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Form **990-PF**

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2009

| For calendar year 2009, or tax year beginning MA | <u>1, 2009</u> | , and ending | <u>APR 30, 2010</u> | |
|---|------------------------------|----------------------|--|--|
| G Check all that apply: Initial return | | ormer public charity | Final return | ı |
| Amended return | Address chan | ge | Name change | |
| Use the IRS Name of foundation | | | A Employer identification | number |
| label. | ID 3 M T O M | | 93-0386905 | |
| Otherwise, PORTLAND WOMEN'S FOUN | | Room/suite | |) |
| or type. PO BOX 1032 | envered to sufeet address) | Accinosone | B Telephone number (503) 241- | 3382 |
| See Specific City or town, state, and ZIP code | | | | |
| Instructions. PORTLAND, OR 97207-1 | 1032 | | D 1. Foreign organizations | · · · |
| H Check type of organization: X Section 501(c)(3) e | | | Foreign organizations me check here and attach co | eeting the 85% test, |
| Section 4947(a)(1) nonexempt charitable trust | Other taxable private founda | ation | | |
| Fair market value of all assets at end of year J Account | | X Accruat | E If private foundation sta under section 507(b)(1) | |
| · | other (specify) | | F If the foundation is in a | |
| \$ 2,964,033. (Part I, cold | | basis.) | under section 507(b)(1) | |
| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements |
| necessarily equal the amounts in column (a)) | expenses per books | income | income | for charitable purposes (cash basis only) |
| 1 Contributions, gifts, grants, etc., received | 36,314. | | | |
| 2 Check I if the foundation is not required to attach Sch. B | | | | |
| 3 Interest on savings and temporary cash investments | | | | |
| 4 Dividends and interest from securities | 72,228. | 72,228. | | STATEMENT 1 |
| 5a Gross rents | | | RECF | 11/150 |
| b Net rental income or (loss) | 64 002 | | 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | INED ! |
| 6a Net gain or (loss) from sale of assets not on line 10 | 64,083. | | SEP 2 0 | 18 |
| D assets on line 6a 3, 103, 539. | | 64,083. | | 2010 0 |
| 7 Capital gain net income (from Part IV, line 2) | | 04,003. | | |
| 8 Net short-term capital gain 9 Income modifications | | | L OGDER | 117 18 |
| Gross sales less returns 10a and allowances | | | | |
| b Less Cost of goods sold | | | | |
| c Gross profit or (loss) | | | | |
| 11 Other income | | | | |
| 12 Total Add lines 1 through 11 | 172,625. | 136,311. | 0. | |
| 13 Compensation of officers, directors, trustees, etc | 0. | 0. | 0. | C |
| 14 Other employee salaries and wages | | | | |
| ρ 15 Pension plans, employee benefits | - | | | |
| % 16a Legal fees | 4 000 | 1 750 | | 2 625 |
| b Accounting fees STMT 2 | 4,800. | 1,750. 18,252. | 0. | 1 |
| c Other professional fees STMT 3 | 18,252. | 10,434. | | [C |
| 17 Interest 18 Taxes STMT 4 | 1,584. | 50. | 0. | 251 |
| 18 Taxes STMT 4 | 1,304. | | 0. | 231 |
| 20 Occupancy | | | | |
| 21 Travel, conferences, and meetings | | | | |
| 22 Printing and publications | | | | |
| 23 Other expenses STMT 5 | 3,544. | 0. | 0. | 1,547 |
| # 24 Total operating and administrative | | | | 1 |
| c Other professional fees STMT 3 17 Interest 18 Taxes STMT 4 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 | 28,180. | 20,052. | 0. | 4,423 |
| 25 Contributions, gifts, grants paid | 190,695. | | | 190,695 |
| 26 Total expenses and disbursements. | | | | |
| Add lines 24 and 25 | 218,875. | 20,052. | 0. | 195,118 |
| 27 Subtract line 26 from line 12: | | | |] |
| a Excess of revenue over expenses and disbursements | -46,250. | | | |
| b Net investment income (if negative, enter -0-) | | 116,259. | | |
| c Adjusted net income (if negative, enter -0-) | | | 0. | 5 000 DE (000 |

Page 2

| Cash - non-interest-bearing Savings and temporary cash investments S4, 429. 70,179. 70,179. | Б | ort. | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End o | f year |
|---|------|------|--|--------------------|----------------|-----------------------|
| 2 Servings and temporary such investments 2,298. 2 | | arı | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| 1 | | 1 | Cash - non-interest-bearing | | | |
| Less allowance for doubtful accounts | | 2 | | | 70,179. | 70,179. |
| Periodical receivable | | 3 | 1 1111111111111111111111111111111111111 | | | |
| Scale Securable Scale Securable Scale Securable Scale Securable Scale Sca | | | Less: allowance for doubtful accounts ▶ | 2,298. | 2,298. | 2,298. |
| Source | | 4 | | | | |
| To the entread than exestite tests, allowance for doubtful accounts To the entread than exestite tests, allowance for doubtful accounts To the entread than exestite tests, allowance for doubtful accounts To the entread than exestite tests, allowance for doubtful accounts To the entread than exestite tests, and state government obligations To the entread than exestite tests, and state government obligations To the entread than exestite tests, and state government obligations To the entread than exestite tests of the complete bands To the exesting tests of the complete than a carried expenses To the exestite depression To the exe | | ŀ | Less: allowance for doubtful accounts ▶ | | | |
| ## Suppose the pressure | | | | | | |
| Total reases and lawar receives | | 6 | | | | |
| Less allowance for doubtul accounts | | | disqualified persons | | | |
| Inventions for sale or use | | 7 | | | | |
| b Investments - corporate stock STMT 7 1,632,351. 2,129,827. 2,129,827. | | | | | | |
| b Investments - corporate block STMT 7 1,632,351. 2,129,827. 2,129,827. 2,12 | əts | | | | 40= | 405 |
| b Investments - corporate stock STMT 7 1,632,351. 2,129,827. 2,129,827. | SS | | | | | |
| Investments - cuty proporate bonds STMT 8 534,703 584,799 584,799 | • | | _ | | | |
| 11 Investments - back buildings, and equipment basis | | _ | • | | | |
| 12 Investments - mortgage loans 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis Less accomulated espreaches 15 Other assets (describe 16 Total assets of (describe 17 Accounts payable and accrued expenses 2,874 5,171 17 Accounts payable and accrued expenses 2,874 5,171 18 Investment 19 Deferred revenue 21 Mortgages and other notes payable 22 Other liabilities (describe 22 Other liabilities (describe 23 Total liabilities (describe 24 Unrestricted 2,407,332 2,958,862 2 2,874 5,171 2 2 2 2,874 5,171 2 2 2 2 2 2 2 2 2 | | | | 534,703. | 584,799. | 584,799. |
| 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis | | 11 | | | | |
| 13 Investments - other 14 Land, buildings, and equipment basis Less secondard expressions 15 Other assets (lobe completed by all filers) 2,410,206. 2,964,033. 2,964,033. 17 Accounts payable and accrued expenses 2,874. 5,171. 18 Total assets (to be completed by all filers) 2,410,206. 2,964,033. 2,964,033. 17 Accounts payable and accrued expenses 2,874. 5,171. 18 Total payable and accrued expenses 2,874. 5,171. 19 Deferred revenue 20 Deferred revenue 21 Mortgages and other notes payable 22 Other labilities (describe X) 2,874. 5,171. 19 Total liabilities (add lines 17 through 22) 2,874. 5,171. 10 Total liabilities (add lines 17 through 23) 2,407,332. 2,958,862. 24 Unrestricted 2,407,332. 2,958,862. 25 Temporarly restricted 2 Emprovarily r | | | · · · · · · · · · · · · · · · · · · · | | | |
| 14 Land, buildings, and equipment basis | | 1 | • • | | | |
| 15 Other assets (fotoscribe ► 16 Total assets (to be completed by all filers) | | | • | | | |
| 15 Other assets (to be completed by all filers) 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Leans from officers, directors, frusteess, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe ▶ 23 Total liabilities (add lines 17 through 22) 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Expinations that do not follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. 28 Pad-no rocapital surplus, or fand, bldg,, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 28 Pad-no rocapital surplus, or fand, bldg,, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 20 Total 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) 20 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) 20 Total net assets or fund balances at length of year (line 27), 2958, 862. 3 Other increases not included in line 2 (itemize) ▶ UNREALIZED GAIN ON INVESTMENTS 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 Decreases not funded an line 2 (itemize) ▶ 5 Oc. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30 6 2,958,862. | | 14 | | - | | |
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| 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Lears from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe ► 23 Total liabilities (add lines 17 through 22) 23 Total liabilities (add lines 17 through 22) 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Expendations that do not follow SFAS 117, check here and complete lines 24 through 31. 28 Pard-in or capital stock, trust principal, or current funds 28 Pard-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 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) 2 Enter amount from Part, line 27a 3 Other increases not included in line 2 (itemize) ► UNREALIZED GAIN ON INVESTMENTS 3 597, 780. 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 2, 958, 862. | | 15 | Other assets (describe | | | |
| 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Lears from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe ► 23 Total liabilities (add lines 17 through 22) 23 Total liabilities (add lines 17 through 22) 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Expendations that do not follow SFAS 117, check here and complete lines 24 through 31. 28 Pard-in or capital stock, trust principal, or current funds 28 Pard-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 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) 2 Enter amount from Part, line 27a 3 Other increases not included in line 2 (itemize) ► UNREALIZED GAIN ON INVESTMENTS 3 597, 780. 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 2, 958, 862. | | 4.0 | Tatal access (to be completed by all filars) | 2 410 206 | 2 964 033 | 2 964 033 |
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| 19 Deferred revenue 20 Loans from offices, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe ▶ 23 Total liabilities (add lines 17 through 22) 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Demonstrated 28 Permanently restricted 29 Permanently restricted 30 Total liabilities and net assets of fund balances 30 Total net assets or fund balances 31 Total liabilities and net assets/fund balances 31 Total liabilities and net assets/fund balances 31 Total liabilities and net assets/fund balances 32 (must agree with end-of-year figure reported on prior year's return) 33 Enter amount from Part I, line 27a 34 Add lines 1, 2, and 3 4 Coptal et assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30 6 2, 958, 862. | | ı | | 2,0/4. | 3,111. | |
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| 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► UNREALIZED GAIN ON INVESTMENTS 4 Add lines 1, 2, and 3 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 2 - 46, 250. 3 597, 780. 4 2, 958, 862. | | | | 30 | | 0 405 000 |
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| 4 Add lines 1, 2, and 3 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 4 2,958,862. | | | | a | | |
| 5 Decreases not included in line 2 (itemize) ► 5 0. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 2,958,862. | | | | GAIN ON INVES! | | |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 2,958,862. | | | • | | | |
| | | | | | | |
| | 6 | ıota | net assets or tund balances at end of year (line 4 minus line 5) - Part II, co | oiumn (b), line 30 | 6 | |

