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Department of the Treasury

Internal Revenue Service

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

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

OMB No 1545-0052

2009

For calendar year 2009, or tax year beginning 04/01/09, and ending 03/31/10G Check all that apply: Initial return Initial return of a former public chanty Final return Address change Amended return Name change Name of foundation **Employer identification number** Use the IRS 93-6311186 label. DURANT FAMILY TRUST Telephone number (see page 10 of the instructions) Otherwise. 503-245-7201 print Number and street (or P O box number if mail is not delivered to street address) Room/suite or type. PO BOX 99 If exemption application is pending, check here See Specific City or town, state, and ZIP code D 1. Foreign organizations, check here Instructions. DUNDEE OR 97115 2. Foreign organizations meeting the Check type of organization |X| Section 501(c)(3) exempt private foundation 85% test, check here and attach computation Section 4947(a)(1) nonexempt chantable trust Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here X Cash I Fair market value of all assets at end J Accounting method: of year (from Part II, col (c), Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here 106,326 (Part I, column (d) must be on cash basis) line 16) ▶ \$ Part I Analysis of Revenue and Expenses (The (a) Revenue and Disbursements expenses per (b) Net investment (c) Adjusted net for chantable total of amounts in columns (b), (c), and (d) may not necessarily equal books ıncome income purposes the amounts in column (a) (see page 11 of the instructions)) ash basis only Contributions, gifts, grants, etc , received (attach schedule) 1 Check ► X if the foundation is **not** required to attach Sch B 2 Interest on savings and temporary cash investments 186 186 186 3 5,160 5,160 5,160 Dividends and interest from securities Gross rents 5a Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Я Net short-term capital gain 9 Income modifications 10a Gross sales less returns & allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) C 11 Other income (attach schedule) 5,346 5,346 5,346 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc. BGANNED NOV 2 3 2010 Expenses Other employee salaries and wages 14 15 Pension plans, employee benefits <u> PECEIVEI</u> O Legal fees (attach schedule) (J) STMT 1 2,371 Accounting fees (attach schedule) MUA 7 8 701 Other professional fees (attach schedule) C 17 Taxes (attach schedule) (see page 14 of the instructions) STMT 2 74 74 **OPENI** Depreciation (attach schedule) and depletion 19 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (att sch) Total operating and administrative expenses. 0 Add lines 13 through 23 2,445 33,564 33,564 Contributions, gifts, grants paid 0 36,009 33,638 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: -30,663 Excess of revenue over expenses and disbursements 5,346 Net investment income (if negative, enter -0-) 5,346 Adjusted net income (if negative, enter -0-) Form 990-PF (2009)

2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts ► 4 Pledges receivable ► Less allowance for doubtful accounts ► 5 Grants receivable ► Less allowance for doubtful accounts ► 5 Grants receivable due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions) 7 Other notes and loans receivable (att schedule) ► Less. allowance for doubtful accounts ► 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments—US and state government obligations (attach schedule) b Investments—Corporate block (attach schedule) 10 Investments—Corporate block (attach schedule) 11 Investments—Corporate block (attach schedule) 11 Investments—Individings, and equipment basis ► Less accumulated depreciation (attach schedule) 12 Investments—Other (attach schedule) 14 Lend, buildings, and equipment basis ► Less accumulated depreciation (attach schedule) 15 Other assets (describe ► 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 10 Mortgages and other notes payable (attach schedule) 11 Mortgages and other notes payable (attach schedule) 12 Mortgages and other notes payable (attach schedule) 13 Mortgages and other notes payable (attach schedule) 14 Mortgages and other notes payable (attach schedule) 15 Other labilities (describe ► 16 Other labilities (describe ► 17 Mortgages and other notes payable (attach schedule) 17 Mortgages and other notes payable (attach schedule) 18 Grants payable 20 Loans from officers, directors, trustees, and other disqualified persons	
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22 Other liabilities (describe	
23 Total liabilities (add lines 17 through 22) 0 0	
Foundations that follow SFAS 117, check here ▶ X	
and complete lines 24 through 26 and lines 30 and 31.	
24 Unrestricted 136,989 106,326	
25 Temporanly restricted	
Temporarily restricted Temporarily restricted Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see page 17 of the instructions) Total liabilities and net assets/fund balances (see page 17	
Foundations that do not follow SFAS 117, check here	
and complete lines 27 through 31.	
27 Capital stock, trust principal, or current funds	
28 Paid-in or capital surplus, or land, bldg, and equipment fund	
29 Retained earnings, accumulated income, endowment, or other funds	
30 Total net assets or fund balances (see page 17 of the	
instructions) 136,989 106,326	
31 Total liabilities and net assets/fund balances (see page 17	
of the instructions) 136,989 106,326	
Part III Analysis of Changes in Net Assets or Fund Balances	
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with	
end-of-year figure reported on prior year's return) 1 136,	, 989
2 Enter amount from Part I, line 27a	663
3 Other increases not included in line 2 (itemize) ▶	
4 Add lines 1, 2, and 3 4 106,	326
5 Decreases not included in line 2 (itemize) ▶ 5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 106,	326

