application for each return).		
Form 990	Form 990-T (corporation) Form	n 4720	
Form 990	-BL Form 990-T (sec 401(a) or 408(a) trust) Form	n 5227	
Form 990	-EZ Form 990-T (trust other than above) Form	n 6069	
X Form 990	PF Form 1041-A Form	n 8870	
• The books	are in the care of ▶ STEPHEN A. ROTH		
Telephone	No ▶ 360 433-8803 FAX No ▶		
_	a Group Return, enter the organization's four digit Group Exemption Number (GEN)		▶ ☐
	roup, check this box · ▶ □ . If it is for part of the group, check this box · · ▶ □ and and so of all members the extension will cover.	attach a list v	vith the
1 I reques	t an automatic 3-month (6 months for a corporation required to file Form $08/15$, 2010 , to file the exempt organization return for the organization is	990-T) exte	nsion of time
	ganization's return for	named above	THE EXTERISION IS
► X	calendar year 2009 or		
	tax year beginning, and ending		
	tax year beginning, and chang	,	<u> </u>
2 If this tax	year is for less than 12 months, check reason	Change in acc	counting period
3a If this ap	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, le	ess any	
nonrefund	dable credits. See instructions	3a	s none
b If this ap	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax pa	yments	
made Inc	clude any prior year overpayment allowed as a credit.	3 ь	s NOUT
c Balance l	Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,	deposit	
with FTD	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System	n) See	
instructio	ns	3 c	\$ NONE
Caution. If you	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO		
for payment in:			
or Privacy A	et and Paperwork Reduction Act Notice, see Instructions.	Form 8	868 (Rev 4-2009)

 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Name of Exempt Organization Employer identification number /pe or STEPHEN & JEAN ROTH CHARITABLE FOUNDATION 95-4479497 print Number, street, and room or suite no. If a P.O box, see instructions For IRS use only File by the extended 13363 SW IRON MOUNTAIN BLVD. due date for City, town or post office, state, and ZIP code For a foreign address, see instructions filing the return See PORTLAND, OR 97219 instructions Check type of return to be filed (File a separate application for each return) Form 1041-A Form 6069 Form 990 Form 990-PF Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720 Form 8870 Form 5227 Form 990-T (trust other than above) Form 990-EZ STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of ► STEPHEN A. ROTH Telephone No \triangleright $\frac{360}{}$ 433-8803 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box list with the names and EINs of all members the extension is for 11/15/2010 4 I request an additional 3-month extension of time until 5 For calendar year 2009, or other tax year beginning and ending 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO OBTAIN NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN. 8a 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 8a \$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ 8h c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Signature and Verification Under penalties of perjury) declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and configure and that I am authorized to prepare this form | MM77742 Date ► 5-13-10 Form 8868 (Rev 4-2009) Signature > HOLTHOUSE CARLIN & VAN TRIGT LLP 555 ANTON BOULEVARD, SUITE 700 COSTA MESA, CA 92626