| Part IV Capital Gain | s and Lo | osses for Tax on Ir | nvestment | Income | | | | | |
|---|----------------|---|------------------|--------------------------------------|--------------|--|--------------------|--|---|
| | | and(s) of property sold (e.g or common stock, 200 sh | | | (b) | How acquired - Purchase - Donation | | Date acquired no., day, yr.) | (d) Date sold (mo., day, yr.) |
| 1a REALIZED GAIN | IS ON | SALES - DET | UPON R | EQ | | | VZ | RIOUS | VARIOUS |
| b REALIZED GAIN | IS ON | SALES - DET | UPON R | EQ | | | V | RIOUS | VARIOUS |
| <u> </u> | | | | | ļ | | <u> </u> | | <u> </u> |
| <u>d</u> | | | | . <u> </u> | ļ | | ļ | | |
| <u>e</u> | 1 | | | | Ь., | | | | |
| (e) Gross sales price | (f) | Depreciation allowed (or allowable) | plus e | st or other basis expense of sale | | | (6 | (h) Gain or (loss e) plus (f) minus | |
| a 1,163,855 | | | | 1,214,20 | | | | | <u>-50,346.</u> |
| b 1,941,684 | • | <u> </u> | | 1,827,25 | 55. | | | | 114,429. |
| C | | | | | | | | | |
| <u>d</u> | | | | | | | | | |
| e Complete only for assets sho | | solume (h) and award by | the foundation | 05.12/21/60 | | | | (0-1, (1-), | |
| Complete only for assets sho | | | T | | - | | (I) Ga col. (k) | ıns (Col. (h) gaın , but not less tha | minus n -0-) or |
| (i) F.M.V. as of 12/31/69 | | (j) Adjusted basis as of 12/31/69 | | cess of col. (1) col. (j), if any | | | Lo | sses (from col. (| (h)) |
| • | | | | (,,,, | | | | | -50,346. |
| b | | | · · · · · · | | | | | | 114,429. |
| C | - | | | | \neg | | | | 111,123. |
| d | | · | | | | | | | |
| e | | | | | | | | | |
| | | ∫ If gain, also ente | r in Part I line | 7 | 7 | 1 | | | |
| 2 Capital gain net income or (ne | t capital loss | | | | } | 2 | | | 64,083. |
| 3 Net short-term capital gain or | (Inss) as def | | | | | | | | |
| If gain, also enter in Part I, line | | | .u (o). | | プ | | | | |
| If (loss), enter -0- in Part I, line | 8 | | | - <u></u> | | 3 | | N/A | · |
| | | Section 4940(e) for | | | | | ncon | ne | |
| (For optional use by domestic principle) | /ate foundat | ions subject to the section (| 4940(a) tax on | net investment in | rcome | ·.) | | | |
| If section 4940(d)(2) applies, leav | e this part b | lank. | | | | | | | |
| | · | | _ | | | | | | |
| Was the foundation liable for the | | | , , | • | Liods | | | | Yes X No |
| If "Yes," the foundation does not on the Inter the appropriate amount | | | | | 00 | | | | |
| (a) | III Cacii colu | | actions perote | making any enui | | | | | (d) |
| Base periód years | nnina in) | (b) Adjusted qualifying dis | tributions | Net value of no | (c) nchar | ıtable-use ass | ets | Distrit | (d) oution ratio vided by col. (c)) |
| Calendar year (or tax year begi | nany m) | | 2,148. | | | ,660,90 | | (601. (1) (1) | •075970 |
| 2008 | | | 0,701. | | | , 275, 60 | | | .055166 |
| 2006 | | | 7,128. | | | , 153, 60 | | | .056167 |
| 2005 | | | 5,434. | | | ,023,6° | | | .054713 |
| 2004 | | | 3,399. | | | ,849,10 | | | .060861 |
| | | <u></u> | - 7 - 2 - 1 | | | , , , , , , , | | | |
| 2 Total of line 1, column (d) | | | | | | | - | 2 | .302877 |
| 3 Average distribution ratio for t | he 5-vear ba | se period - divide the total (| on line 2 by 5. | or by the number | of ve | ars | Ī | - - | |
| the foundation has been in exi | - | · | , . , | , | | | | 3 | .060575 |
| | | • | | | | | · | | |
| 4 Enter the net value of nonchar | table-use as | sets for 2009 from Part X, | line 5 | | | | 1 | 4 | 2,793,496. |
| | | · | | | | | · [| | |
| 5 Multiply line 4 by line 3 | | | | | | | | 5 | 169,216. |
| | | | | | | | Γ | | |
| 6 Enter 1% of net investment inc | ome (1% of | Part I, line 27b) | | | | | | 6 | 1,163. |
| | | • | | | | | Γ | | |
| 7 Add lines 5 and 6 | | | | | | | L | 7 | 170,379. |
| | | | | | | | | | |
| 8 Enter qualifying distributions f | om Part XII | , line 4 | | | | | L | 8 | 195,118. |
| If line 8 is equal to or greater to See the Part VI instructions. | nan line 7, cl | heck the box in Part VI, line | 1b, and comp | lete that part usin | g a 19 | % tax rate. | | | |