Part IV Capital Gains ar	nd Losses for Tax on Investme	ent Income			
(a) List and describ 2-story brick ware	e the kind(s) of property sold (e.g., real estate house; or common stock, 200 shs MLC Co.)	•	(b) How acquired P—Purchase D—Donation	(c) Date ad (mo , day	(d) Date sold (mo , day, yr)
1a N/A					
b					
_c					
_d					
<u>e</u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		or (loss)) minus (g)
a					
_b					
С					
d			· · · · · · · · · · · · · · · · · · ·		
<u>e</u>					
Complete only for assets showing	g gain in column (h) and owned by the fo	oundation on 12/31/	69		(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (ı) I (j), ıf any		less than -0-) or om col (h))
a					
b					
С					
d					
е					
2 Capital gain net income or (net ca	apital loss) If gain, also enter in If (loss), enter -0- in		:	2	
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) and (6	<u> </u>			
If gain, also enter in Part I, line 8,	column (c) (see pages 13 and 17 of the	e instructions)		ŀ	
If (loss), enter -0- in Part I, line 8		` _		3	
Part V Qualification Un	der Section 4940(e) for Reduc	ed Tax on Net	Investment Inco	me	
(For optional use by domestic private	foundations subject to the section 4940	(a) tax on net inves	tment income.)		
If section 4940(d)(2) applies, leave the	is part blank				
				_	N/A
	ion 4942 tax on the distributable amoun		base period? 📙 Ye	es No	
If "Yes," the foundation does not qual	ify under section 4940(e) Do not compl	ete this part			
1 Enter the appropriate amount in e	each column for each year, see page 18	of the instructions l	before making any en	tnes	
(a) Base penod years Calendar year (or tax year beginning i	(b) Adjusted qualifying distribution	ns Net value	(c) of noncharitable-use ass	sets	(d) abution ratio ivided by col (c))
2008					
2007					_
2006					
2005					
2004					
		·			
2 Total of line 1, column (d)				2	
3 Average distribution ratio for the 5	5-year base period—divide the total on li	ine 2 by 5, or by the			
number of years the foundation ha	as been in existence if less than 5 years	3		3	
4 Enter the net value of noncharitab	ole-use assets for 2009 from Part X, line	: 5		4	
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	
9 Enter qualifying distantishan form	Part VII. line 4			8	
	line 7, check the box in Part VI, line 1b	, and complete that	part using a 1% tax ra	ىــــا	
Part VI instructions on page 18					

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

at any time during the year?

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 foundation had excess business holdings in 2009)

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

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Form 990-PF (2009)

X

3b

X No

N/A

Yes

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If none, enter "NONE." (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	Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE." (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances]				
If none, enter "NONE." (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	Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE." (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances								1		_
If none, enter "NONE." (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	Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE." (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances										
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If none, enter "NONE." (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	Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE." (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances							·	 		_
If none, enter "NONE." (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	Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE." (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances				•						
If none, enter "NONE." (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	Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE." (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances		_		200		l			Γ-	_
If none, enter "NONE." (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	Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances		T-4-1								

Form **990-PF** (2009)

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

Amount

All other program-related investments See page 24 of the instructions

Total. Add lines 1 through 3

Form 990-PF (2009)

