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∳ 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 154-5-1150

2009

Open to Public Inspection

B Omes A specialists Part	A For the 2009 calendar year, or tax year beginning 10 HE 1, 2009, and ending							٥	
Section 501(c)(3) organizations and 4947(c)(1) or 327 32 42 43 54 54 54 54 54 54 54	В	Check if applicable Please C Name of organization		. 10 مد	mployer i				
New Section 501(c)(3) organizations and 497(a)(1) nonext no. 1	=		ddress change use IRS ALTEN HANDAALL FOUNDATION INC 4					019583	
Terrestated Provided Provi	=							A . A	
Anotherent remains Section 501(c)(3) organizations and 4947(a)(1) nanexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Canada (Section 501(c)(3) organizations and 4947(a)(1) nanexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Canada (Section 501(c)(3) organizations and 4947(a)(1) nanexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Canada (Section 501(c)(3) organizations and 4947(a)(1) or 527 Section 501(c)(3) organizations and section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 ∧ Form 990-EZ or 990-EZ. Section 501(c)(3) supporting organization and its gross receipts are normally not more than \$25,000 ∧ Form 990-EZ or 990-EZ or 990-EZ. Section 501(c)(3) supporting organization and its gross receipts are normally not more than \$25,000 ∧ Form 990-EZ or formal for	_		ed See	1248 SW CARDINELL	WAY	- 5	93 <u>2</u>	7878	1
Section 501(c)(2) organizations and 4947(a)(1) noneempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H Check ►		Amended		City or town, state or country, and ZIP + 4		FG	iroup Exemption DLN		
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Website: ►		• Sec			st attach	G Accounting	Method	☐ Cash ☐ Acc	ruai
Website: ► Travexempt status (check only one) 501(c) (1) (insert no.) 4947(a)(1) or 527 590-EZ, or 990-EZ, or 990-PD.	_		a co	mpleted Schedule A (Form 990 or 990-EZ).		Other (spe	cify) ►		
Tax-exempt status (check only one) 501(c) (y) 4 insert not 4947(a)(1) o 527 990-E2, or 990-P2. K Check				→				-	
K Check						1 .			0,
Form 990-E2 or Form 990 returns in ct required, but if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 5b, and 7b, to line 9 to determine gross receipts it \$500,000 or more, file Form 990 missed of Form 990 misse	JI	ax-ex							
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, girts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less, cost or other basis and sales expenses 5 C Gain or (loss) from sale of assets other than inventory 5 Less, cost or other basis and sales expenses 6 Special events and activates (compete expresses) Security (Subtract line 5b from line 5a). 6 Special events and activates (compete expresses) Security (Subtract line 5b from line 5a). 6 Special events and activates (compete expresses) Security (Subtract line 5b from line 5a). 7 C Special events and activates (compete expresses) Security (Subtract line 5b from line 5a). 8 C Revenue, (not including \$\frac{1}{2}\$			' \						k .
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Wha Desc man each	Statement of Program Service Accommute is the organization's primary exempt purpose? cribe what was achieved in carrying out the organization, describe the services provided, the number of program title.	Solle 4 HAND ganization's exempt purpo	SALL ses. In a clear a	nd concise	501(d organ 4947	Expenses used for section -1:)(3) and 50 1 (c)(4) uzations and section (a)(1) trusts, optional thers)
28	(Grants \$) \(\forall \text{this amount}\)	includes foreign grants, ch	eck dere	▶ □	28a	
29	(Grants \$					
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30	(Grants \$) If this amount includes foreign grants, check here ▶ □					
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		includes foreign grants, ch	eck here	<u> </u>	30a	
31	Other program services (attach schedule)					
32	(Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign grants, ch	eck here	· •	31a 32	
	t IV List of Officers, Directors, Trustees, and Key			ated. (See the		tions for Part IV.)
	(a) Name and address	(b) Title and average hours per week	(c) Compensation	(d) Contribution	ns to	(e) Expense
		devoted to position	(If not paid, enter -0)	deferred compe	nsation_	other allowances
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					Form	n 990-EZ (2009)

Part	Other Information (Note the statement requirements in the instructions for Part V.)		
-			Yes No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
h		35b	
36	If "Yes," has it filed a tax return on Form 990-T for this year?	36	- X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	30	
b	Did the organization file Form 1120-POL for this year?	37b	_ 🗶
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	<u> </u>	
	any such loans made in a prior year and still outstanding at the end of the period covered by this return? .	38a	_ X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b -		
39	Section 501(c)(7) organizations Enter		
а	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed. ▶		
42a	The organization's books are in care of ► IRVING ALTEM Telephone no ► 50	32	26787
	Located at > 12 4 & SW Earching WAY PORTLAND OR ZIP + 4 > 9	12	01
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ſ	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes No
	account)?	42b	— X
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	A,
3	If "Yes," enter the name of the foreign country: ►	<u>v</u>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		▶□
	and enter the amount of tax-exempt interest received or accrued during the tax year	-<	<u>ት</u>
4.4			Yes No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X
		~~~	F7 (0000)

Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	347(a)(1) nonexempt char	exempt charitat itable trusts mus	ole trusts only. A st answer questio	Il section ns 46–49b⇒
	Did the organization engage in direct or indirect				Yes No
	candidates for public office? If "Yes," complete	*			46
	3.9				
	Did the organization a school as described in section by the organization make any transfers to an e		•		48 X
	If "Yes," was the related organization a section	•			49b X
	Complete this table for the organization's five h				
	employees) who each received more than \$100	,000 of compensation from	the organization.		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
				<del> </del>	
	<i>f</i>				
			<del> </del>		
f -	Total number of other employees paid over \$10	0.000		.l	<del></del>
	(a) Name and address of each independent contracto		(6) (7)	pe of service	(c) Compensation
••				}	
		· · · · · · · · · · · · · · · · · · ·			
	·				
d 7	Total number of other independent contractors	each receiving over \$100,00	00 <b>▶</b>		
	Under penalties of penury, I declare that I have examin and belief, it is true, correct, and complete Declaration				
Sign Here	Signature of officer Arms Att	M		7/19/10 Date	
	Type or print name and title	LITEN TRES	5		
Paid	Preparer's signature	Date	Check if	Preparer's identifying num	ber (See instructions)
Preparer	Firm sharile (or		EIN		
Use Only	address, and ZIP + 4			one no 🕨	
May the	IRS discuss this return with the preparer show	n above? See instructions	· · · · · ·	▶ 🛚	Yes No
		1		For	m <b>990-EZ</b> (2009)

Schedule B Endoved