| Forn | | <u>-0386</u> | | | Page 4 |
|------|--|---------------|-------------|------------|------------|
| Pa | art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 | - see | 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) | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1% | <u></u> | | 1,1 | 63. |
| | of Part I, line 27b | 1 | | | |
| 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-) | | | | 0. |
| 3 | Add lines 1 and 2 | | | 1,1 | 63. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | <u> </u> | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | | 1,1 | 63. |
| 6 | Credits/Payments; | | | | |
| а | 2009 estimated tax payments and 2008 overpayment credited to 2009 6a 1,360. | | | | |
| b | Exempt foreign organizations - tax withheld at source 6b | { | | | |
| C | Tax paid with application for extension of time to file (Form 8868) | - | | | |
| d | Backup withholding erroneously withheld 6d | 1 | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | | | <u>1,3</u> | 60. |
| 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 | | | | |
| 10 | | | | 1 | <u>97.</u> |
| | Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ 197. Refunded ▶ 11 | ᆚ | | | 0. |
| _ | rt VII-A Statements Regarding Activities | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | | | Yes | No |
| | any political campaign? | | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? | | 1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or | | 1 | | |
| | distributed by the foundation in connection with the activities. | | | | |
| | Did the foundation file Form 1120-POL for this year? | | 1c | | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | |
| | (1) On the foundation. \triangleright \$ 0. (2) On foundation managers. \triangleright \$ 0. | | | | 1 |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | |
| | managers. ▶ \$ 0 . | | | | v |
| 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. | | | | ľ |
| 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 | | | | |
| 4. | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 3 | | X |
| | | 1/A | 4a 4b | | A |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 1/12 | 5 | | Х |
| J | If "Yes," attach the statement required by General Instruction T | | - | | - 7. |
| 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 | X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | | 7 | X | |
| • | If "Yes," complete Part II, col. (c), and Part XV. | | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | ! | |
| | OR | | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | , | | |
| _ | of each state as required by General Instruction G? If "No," attach explanation | | 8b | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar | | | | |
| - | year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV | | 9 | | Х |
| 10 | Did any persons become substantial contributors during the tax year? If "yes," attach a schedule listing they names and addresses | | 10 | | X |

b 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)

| Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) | Form 990-PF.(2009) PORTLAND WOMEN'S FOUNDAT | | | <u>93-03869</u> | 105 | Page 6 |
|---|--|----------------------------------|------------------|--|----------|-------------|
| (1) Carry on propagands, or otherwise attempt to influence legistation (asetion 4945(s)?? (2) Influence the outcome of any spontic public election (see section 4955); or to carry on, directly, any voter registation drive? (3) Provide a grant to an individual for bavel, study, or other smilar purposes? (4) Provide a grant to an individual for thavel, study, or other smilar purposes? (5) Provide for any purpose other than enlegious, charitable, etc. organization described in section. 505(e)(1), (2), or (3), or section 4940(c)(2)? (5) Provide for any purpose other than enlegious, charitable, scientific, literary, or educational purposes, or for the prevention of creately to children or animals? (6) If any single in Service 153(1)(5) did any of the transactions fail to qualify under the exceptions described in Regulations section 53-4945 or in a current notice regarding disaster assistance claes there (7) If the animal contract in the statement regarding disaster assistance check here (8) If the animal contract in the statement required by Regulations section 53-4945-5(d). (8) If the foundation, during the year, receive any funds, derectly or indirectly, to pay premiums on a personal benefit contract? (8) If Year 1606, the Form 887. (9) If year 100, the Form 887. (1) If year 100, the Form 887. (2) If year 100, the Form 887. (3) No Barry time during the tax year, was the foundation managers and their compensation. (a) Name and address of each employees (other than those included on line 1), If none, enter "NONE." (b) If year 100, the form 887. (c) Compensation of five highest-paid employees (other than those included on line 1), If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1), If none, enter "NONE." (e) Compensation of five highest-paid employees (other than those included on line 1), If none, enter "NONE." (e) Compensation of five highest-p | Part VII-B Statements Regarding Activities for Which F | orm 4720 May Be I | Required (contin | ued) | | |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or inderectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (5) Provide for any purpose other than reliquous, charitable, etc., organization described in section 505(0)(1), (2), or (3), or section 494(0)(2)? (5) Provide for any purpose other than reliquous, charitable, scentific, literary, or educational purposes, or for the grewind or cruelly official for any purpose official for the composition of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance check here (a) the answer is "res" to question 53.4945 or grant? (b) Yes, "affact the statement required by Regulations section 53.4945-5(d). (a) Odd the foundation, curring the year, pay premiums, directly or inderectly, on a personal benefit contract? (b) Yes, a "third the statement required by really and provided tax sheller transaction? (c) Organization About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly (a) Name and address of each employees (other than those included on line 1). If none, enter "NONE" (b) Title, and average for the provided of the p | 5a During the year did the foundation pay or incur any amount to: | | | | | |
| any water registation drive? (3) Provide a grant to an individual for tovel, study, or other similar purposes? (4) Provide a grant to an individual for tovel, study, or other similar purposes? (4) Provide a grant to an individual for tovel, study, or other similar purposes? (5) Provide for any purpose other than a charitable, etc., organization described in section (5) Stroved for any purpose other than religious, charitable, scentific, Merary, or educational purposes, or for the prevention of cruelty to children or animals? (6) I flam sinsers it "Set to 54(1)(do day or of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current nonce reparang disaster assistance (see instructions?) Organizations religion an autrent nonce reparang disaster assistance (see instructions?) Organizations religion on a current nonce reparang disaster assistance (see instructions?) If "res," attach the statement required by Regulations section 53.4945-5(d). 6a Dot the loundation, during the year, receive any funds, directly or indirectly, on pay premiums on a personal benefit contract? If "res," attach the statement required by Regulations section 53.4945-5(d). 6a Dot the foundation, during the year, pay premiums, directly or indirectly, on pay premiums on a personal benefit contract? If "res," to 6b, the Form 8270 7a At any time during the year, was the foundation a party to a prohibed tax sheller transaction? If I list all officers, directors, trustees, foundation managers and their compensation. (a) Name and address foundation managers and their compensation. (b) Ties, and swerage, hours pay were any managers of their compensation. (b) Ties, and swerage, hours pay were any managers and their compensation. (c) Compensation of five highest-paid employees (other than those included on line 1), If none, enter "NONE." (d) Compensation of the highest-paid employees (other than those included on line 1), If none, enter "NONE." (e) Expense activation of the pay | (1) Carry on propaganda, or otherwise attempt to influence legislation (section | 1 4945(e))? | Ye | s X No | 1 | |
| (3) Provide a grant to an origonization offer than a chartable, etc., organization described in section SS98(1), (2), or (3), or section 4940(d(2)? (5) Provide for any purpose other than religious, chartable, etc., organization described in section SS98(1), (2), or (3), or section 4940(d(2)? (5) Provide for any purpose other than religious, chartable, etc., organization described in section 1 by any answer is "yes" to Sa(1), (5), did any of the Variasacions fail to qualify under the exceptions described in Regulations 1 by any answer is "yes" to Sa(1), (5), did any of the Variasacions fail to qualify under the exceptions described in Regulations 1 by any answer is "yes" to Sa(1), (5), did any of the Variasacions fail to gualify under the exceptions described in Regulations 1 by Tax and Variation and the Variation of Sa(1), does the foundation claims exemption from the tax because it maintained 1 by Tax and the statement required by Regulations section 53.4945-5(d). 1 by Grantable to the Grantable of the Variation of t | (2) Influence the outcome of any specific public election (see section 4955); o | r to carry on, directly or indir | ectly, | | | |
| (4) Provide a grant to an organization of the Than a chartable, etc., organization described in section \$50(s)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than reliquous, chartable, scentific, literary, or educational purposes, or for the prevention of cruelly to children or animals? If any answer is "Yes" to Sq. (3), oid any of the transactions fail to quality under the exceptions described in Regulations section 53,4945 or in a current notice regarding diseaster assistance cise instructions? Ognanizations reliquing on a current notice regarding diseaster assistance scheck here c if the answer is "Yes" to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes is the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contact? If "Yes is No By the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contact? If "Yes is No By a large is the foundation of the part of the foundation of the foundation of the part of the foundation of t | any voter registration drive? | • | ☐ Ye | s X No | Ì | ľ |
| (4) Provide a grant to an organization of the Than a chartable, etc., organization described in section \$50(s)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than reliquous, chartable, scentific, literary, or educational purposes, or for the prevention of cruelly to children or animals? If any answer is "Yes" to Sq. (3), oid any of the transactions fail to quality under the exceptions described in Regulations section 53,4945 or in a current notice regarding diseaster assistance cise instructions? Ognanizations reliquing on a current notice regarding diseaster assistance scheck here c if the answer is "Yes" to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes is the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contact? If "Yes is No By the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contact? If "Yes is No By a large is the foundation of the part of the foundation of the foundation of the part of the foundation of t | • | ? | Y6 | s X No | | |
| Solge)(1), (2), or (3), or section 4940(d)(2)? | | | | | j | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruely to children or animals? b If any answer in Yes's 54(1)+(5), and any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding desister assistance (see instructions)? Organizations relying on a current notice regarding desister assistance check here c If the answer is Yes's to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If Yes, Atlanch the statement required by Regulations section 53.4945-5(d). 8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay preniums on a personal benefit contact? If Yes's Cost, file Form 8870 1a At any time during the tax year, was the foundation a party to a prohibited tax sheler transaction? 1a List all officers, directions and About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Information About Officers, Directors, Trustees, Foundation Managers, Highly Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 O. O. O. O. O. O. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average (c) Compensation (d) | • | ii doodiibod iii doodaa | | s X No | ŀ | |
| b If any answer is "Yes" to \$a(1)-(5), did any off the transactions fail to quality under the exceptions described in Regulations suction 6.34945 or in a current notice regarding desister assistance (see instructions)? Organizations relying on a current notice regarding desister assistance check here If the answer is "Yes" to quick in \$a(1), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes," of the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes To 80, file Form 8870 To A trany time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If yes To 80, file Form 8870 To A trany time during the tax year, was the foundation aparty to a prohibited tax shelter transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation (If not paid, enter "O-) (a) Name and address (b) Title, and average hours get week devoted form the paid and address of each employee paid more than \$50,000 (b) Title, and average hours get week devoted form the paid address of each employee paid more than \$50,000 (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation (d) Compensation and address of each employee paid more than \$50,000 (d) Compensation (e) Co | | or adjugational nurnoses or | | .5 🕰 110 | | |
| b If any answer is "Yes" to Sa(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding dessets assistance (see instructionis)? Organizations relying on a current notice regarding dessets assistance check here c if the answer is "Yes" to question 53.49 (soes the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes, "attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and exerage hours per week devoted (if India paid, enter -0-) (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week (evolved) (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week (evolved) (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week (evolved) (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NO | • | or caucational parposes, or | | s V No | | |
| sestion 53.4945 or in a current notice regarding desister assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here of if the answer is "Yes" to question 53.49, does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grain? If "Yes, "Each the setatement required by Regulations section 53.4945-5(d). 5a Did the foundation, during the year, peave any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to Ch. Interface and the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to Ch. Interface any structure of the foundation regions any pay remition and the foundation regions are any funding the tax selection? If It yes, did the foundation regione any for the foundation managers and their compensation. If It is all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoted to position (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (e) Expense all devoted to position of the highest paid and the foundation of the highest paid and the fo | | for the eventions described | _ | ا ۱۱۷ کما د | | |
| Organizations relying on a current notice regarding disaster assistance check here c if the answer is Yes' to question 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If Yes, **ratach the statement required by Regulations section 53.4945-5(d). But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation that the tax year, was the foundation a party to a prohibited tax shelter transaction? The start yiting formation About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1. List all officers, directors, strustees, foundation managers and their compensation. (a) Name and address (b) Title, and average foundation (fit not paid, enter -0-) SEE STATEMENT 9 2. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average devoted to position (c) Compensation (c) Compensati | **** | | iii negulaliolis | NT/A | 5h | |
| c if the answer is "es' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grants." N/A | | | | | 30 | -+ |
| expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). 5a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? I lives, diff be foundation receive any proceeds or have any net income attributable to the transaction? I List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted for position (c) Compensation (d) Combinations in address and their compensation. (c) Compensation (d) Combinations in address and their compensation. (d) Compensation (d) Combinations in address and their compensation. (e) Expense and their compensation. (a) Name and address of each employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoted for position (c) Compensation (d) Combinations in address and personal pers | | | | | | |
| 8a Did the foundation, during the year, receive any funds, enterty or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1. List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (a) Name and address (b) Title, and average hours per week devoted by position 2. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoted by Distribution of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (d) Com | * | | | | l | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the taxy sex, was the foundation a party to a prohibited tax shelter transaction? If I'ves" to 6b, file Form 8870 7a At any time during the taxy sex, was the foundation a party to a prohibited tax shelter transaction? If I list all officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted by position (c) Compensation (d) Compensation (e) Expense account, other allowances are compensation (e) Expense account, other allowances (e) Expense account, other allowances (e) Expense (e) Expe | | | N/A Ye | es L No | | |
| a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? if "Yes to be, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If ves, did the foundation receive any proceeds or new early net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (a) Name and address (a) Name and address (b) Titls, and average hours per week devoted for position Do . O . O . O . O . O . O . O . | • • • | | | | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If 'Yes' to 6b, life Form 8870 7 At At any time during the lax year, was the foundation a party to a prohibited tax shelter transaction? If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position 2 Compensation of five highest-paid employees (other than those included on line 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 hours per week devoted to position 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoted to position (c) Compensation (c) Expense account, other allowances allowances (d) Compensation (c) Compens | 6a Did the foundation, during the year, receive any funds, directly or indirectly, to p | pay premiums on | | | | |
| If "Yes" to 6b, file Form 8870 | a personal benefit contract? | | Ye | es LX No | ŀ | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? It is the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Paid Employees, and Contractors It is all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (if not paid, enter -0-) (d) Compensation (if not paid, enter -0-) (e) Expense account, other allowances (e) Expense account, other accounts (e) Expense account, other accounts (e) Expense account, other accounts (e) Expense accounts (e) Ex | b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | L | 6b | <u> </u> |
| bilityes, did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. | If "Yes" to 6b, file Form 8870 | | | | | |
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (if not paid, enter 4-) (if not paid, enter | 7a At any time during the tax year, was the foundation a party to a prohibited tax s | helter transaction? | Ye | es 🗓 No 📙 | | |
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| List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (fl not paid, enter -0.) SEE STATEMENT 9 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (c) Compensation (fl Copression to five highest-paid employees) (c) Compensation (fl Copression to five highest-paid employees) (d) Compensation (e) Expense address of each employee paid more than \$50,000 (e) Expense address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Compensation (d) Combinions to employee employees expected plants account, other allowances compensation (e) Expense employee employee employees expected plants account, other allowances compensation (e) Compensation (fl Compensation (fl Copression employees) (fl Copression to perform the proper specific plants and adverage hours per week devoted to position (fl Copression to perform the proper specific plants and adverage hours per week devoted to position to position enter "NONE." | Part VIII Information About Officers, Directors, Trusto | ees, Foundation Ma | nagers, Highly | / | | |
| (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (d) Combustions account, other allowances (e) Expense account, other allowances (f) Compensation (d) Combustions account, other allowances (f) Compensati | Paid Employees, and Contractors | | | | | |
| SEE STATEMENT 9 | 1 List all officers, directors, trustees, foundation managers and their | compensation. | | | | |
| SEE STATEMENT 9 | () Name and address | (b) Title, and average | | (d) Contributions to employee benefit plans | e) (e |) Expense |
| 2 Compensation of five highest-paid employees (other than those included on line 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) Combibutions to employee sent plants are account, other allowances (e) Expense account, other allowances | (a) Name and address | to position | | and deterred compensation | al | lowances |
| 2 Compensation of five highest-paid employees (other than those included on line 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) Combibutions to employee sent plants are account, other allowances (e) Expense account, other allowances | | | | | | |
| 2 Compensation of five highest-paid employees (other than those included on line 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 seed paid more than \$50,000 (e) Expense account, other allowances | | | | | | |
| 2 Compensation of five highest-paid employees (other than those included on line 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 seed paid more than \$50,000 (e) Expense account, other allowances | SEE STATEMENT 9 | | 0. | 0. | | 0. |
| (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee entit plans account, other allowances (e) Expense account, other allowances | | | | | | |
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| (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee entit plans account, other allowances (e) Expense account, other allowances | | | | | | |
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| (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee entit plans account, other allowances (e) Expense account, other allowances | | | | | | |
| (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee entit plans account, other allowances | | | | | | |
| (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans add defendence allowances (e) Expense account, other allowances | 2. Companyation of five highest-paid employees (other than those inc | luded on line 1\ If none | enter "NONE " | | — | |
| (a) Name and address of each employee paid more than \$50,000 NONE (c) Compensation employee benefit plans addetered compensation NONE (c) Compensation employee benefit plans addetered compensation NONE | 2 Compensation of five finghest-paid employees (other than those inc | | enter NONE. | (d) Contributions to | 10 |) Expense |
| NONE | (a) Name and address of each employee paid more than \$50,000 | `_'hours per week " | (c) Compensation | employee benefit plans and deferred | acc | ount, other |
| | | devoted to position | | compensation | l ai | iowances |
| Total number of other employees paid over \$50.000 | NONE | | | | | |
| Total number of other employees paid over \$50.000 | | | | | — | |
| Total number of other employees paid over \$50.000 | | | | | | |
| Total number of other employees paid over \$50.000 | | | | | — | |
| Total number of other employees paid over \$50.000 | | | | | | |
| Total number of other employees paid over \$50.000 | | | | | <u> </u> | |
| Total number of other employees paid over \$50.000 | | | 1 | | | |
| Total number of other employees paid over \$50.000 | | | | | | |
| Total number of other employees paid over \$50,000 | | | | | | |
| Total number of other employees paid over \$50,000 | | | | | | |
| | Total number of other employees paid over \$50,000 | | | • | | 0 |