Pa	Minimum Investment Return (All domestic foundations must complete this part. For	eign 1	foundations,
	see page 24 of the instructions.)	F	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		07 105
a	Average monthly fair market value of securities	1a	87,125 2,919
b	Average of monthly cash balances	1b	2,919
C	Fair market value of all other assets (see page 24 of the instructions)	1c	90,044
d	Total (add lines 1a, b, and c)	1d	90,044
е	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e 0		
		1	^
2	Acquisition indebtedness applicable to line 1 assets	2	90,044
3	Subtract line 2 from line 1d	3	30,044
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of		1 251
_	the instructions)	4	1,351
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	88,693
6	Minimum investment return. Enter 5% of line 5	6_	4,435
P.2	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	peratii	ng
	foundations and certain foreign organizations check here and do not complete this part)		4,435
1	Minimum investment return from Part X, line 6 Tax on investment income for 2009 from Part VI, line 5 2a 107	1	4,433
2a			
b	Income tax for 2009 (This does not include the tax from Part VI)		107
C	Add lines 2a and 2b	2c	107 4,328
3	Distributable amount before adjustments Subtract line 2c from line 1	3	4,340
4	Recoveries of amounts treated as qualifying distributions	4	4 220
5	Add lines 3 and 4	5	4,328
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,	_	4 220
	line 1	7	4,328
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	33,638
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	' I	
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		·
а	Suitability test (pnor IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	33,638
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	33,638
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	tion	<u> </u>
	qualifies for the section 4940(e) reduction of tax in those years.		

Form **990-PF** (2009)

P	ert XIII Undistributed Incom	e (see page 26 of	the instructions)			
			(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part	t XI,	Corpus	Years prior to 2008	2008	2009
	line 7	•				4,328
2	Undistributed income, if any, as of the	end of 2009:				
a	Enter amount for 2008 only					
b	Total for pnor years 20, 20	, 20	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
3	Excess distributions carryover, if any, to					
a	From 2004	14,017				
a _	From 2005	20,780				
	• •	34,886				
С.	From 2006	24,196		1		
đ	From 2007			1		
е	From 2008	18,672	•			
f	Total of lines 3a through e		112,551			
4	Qualifying distributions for 2009 from Pa	art XII,				
	line 4 ▶ \$33,638					
а	Applied to 2008, but not more than line	2a				
b	Applied to undistributed income of prior	years				
	(Election required—see page 26 of the	instructions)				
C	Treated as distributions out of corpus (E	Election		Ī		
	required—see page 26 of the instruction	ns)				
d	Applied to 2009 distributable amount	·				4,328
е	Remaining amount distributed out of co	rpus	29,310			
5	Excess distributions carryover applied to	·				
	(If an amount appears in column (d), the			·		
	amount must be shown in column (a)			1		
6	Enter the net total of each column as					
Ü	indicated below:					
_		net line E	141,861			
a	Corpus Add lines 3f, 4c, and 4e Subtra		141,001			
b	Prior years' undistributed income. Subtr	act				
	line 4b from line 2b					
С	Enter the amount of prior years' undistri					
	income for which a notice of deficiency					
	been issued, or on which the section 49)42(a)				
	tax has been previously assessed			<u> </u>		
d	Subtract line 6c from line 6b. Taxable					
	amount—see page 27 of the instruction					
е	Undistributed income for 2008 Subtract	t line				
	4a from line 2a Taxable amount—see p	page		1		
	27 of the instructions					
f	Undistributed income for 2009 Subtract	t lines		1		
	4d and 5 from line 1 This amount must	be		1		
	distributed in 2010			<u> </u>		0
7	Amounts treated as distributions out of	corpus				
	to satisfy requirements imposed by sect	tion				
	170(b)(1)(F) or 4942(g)(3) (see page 27			1		
	instructions)			1		
8	Excess distributions carryover from 200	4 not				
•	applied on line 5 or line 7 (see page 27			1		
	instructions)		14,017	<u> </u>		
9	<i>'</i>	n				
J	Excess distributions carryover to 201	٧.	127,844	1		
40	Subtract lines 7 and 8 from line 6a		14/,011			
10	Analysis of line 9	1 22 222		1		
а	Excess from 2005	20,780				
b	Excess from 2006	34,886		1		
C	Excess from 2007	24,196		1		
d	Excess from 2008	18,672		1		
е	Excess from 2009	29,310				