| Form 990-PF (2009) PORTLAND WOMEN'S FOUNDATION | |)386905 Page 7 |
|---|------------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) | n Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "No | ONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | ▶ 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical i | nformation such as the | |
| number of organizations and other beneficiaries served, conferences convened, research papers produced | | Expenses |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
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| | | |
| 3 | | |
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| | | |
| 4 | | |
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| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines | 1 and 2. | Amount |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | <u>.</u> |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| | | |
| Fetal Add inno 1 through 2 | | 0 |

Page 8

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four | ndation | is, see instructions) |
|----------|---|------------|-----------------------|
| 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 | 2,741,213. |
| | Average of monthly cash balances | 1b | 92,119. |
| | Fair market value of all other assets | 1c | 2,705. |
| d | | 1d | 2,836,037. |
| _ | 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 | 2,836,037. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 42,541. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 2,793,496. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 139,675. |
| _ | Distribute ble American () () () () () () () () () (| | |
| LP | art XI Distributable Amount (see instructions) (Section 4942(I)(3) and (I)(5) private operating foundations an foreign organizations check here \(\rightarrow\) and do not complete this part.) | 14 001 ta1 | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 139,675. |
| 2a | Tax on investment income for 2009 from Part VI, line 5 | | |
| b | Income tax for 2009. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c | 1,163. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 138,512. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 138,512. |
| 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 | 138,512. |
| | | | |
| <u> </u> | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 195,118. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b_ | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 195,118. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | income. Enter 1% of Part I, line 27b | 5 | 1,163. |
| 6 | Adjusted qualifying distributions Subtract line 5 from line 4 | 6 | 193,955. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of | qualifies | for the section |
| | 4940(e) reduction of tax in those years. | | |

Form **990-PF** (2009)

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2008 | (c) 2008 | (d) 2009 |
|---|---------------|----------------------------|---------------------------------------|---------------------------|
| 1 Distributable amount for 2009 from Part XI, | | | | |
| line 7 | | | | 138,512. |
| 2 Undistributed income, if any, as of the end of 2009 | | | | |
| a Enter amount for 2008 only | | | 0. | |
| b Total for prior years: | | | | |
| ,, | | 0. | · · · · · · · · · · · · · · · · · · · | |
| 3 Excess distributions carryover, if any, to 2009: | | | | |
| a From 2004 | | | | |
| b From 2005 | | | | |
| c From 2006 | | | | |
| d From 2007 | | | | |
| e From 2008 68,724. | | | | |
| f Total of lines 3a through e | 68,724. | | | |
| 4 Qualifying distributions for 2009 from | | ļ | | |
| Part XII, line 4: \blacktriangleright \$ 195,118. | | | _ | li . |
| a Applied to 2008, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | . |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | 100 510 |
| d Applied to 2009 distributable amount | | | | 138,512. |
| e Remaining amount distributed out of corpus | 56,606. | | - <u>-</u> | |
| 5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | _ | | | |
| & Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 125,330. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' | | | | |
| undistributed income for which a notice of | | | | |
| deficiency has been issued, or on which the section 4942(a) tax has been previously | | | | |
| assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2008. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2009. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | _ |
| be distributed in 2010 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2004 | | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2010. | 105 220 | | | |
| Subtract lines 7 and 8 from line 6a | 125,330. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2005 | | ļ | | |
| b Excess from 2006 | | | | |
| d Excess from 2007 d Excess from 2008 68,724. | | | | |
| e Excess from 2009 56,606. | | | | |
| E LACESS HUIII 2005 30,000. | | | | Form 990-PF (2009) |

| Part XIV Private Operating For | D WOMEN S E | | I-A guestion 9) | N/A | 86905 Page 10 |
|---|-------------------------|------------------------------|--|----------------------------|---------------|
| | | | 1-A, question 3) | N/A | |
| 1 a If the foundation has received a ruling or | | • | | | |
| foundation, and the ruling is effective for | · | - | | 4040()(0) == | 040(4)(5) |
| b Check box to indicate whether the found | | ing toundation described | Prior 3 years | 4942(j)(3) or4 | 942(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year (a) 2009 | (b) 2008 | (c) 2007 | (d) 2006 | (e) Total |
| Income from Part I or the minimum | (a) 2009 | (0) 2000 | (6) 2007 | (0) 2000 | (6) 10121 |
| investment return from Part X for | | | ļ | | |
| each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | | | } | } | |
| line 4 for each year listed | | | | | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | | | |
| exempt activities | | <u> </u> | | | - |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a "Assets" alternative test - enter: | | | } | 1 | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter | | | | | |
| 2/3 of minimum investment return shown in Part X, line 6 for each year | | | | 1 | |
| listed | | | | | |
| c "Support" alternative test - enter: | | | | | |
| (1) Total support other than gross | | | 9 | İ | |
| 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 | | l | | <u> </u> | <u></u> |
| Part XV Supplementary Info | | | if the foundation | had \$5,000 or m | ore in assets |
| at any time during the | ne year-see the | instructions.) | <u>. </u> | | |
| 1 Information Regarding Foundation | n Managers: | | | | |
| a List any managers of the foundation who | | | ributions received by the | foundation before the clo | se of any tax |
| year (but only if they have contributed m | ore than \$5,000). (See | section 507(a)(2).) | | | |
| NONE | | | | | |
| b List any managers of the foundation who | | | (or an equally large portio | on of the ownership of a p | artnership or |
| other entity) of which the foundation has | a 10% or greater intere | SL | | | |
| NONE | | | | | · |
| 2 Information Regarding Contribution | | | | | |
| Check here ► If the foundation or | | | | | |
| the foundation makes gifts, grants, etc. (| | | | omplete items 2a, b, c, an | u u. |
| a The name, address, and telephone numb | er of the person to who | m applications should be | addressed: | | |
| GED CONTROL | | | | | |
| SEE STATEMENT 10 | | | | | |
| b The form in which applications should be | submitted and informa | ation and materials they s | 10010 Include: | | |
| c Any submission deadlines: | | | | | |
| d Any restrictions or limitations on awards | , such as by geographic | al areas, charitable fields, | kınds of institutions, or o | ther factors: | |

| 3 Grants and Contributions Paid During the Y | ear or Approved for Future I | Payment | | |
|--|--|--------------------------------------|----------------------------------|------------------------------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| a Paid during the year | | | | 1 |
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| SEE STATEMENT 11 | <u> </u> | <u> </u> | L | 100 505 |
| Total | T | | > 3a | 190,695. |
| b Approved for future payment | | | | |
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| | | | | |
| NONE | | | | |
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| Total | | | <u>▶ 3b</u> | 0 • Orm 990-PF (2009) |
| 050011 05.05-10 | | | F | лы ээс-г г (2009) |

| nter gross amounts unless otherwise indicated. | Ulliciateu | business income | | ded by section 512, 513, or 514 | (e) |
|---|-----------------|--|----------------|---------------------------------|---------------------------------------|
| | (a) Business | (b) | (C) Exclu- | (d) | Related or exempt |
| 1 Program service revenue: | code | Amount | sion | Amount | function income |
| a | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | 1 - 1 | | 1 1 | | |
| 1 | _ | | | | |
| g Fees and contracts from government agencies | _ | | 1 1 | | |
| Membership dues and assessments | | | † † | | |
| Interest on savings and temporary cash | | | 1 1 | | |
| investments | | | | | |
| Dividends and interest from securities | - | | 14 | 72,228. | |
| Net rental income or (loss) from real estate: | | | + | 72,220. | |
| a Debt-financed property | | | + + | | |
| b Not debt-financed property | | | † † | | |
| Net rental income or (loss) from personal | | | \vdash | | |
| | | | | | |
| property . Other investment income | | | 1 + | | |
| | | | 1 1 | | |
| Gain or (loss) from sales of assets other | | | 18 | 64,083. | |
| than inventory | | | 10 | 04,003. | |
| Net income or (loss) from special events | | | | | |
| Gross profit or (loss) from sales of inventory | | · · · · · · · · · · · · · · · · · · · | ┼┤ | | |
| Other revenue: | | | | | |
| a | 1 1 | | | | |
| b | - | | | | |
| C | _ | | | | |
| • | | | } - | | · · · · · · · · · · · · · · · · · · · |
| d | | | \bot | | |
| е | | | 1 1 | 127 211 | |
| e Subtotal. Add columns (b), (d), and (e) | | 0. | | 136,311. | |
| e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) | | 0. | | | 136,31 |
| e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) | | 0. | | | |
| e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. |) | | | 13 | |
| e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities | s to the Accor | nplishment of E | xempt | 13 t Purposes | 136,31 |
| Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in | s to the Accor | nplishment of Excolumn (e) of Part XVI-A | xempt | 13 t Purposes | 136,31 |
| Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities | s to the Accor | nplishment of Excolumn (e) of Part XVI-A | xempt | 13 t Purposes | 136,31 |
| Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in | s to the Accor | nplishment of Excolumn (e) of Part XVI-A | xempt | 13 t Purposes | 136,31 |
| Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in | s to the Accor | nplishment of Excolumn (e) of Part XVI-A | xempt | 13 t Purposes | 136,31 |
| Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in | s to the Accor | nplishment of Excolumn (e) of Part XVI-A | xempt | 13 t Purposes | 136,31 |
| Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in | s to the Accor | nplishment of Excolumn (e) of Part XVI-A | xempt | 13 t Purposes | 136,31 |
| Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in | s to the Accor | nplishment of Excolumn (e) of Part XVI-A | xempt | 13 t Purposes | 136,31 |
| Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in | s to the Accor | nplishment of Excolumn (e) of Part XVI-A | xempt | 13 t Purposes | 136,31 |
| Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in | s to the Accor | nplishment of Excolumn (e) of Part XVI-A | xempt | 13 t Purposes | 136,31 |
| Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in | s to the Accor | nplishment of Excolumn (e) of Part XVI-A | xempt | 13 t Purposes | 136,31 |
| Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in | s to the Accor | nplishment of Excolumn (e) of Part XVI-A | xempt | 13 t Purposes | 136,31 |
| Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in | s to the Accor | nplishment of Excolumn (e) of Part XVI-A | xempt | 13 t Purposes | 136,31 |
| Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in | s to the Accor | nplishment of Excolumn (e) of Part XVI-A | xempt | 13 t Purposes | 136,31 |
| Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in | s to the Accor | nplishment of Excolumn (e) of Part XVI-A | xempt | 13 t Purposes | 136,31 |
| Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in | s to the Accor | nplishment of Excolumn (e) of Part XVI-A | xempt | 13 t Purposes | 136,31 |
| Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in | s to the Accor | nplishment of Excolumn (e) of Part XVI-A | xempt | 13 t Purposes | 136,31 |

Form 990-PF (2009) PORTLAND WOMEN'S FOUNDATION 93-0386905 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of Yes No the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) (2) Other assets 1a(2) b Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 16(2) 1b(3) (3) Rental of facilities, equipment, or other assets 1b(4) (4) Reimbursement arrangements (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in

| colun | in (d) the value of the goods, | other assets, or services received | | | |
|--|---|---|---------------------------------------|---|-----------------------------------|
| (a) Line no | (b) Amount involved | (c) Name of noncharitab | le exempt organization | (d) Description of transfers, transa | actions, and sharing arrangements |
| | | N/A | ., . | | |
| | | | | | |
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| | | | | | |
| ın sec | tion 501(c) of the Code (other | tly affiliated with, or related to, one r than section 501(c)(3)) or in sec adula | • • | ations described | Yes X No |
| D II TE | s," complete the following sch (a) Name of org | | (b) Type of organization | (c) Description of | f relationship |
| | N/A | umzuton | (b) Type of organization | (c) bescription of | Trolationship |
| | 14/ A | | | | |
| | | | | | *** |
| | | | | | - |
| | | | · · · · · · · · · · · · · · · · · · · | | |
| Under p | enalties of perjury, I declare that I h | ave examined this return, including acc | ompanying schedules and stateme | ents, and to the best of my knowledge and | belief, it is true, correct, |
| and con | plete Declaration of preparer (other | er than taxpayer or fiduciary) is based or | all information of which preparer i | nas any knowledge | |
| | (atm(1) D) | Ulman On | 9/W3/10 | TREASURER | |
| e Si | gnature of officer or trustee | 1 | Date | Title | |
| sign Here | Preparer's | VI | Da Da | | Preparer's identifying number |
| ig s'r's | signature ROBER | T M. PRILL 🎾 | M. V | ate G/G/Is Check if self-employed > | ןר |
| | Firm's name (or yours HOFF | MAN, STEWART & | SCHMIDT, PC | EIN ▶ | = ! |
| Sign Paid Preparer's Use Only | rf self-employed), 4900 | MEADOWS ROAD, | | | |
| 4- | address, and ZIP code LAKE | | 35-3295 | Phone no. | (503) 220-5900 |
| | | | | 17 1101101101 | Form 990-PF (2009) |
| | | | | | |

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2009

Employer identification number

93-0386905 PORTLAND WOMEN'S FOUNDATION 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 Form 990-PF 501(c)(3) exempt private foundation 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 33 1/3% 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 II 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 during the year. \$ 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).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

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

| | ` . | | |
|------------|--|-------------------------------|---|
| | Form 990, 990-EZ, or 990-PF) (2009) rganization | | Page 1 of 1 of Part Part Page 1 of Part Part Page 1 |
| | AND WOMEN'S FOUNDATION | | 93-0386905 |
| Part I | Contributors (see instructions) | _ | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contribution | (d) Type of contribution |
| 1 | CANDACE HOLZGRAFE 300 SE SPOKANE STREET PORTLAND, OR 97202 | \$ 20,000 | Person X Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contribution | (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 contribution | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II if there is a noncash contribution |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contribution | (d) Type of contribution |
| | | \$ | Person Payroll Oncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contribution | (d) Type of contribution |
| | | | Person |