	M 990-PF (2009) DORANT TANTI		aga 27 of the inci	trustions and Dar	VII A guartier (1)	Page I
	art XIV Private Operating Fou				T VII-A, question 9)	
1a	. If the foundation has received a ruling or		=	ating		
	foundation, and the ruling is effective for		-	_	L	
b	Check box to indicate whether the found		ating foundation descr		942(j)(3) or 4942	?(₁)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	,	(e) Total
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(0) 1010.
	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					
ď	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		· -	 		
•	alternative test relied upon					
2	"Assets" alternative test—enter					
a	(1) Value of all assets					
	(2) Value of assets qualifying under			 		
L	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			 	 	
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)			ļ		
	(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			<u> </u>	}	
Pa	art XV Supplementary Inform	nation (Complete	this part only if	the foundation h	ad \$5,000 or more	in assets at
	any time during the ye	ear—see page 28	of the instruction	ons.)	 	
1	Information Regarding Foundation Mar	nagers:				
а	List any managers of the foundation who	have contributed mor	e than 2% of the total	contributions received	by the foundation	
	before the close of any tax year (but only	if they have contribute	ed more than \$5,000)	(See section 507(d)(2))	
	N/A					
b	List any managers of the foundation who	own 10% or more of t	he stock of a corporat	tion (or an equally large	e portion of the	-
	ownership of a partnership or other entity) of which the foundat	ion has a 10% or grea	iter interest		
	N/A					
2	Information Regarding Contribution, G	rant, Gift, Loan, Scho	larship, etc., Progran	ns:		
	Check here ▶ X if the foundation only	makes contributions	to preselected chantal	ble organizations and o	loes not accept	
	unsolicited requests for funds. If the found					
	organizations under other conditions, con			,		
	The name, address, and telephone numb			ld be addressed		
	N/A	P	FF			
	•					
	The form in which applications should be	submitted and inform	ation and materials the	ev should include:		
-	N/A		und motoridio (iii	-, onodia moidue.		
	Any submission deadlines	· · · · · · · · · · · · · · · · · · ·				
·	N/A					
	Any restrictions or limitations on awards,	such as by geography	cal areas, chantable fi	elds, kinds of institution	ns or other factors:	
J	N/A	casir as by goographii	our areas, enantable li	oloo, kində ol maulullo	no, or other factors.	
						- 000 DE (0000

Part XV Supplementary Information (CC	ontinued)			
Part XV Supplementary Information (co 3 Grants and Contributions Paid During the	Year or Approved for F	uture Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
SEE STATEMENT 4				
				33,564
		1		
			·	
			-	
		ļ		
Total			▶ 3a	33,564
b Approved for future payment				
N/A				
}				
1				
Ì				
Total			▶ 3b	

Part XVI-	A Analysis of Income-Producing Act	ivities				
	mounts unless otherwise indicated	1	d business income	Exclude	d by section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion	(d) Amount	Related or exempt function income (See page 28 of
1 Program	service revenue [.]			code		the instructions)
a	,-,					
b						
c				1		
d				1		
				-		
f				+		
-	and contracts from government agencies			+		
	hip dues and assessments n savings and temporary cash investments			+		180
	and interest from securities					5,160
	income or (loss) from real estate					
	financed property			1		
	ebt-financed property			1		
	income or (loss) from personal property					
7 Other inve	estment income					
8 Gain or (le	oss) from sales of assets other than inventory			<u> </u>		· · · · · · · · · · · · · · · · · · ·
	ne or (loss) from special events			.		
	fit or (loss) from sales of inventory					
11 Other rev	enue a	ļ		ļ		
				-		
				 		
				 		
6	Add columns (b), (d), and (e))	0	5,340
	d line 12, columns (b), (d), and (e)			<u> </u>	13	5,340
	et in line 13 instructions on page 28 to verify calculation	ns)				
Part XVI-			ent of Exempt P	urpose	<u> </u>	····
Line No. ▼	Explain below how each activity for which income accomplishment of the foundation's exempt purpo	is reported in c	olumn (e) of Part XVI	-A contrib	outed importantly to the	
	instructions.)					
<u> N/A</u>						-
						-
	-					
						·- · · · · · · · · · · · · · · · · · ·
			-		<u> </u>	
····						
		-				
						.
						