(b)

Name, address, and ZIP + 4

(c)

Aggregate contributions

Payroll Noncash

Person Payroll Noncash

(Complete Part II if there is a noncash contribution)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution)

(a)

No.

| FORM 990-PF DIV | IDENDS AND | INTER | EST FROM | SECUI | RITIES | STATEMENT | 1 |
|-------------------------------------|-------------|---------------------|-----------------------------|-------|------------------------------|-----------|-----|
| SOURCE | | GROSS | AMOUNT | | ITAL GAINS IVIDENDS | COLUMN (A | 7) |
| EARNINGS ON INVESTMENTS | • | | 72,228. | | 0. | 72,2 | 28. |
| TOTAL TO FM 990-PF, PART | I, LN 4 | | 72,228. | | 0. | 72,2 | 28. |
| FORM 990-PF | AC | COUNTI | NG FEES | | | STATEMENT | 2 |
| DESCRIPTION | EXPE | A) NSES BOOKS | (B) NET INVE MENT INC | | (C) ADJUSTED NET INCOM | | |
| ACCOUNTING FEES | | 4,800. | 1, | 750. | | 0. 2,6 | 25. |
| TO FORM 990-PF, PG 1, LN | 16B | 4,800. | 1, | 750. | | 0. 2,6 | 25. |
| FORM 990-PF | OTHER | PROFES | SIONAL FE | EES | | STATEMENT | 3 |
| DESCRIPTION | EXPE | A) NSES BOOKS | (B) NET INVE MENT INC | | (C) ADJUSTED NET INCOM | | |
| INVESTMENT ADVISORY FEES | 1 | 8,252. | 18, | 252. | | 0. | 0. |
| TO FORM 990-PF, PG 1, LN | 16C 1 | 8,252. | 18, | 252. | | 0. | 0. |
| FORM 990-PF | | TAX | ES | | | STATEMENT | 4 |
| DESCRIPTION | EXPE | A) NSES BOOKS | (B) NET INVE MENT INC | EST- | (C) ADJUSTED NET INCOM | | |
| FEDERAL EXCISE TAX | | 1,163. | - | 0. | | 0. | 0. |
| OREGON CHARITABLE ACTIVITIES FEE | | 421. | | 50. | | 0. 2 | 51. |
| TO FORM 990-PF, PG 1, LN | 18 | 1,584. | | 50. | | 0. 2 | 51. |
| | | | | | | | |

| FORM 990-PF | OTHER E | XPENSES | · | | ST | ATEMENT | 5 |
|--|--|-----------------------------|----------------|------------------------------|----------------------|--------------------------|-----------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVE MENT INC | | (C) ADJUSTEI NET INCOM | | (D) CHARITA PURPOS | |
| DUES AND SUBSCRIPTIONS INSURANCE MISCELLANEOUS SUPPLIES, PRINTING & POSTAGE MEETINGS/CONFERENCES | 900. 837. 280. 1,372. 155. | | 0. 0. 0. | | 0. 0. 0. 0. | 1,2 | 0 . 40 . 52 . 55 . |
| TO FORM 990-PF, PG 1, LN 23 | 3,544. | | 0. | | 0. | 1,5 | 47. |
| FORM 990-PF U.S. AND S | TATE/CITY GOV'' | • OTHER | | | - | ATEMENT | T |
| FIXED INCOME | —————————————————————————————————————— | - GOV T | | 176,523. | <u> </u> | 176,5 | 23 |
| TOTAL U.S. GOVERNMENT OBLIGAT | IONS | | | 176,523. | | 176,5 | 23 |
| TOTAL STATE AND MUNICIPAL GOV | ERNMENT OBL | IGATIONS | | | | | |
| TOTAL TO FORM 990-PF, PART II | , LINE 10A | : | | 176,523. | | 176,5 | 23. |
| FORM 990-PF | CORPORATI | E STOCK | | | STA | ATEMENT | 7 |
| DESCRIPTION | | | вос | K VALUE | FA | IR MARKE' VALUE | Г |
| MUTUAL AND EXCHANGE TRADED FU | NDS | | 2 | ,129,827. | | 2,129,8 | 27. |
| TOTAL TO FORM 990-PF, PART II | , LINE 10B | • | 2 | ,129,827. | | 2,129,8 | 27. |

| FORM 990-PF | CORPORATE BONDS | | STAT | EMENT 8 | | |
|---|--|-------------------|---------------------------------|----------------------|--|--|
| DESCRIPTION | | BOOK VALU | | MARKET ALUE | | |
| BOND FUNDS | | 584,7 | 99. | 584,799. 584,799. | | |
| TOTAL TO FORM 990-PF, PART | II, LINE 10C | 584,7 | 99. | | | |
| | I - LIST OF OFFICERS, D EES AND FOUNDATION MANA | | STAT | EMENT 9 | | |
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE | | |
| MOLLY BAYLESS SHANK C/O THE FOUNDATION PORTLAND, OR 97207 | PRESIDENT 1.00 | 0. | 0. | 0. | | |
| LYNNE BANGSUND C/O THE FOUNDATION PORTLAND, OR 97207 | TREASURER 1.00 | 0. | 0. | 0. | | |
| CATHIE GLENNON C/O THE FOUNDATION PORTLAND, OR 97207 | SECRETARY 1.00 | 0. | 0. | 0. | | |
| VERNA BAILEY C/O THE FOUNDATION PORTLAND, OR 97207 | BOARD MEMBER 1.00 | 0. | 0. | 0. | | |
| ALICE BERGMAN C/O THE FOUNDATION PORTLAND, OR 97207 | BOARD MEMBER 1.00 | 0. | 0. | 0. | | |
| SHANNON CONNELLY C/O THE FOUNDATION PORTLAND, OR 97207 | BOARD MEMBER 1.00 | 0. | 0. | 0. | | |
| MARTHA GAZELEY C/O THE FOUNDATION PORTLAND, OR 97207 | BOARD MEMBER 1.00 | 0. | 0. | 0. | | |
| MICHELLE GOODMAN C/O THE FOUNDATION PORTLAND, OR 97207 | BOARD MEMBER 1.00 | 0. | 0. | 0. | | |

| PORTLAND WOMEN'S FOUNDATION | N | | 93-0 | 386905 |
|--|----------------------|----|------|--------|
| CYNTHIA GRIFFIN C/O THE FOUNDATION PORTLAND, OR 97207 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| ANN MATSCHINER C/O THE FOUNDATION PORTLAND, OR 97207 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| MARCELLA MCGEE C/O THE FOUNDATION PORTLAND, OR 97207 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| KAREN NELSON C/O THE FOUNDATION PORTLAND, OR 97207 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| ANNE NOALL C/O THE FOUNDATION PORTLAND, OR 97207 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| DANA PLAUTZ C/O THE FOUNDATION PORTLAND, OR 97207 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| KIMBERLEE SHENG C/O THE FOUNDATION PORTLAND, OR 97207 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| CHRISTY STOCKTON C/O THE FOUNDATION PORTLAND, OR 97207 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| JEANNE TEISHER C/O THE FOUNDATION PORTLAND, OR 97207 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| SUE WALCUTT C/O THE FOUNDATION PORTLAND, OR 97207 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, P | AGE 6, PART VIII | 0. | 0. | 0. |

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 10

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

SELECTIONS CHAIR - C/O PORTLAND WOMEN'S FOUNDATION PO BOX 1032 PORTLAND, OR 972071032

TELEPHONE NUMBER NAME OF GRANT PROGRAM

SELECTIONS CHAIR

FORM AND CONTENT OF APPLICATIONS

TO APPLY FOR A GRANT, AGENCIES MUST PROVIDE THE FOLLOWING INFORMATION:

- A COMPLETED APPLICATION FORM (MAY BE OBTAINED FROM WEBSITE).
- DETAILED BUDGET FOR THE PROJECT.
- 3. AGENCY'S CURRENT AND PRIOR OPERATING BUGETS.
- AGENCY'S LAST TWO FISCAL YEAR-END FINANCIAL STATEMENTS (NEED NOT BE AUDITED).
- 5. COPY OF THE FIRST TWO PAGES OF THE AGENCY'S MOST RECENT FEDERAL 990 TAX RETURNS.
- 6. PROOF FROM THE INTERNAL REVENUE SERVICE OF AGENCY'S 501(C)(3) TAX

ANY SUBMISSION DEADLINES

NOVEMBER 15

RESTRICTIONS AND LIMITATIONS ON AWARDS

AGENCIES REQUESTING FUNDS MUST:

- BE AN ESTABLISHED NONPROFIT AGENCY OPERATING WITHIN CLACKAMAS. MULTNOMAH, OR WASHINGTON COUNTY.
- 2. HAVE A 501(C)(3) TAX-EXEMPT STATUS.
- 3. HAVE COMPLETED AND RETURNED A SIX-MONTH PROGRESS REPORT (MAY BE OBTAINED FROM WEBSITE) IF FUNDED BY PWUF IN THE PAST YEAR.

THE FOUNDATION DOES NOT FUND SERVICES THAT DO NOT DIRECTLY BENEFIT THE NEEDS OF WOMEN FOR HOUSING, HEALTH, EDUCATION, AND RESPITE CARE WHILE PROVIDING THESE WOMEN WITH THE OPPORTUNITY TO ACHIEVE SELF-SUFFICIENCY. FORM 990-PF

STATEMENT 11

| RECIPIENT NAME AND ADDRESS | RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT | | AMOUNT |
|--|--|--------|---------|
| ADELANTE MUJERES 2420 19TH AVENUE FOREST GROVE, OR 97116 | N/A EDUCATION PROGRAM FOR LOW-INCOME LATINA WOMEN | PUBLIC | 10,000. |
| BIENESTAR 220 SE 12TH AVENUE HILLSBORO, OR 97123 | N/A MENTAL HEALTH SERVICES FOR RESIDENTS OF BIENESTAR | PUBLIC | 6,750. |
| BRADLEY-ANGLE HOUSE 4548 N. ALBINA AVE., SUITE 101 PORTLAND, OR 97217 | | PUBLIC | 3,000. |
| CATHOLIC CHARITIES 1910 SE 11TH AVENUE PORTLAND, OR 97214 | N/A HOUSING ASSISTANCE FOR LOW-INCOME HOMELESS WOMEN | PUBLIC | 10,000. |
| CLACAKAMAS WOMEN'S SERVICES 704 MAIN STREET, SUITE 200 OREGON CITY, OR 97045 | N/A PROVIDE SUPPORT FOR WOMEN'S SHELTER | PUBLIC | 9,000. |
| DOMESTIC VIOLENCE RESOURCE CENTER PO BOX 494 HILLSBORO, OR 97123 | OPERATING SUPPORT FOR | PUBLIC | 7,000. |
| FRIENDLY HOUSE 2617 NW SAVIER PORTLAND, OR 97210 | N/A HOUSING ASSISTANCE AND SUPPORT SERVICES FOR LOW-INCOME AND HOMELESS FAMILIES | PUBLIC | 5,000. |
| HUMAN SOLUTIONS 12350 SE POWELL BLVD. PORTLAND, OR 97236 | N/A PROVIDE SUPPORT FOR FAMILY ADVOCATE AT THE DAYBREAK | PUBLIC | 8,000. |

GRANTS AND CONTRIBUTIONS
PAID DURING THE YEAR

| PORTLAND WOMEN'S FOUNDATION | | | 93-0386905 |
|--|--|--------|------------|
| IMPACT NORTHWEST PO BOX 33503 PORTLAND, OR 97292 | N/A TRANSITIONAL HOUSING AND SUPPORTIVE SERVICES FOR HOMELESS WOMEN AND CHILDREN | PUBLIC | 10,000. |
| LIFEWORKS NORTHWEST 14600 NW CORNELL RD. PORTLAND, OR 97229 | N/A FUNDS TO PROVIDE SHORT-TERM RENT SUBSIDIES TO WOMEN | PUBLIC | 5,000. |
| LUTHERAN COMMUNITY SVCS. NW 3800 SW CEDAR HILLS BLVD #230 BEAVERTON, OR 97005 | N/A PROVIDE SUPPORT TO TRANSITIONAL HOUSING PROGRAM | PUBLIC | 10,000. |
| METROPOLITAN FAMILY SERVICES 1808 SE BELMONT PORTLAND, OR 97214 | N/A PROVIDE IN-HOME SUPPORT AND TRANSPORTATION SERVICES | PUBLIC | 7,500. |
| MORRISON CHILD & FAM SERVICES 9911 SE MT. SCOTT BLVD. PORTLAND, OR 97266 | N/A PROJECT MATCHES MENTORS WITH PARENTS WHO NEED HELP. | PUBLIC | 5,000. |
| NORTHWEST HOUSING ALTERNATIVES 2316 SE WILLARD STREET PORTLAND, OR 97222 | N/A PROVIDE OPERATING SUPPORT FOR THE ANNIE ROSS HOUSE | PUBLIC | 10,000. |
| NORTHWEST PILOT PROJECT, INC. 1430 SW BROADWAY, SUITE 200 PORTLAND, OR 97201 | N/A OUTREACH AND HOUSING PLACEMENT SERVICES TO SENIOR WOMEN WHO ARE HOMELESS | PUBLIC | 10,000. |
| OREGON TRADESWOMEN, INC. 1714 NE ALBERTA STREET PORTLAND, OR 97211 | N/A PROVIDE FUNDS TO SUPPORT PATHWAY TO SUCCESS JOB TRAINING PROGRAM | PUBLIC | 5,000. |
| PORTLAND WOMEN'S CRISIS LINE PO BOX 42610 PORTLAND, OR 97242 | N/A SUPPORT BRIDGE FUND FOR SHORT-TERM EMERGENCY HOUSING | PUBLIC | 8,000. |

| PORTLAND WOMEN'S FOUNDATION | | | 93-0386905 |
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| RAPHAEL HOUSE OF PORTLAND 4110 SE HAWTHORNE # 503 PORTLAND, OR 97214 | | PUBLIC | 8,000. |
| REACH COMMUNITY DEVELOPMENT, INC. 1135 SE SALMON STREET PORTLAND, OR 97214 | N/A SUPPORT OF PROGRAM HELPING WOMEN TRANSITION TO PERMANENT HOUSING | PUBLIC | 1,000. |
| ROSE HAVEN PO BOX 11620 PORTLAND, OR 97211 | N/A GENERAL OPERATING SUPPORT OF ROSE HAVEN | PUBLIC | 8,500. |
| SENIOR CITIZENS COUNCIL OF CLACKAMAS COUNTY PO BOX 1777 OREGON CITY, OR 97045 | PROVIDE SUPPORT FOR | PUBLIC | 5,000. |
| STORE TO DOOR PO BOX 4665 PORTLAND, OR 97208 | N/A SUPPLEMENT COSTS OF DELIVERING GROCERIES AND OTHER ITEMS TO SENIORS | PUBLIC | 5,000. |
| TRANSITION PROJECTS 475 NW GLISAN ST. PORTLAND, OR 97209 | N/A FUNDS TO SUPPORT HOUSING PROGRAMS FOR HOMELESS WOMEN. | PUBLIC | 5,000. |
| VOLUNTEERS OF AMERICA 3910 SE STARK ST. PORTLAND, OR 97214 | N/A SUPPORT OF INTENSIVE HOUSING AND SUPPORT SERVICES FOR VICTIMS OF ABUSE | PUBLIC | 10,000. |
| WOMEN'S TA FUND 1001 SE WATER AVE. #490 PORTLAND, OR 97214 | N/A FUND ESTABLISHED TO PROVIDE TRAINING FOR AGENCIES FU | PUBLIC | 8,945. |
| YWCA OF GREATER PORTLAND 1111 SW 10TH PORTLAND, OR 97205 | N/A PROVIDE SUPPORT FOR YOLANDA HOUSE SHELTER | PUBLIC | 10,000. |
| TOTAL TO FORM 990-PF, PART XV, LI | INE 3A | | 190,695. |