				-		
	<u> </u>		·		-· · · - · -	
	 					
-						
· · · · · · · · · · · · · · · · · · ·						

P	art XVII	Information Reg	_	ansfers To and Tra	ansactio	ns and Relationships With N	Ioncharita	ble		
1	Did the c			ge in any of the following	with any o	other organization described			Yes	No
•		•		· · ·	_	ection 527, relating to political				
	organiza	• •		(, , , , , , , , , , , , , , , , , , ,	,	3 to provide the control of the cont				
а	•	s from the reporting found	lation to a no	onchantable exempt orga	anization of	f :				
Ī	(1) Cash	, •						1a(1)		X
	(2) Othe		•		•		• •	1a(2)		X
ь	Other tra			•						
		s of assets to a noncharit	able exempt	organization				16(1)		X
		hases of assets from a no	· ·	•		•		1b(2)		$\overline{\mathbf{x}}$
	٠,	al of facilities, equipment,		• •				1b(3)		X
	• •	bursement arrangements						1b(4)		X
	• •	s or loan guarantees			•	•		1b(5)		$\overline{\mathbf{x}}$
		ormance of services or me	embership o	r fundraising solicitations	6	•	•	1b(6)		X
С	• •	of facilities, equipment, m	-					1c		X
d	I If the ans	wer to any of the above i	s "Yes," con	plete the following sche	dule Colur	mn (b) should always show the fair m	arket			
	value of	the goods, other assets, o	or services g	iven by the reporting fou	ndation if	the foundation received less than fair	market			
		<u> </u>	_			the goods, other assets, or services in				
	(a) Line no	(b) Amount involved	1	of nonchantable exempt org		(d) Description of transfers, transac		ng arrange	ements	
\ <u>N</u>	A									
	-									
						, , , , , , , , , , , , , , , , , , ,				
		1.5					,,			
	_		*				·-			
2a		ndation directly or indirec	•			. •				
	described	d in section 501(c) of the	Code (other	than section 501(c)(3)) of	or in section	n 527?		Y€	es X	No
b	If "Yes,"	complete the following sci	hedule							
		(a) Name of organization		(b) Type of organiza	tion	(c) Description o	f relationship			
	N/A									
		·····								
		· 	_				· · · · · · · · · · · · · · · · · · ·			
	Under pen	alties of perjury, I declare that	I have exami	ned this return, including acc	ompanying s	schedules and statements, and to the best of schedules and statements, and to the best of schedules and statements.	of my knowledge	e and		
Ī	belief, it is	true, correct and complete D	eclaration of p	oreparer (other than taxpayer	r or fiduciary	y is based on all information of which prepar	rer has any knov			_
	X	Valle	Ruo	I Harris	///	15/10 \ BUV	than	N	Us	lee
<u>e</u> [Signa	ure of officer or trustee	. –(Date 🗸	Title				
Jere				Λ		Date Check if		rer's identif er (see Sig		sn.
=	ا ح ہے	Preparer's	γz			Check if self-employed	▶ X page	30 of the ins		
oign	Paid Preparer's Use Only	signature Vary	11/	rank!		11/15/10	P0	0318	261	
-	Se Se	Firm's name (or yours if	GARY I	. FRANKLIN,	CPA			_		
	ا د ځ	self-employed), address,	P.O. E	OX 16		1		-084		
		and ZIP code	MCMIN	NVILLE, OR	97128	3	Phone no 50	3-43	4 - 5	502
							F	orm 99 0)-PF	(2009)

93-6311186	Federal S	Federal Statements		
	Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees	art I, Line 16b - Accountir	ng Fees	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
ACCOUNTING FEES TOTAL	\$ 2,371	w w	\$ \$	w w
	Statement 2 - Form 990-	Statement 2 - Form 990-PF, Part I, Line 18 - Taxes	νį	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
OREGON FILING FEES TOTAL	\$ 74	S S	s s	\$ 74
				1-2

93-6311186

Federal Statements

Statement 3 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description

	 Beginning of Year		End of Year	Basis of Valuation		Fair Market Value
CHARLES SCHWAB A/C		_	_	<u>-</u>		
	\$ 70,842	\$_	103,407	COST	\$_	103,403
TOTAL	\$ 70,842	\$_	103,407		\$_	103,403

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Federal Statements

Statement 4 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Na Be Be	Address			
Address	Relationship	Status	Pirrose	Amount
DAVTON EDITORITON		Olaida	2000	3000
EVANG STDEET DENHAL	NONE	PUBLIC	COMMUNITY ENHANCEMENT	1,500
VMCA OR COLUMBIA COLIM	NONE	PUBLIC	DENTAL CARE	4,772
MID-VALLEY MORKSHOD	NONE	PUBLIC	COMMUNITY ENHANCEMENT	200
PORTIAND ART MISRIM	NONE	PUBLIC	MENTAL SERVICES	200
AAYC ART HARVEST	NONE	PUBLIC	COMMUNITY ENHANCEMENT	11,000
MCMINNVILLE EDITOR FOIL	NONE	PUBLIC	COMMUNITY ENHANCEMENT	300
	NONE	PUBLIC	EDUCATION SUPPORT	100
I.TTERARY ARTS	NONE	PUBLIC	CRISIS SHELTER	300
CIND WATTED	NONE	PUBLIC	COMMUNITY ENHANCEMENT	940
STATE OF THE STATE	NONE	PUBLIC	COMMUNITY ENHANCEMENT	100
OKEGON FOOD BAINK	NONE	PUBLIC	HOMELESS FOOD	200
CORNELL LAB OF ORNITHOLOG	NONE	PUBLIC	COMMUNITY ENHANCEMENT	300
HENDEKSON HOUSE	NONE	PUBLIC	CRSIS SHELTER	100
KIDS ON THE BLOCK	NONE	PUBLIC	DENTAL CARE	852
RVANS STERET DENTAL	NONE	PUBLIC	CHILDRENS EDUCATION	120
INETEL DENIED	NONE	PUBLIC	DENTAL CARE	300
DODTIAND ART MISEIM	NONE	PUBLIC	HIGHER EDUCATION SUPPORT	100
COTORS WITHOUT BORDER	NONE	PUBLIC	COMMUNITY ENHANCEMENT	1,500
DOCIONA MILINOI DOMBENA	NONE	PUBLIC	MEDICAL CARE	300

93-6311186		Federal Statements	ements	
Statemer	ıt 4 - Form 990-PF, Paı	t XV, Line 3a - G Year (contir	Statement 4 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)	
Name	Address			
Address	Relationship	Status	Purpose	Amount
OREGON HEAT				
OREGON FOOD BANK	NONE	PUBLIC	LOW INCOME ASSISTANCE	100
HIGH DESSERT MISEIM	NONE	PUBLIC	HOMELESS FOOD FUND	300
RIJIE LAKE MISETIM	NONE	PUBLIC	COMMUNITY EDUCATION	300
DARTNERS IN HEALTH	NONE	PUBLIC	COMMUNITY EDUCATION	30
SALVATION APMY	NONE	PUBLIC	COMMUNITY HEALTH	300
HAZELDON	NONE	PUBLIC	HOMELESS FOOD FUND	300
MIT TIDE OF COLORD AND A STREET	NONE	PUBLIC	DRUG REHAB	200
SCHOROSES THE	NONE	PUBLIC	MEDICAL RESEARCH	100
VCAD	NONE	PUBLIC	HOMELESS FOOD FUND	100
HETFER INTERNATIONAL	NONE	PUBLIC	HOMELESS FOOD FUND	200
OREGOPN PIBLIC BROADCASTI	NONE	PUBLIC	HOMELESS FOOD FUND	150
CORNELL LAB OF ORNITHOLOG	NONE	PUBLIC	COMMUNITY ENHANCEMENT	1,000
BRADLEY PAULSON	NONE	PUBLIC	COMMUNITY ENHANCEMENT	300
	NONE	N/A	EDUCATION ASSISTANCE	2,000
CHEHALEM CITICITIEST. CRNTRD	NONE	PUBLIC	MEDICAL CARE	300
VAMHIII. COINTY ARTS ASSOC	NONE	PUBLIC	COMMUNITY ENHANCEMENT	200
VMCA	NONE	PUBLIC	COMMUNITY ENHANCEMENT	300
NATIONAL MILITIAL ASSO	NONE	PUBLIC	COMMUNITY ENHANCEMENT	200
	NONE	PUBLIC	COMMUNITY ENHANCEMENT	100
				,

	•		33,564 33,564	
	ions Paid During the		asodin.	
Federal Statements	Statement 4 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)			
deral S	XV, Line 3	ŀ	Status	
Fe	4 - Form 990-PF, Part)	Address	Aeiatons in the latest and the lates	
	Statement	Name		
93-6311186		N	TOTAL	