

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



•	· a	90-PF			R	eturn of Priva	te Found	dation			OMB No 1545-005	52
	partme	nt of the Treasury	<b>.</b>			ction 4947(a)(1) Non Treated as a Priv	∕ate Foundati	on			2010	
_		evenue Service lendar year 2010				be able to use a copy o		atisty state, and end		ing requirements	. 20	
_		ck all that apply	, 01 1	Initial return		Initial return	of a former p			<del></del>	Final return	
٥	Cile	ok all that apply		Amended re			ess change	المان فالظهر	<del>-</del> -	ame change	] i mai retam	
N	ame o	f foundation		17 till Chada		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	oo Glange			A Employer identific	cation number	
S	TEP	HEN & JEAN	ROTH	CHARITA	BLE E	FOUNDATION				95-	4479497	
N	umbei	and street (or P O	box nu	mber if mail is not	delivere	d to street address)	<u> </u>	Room/su	iite	B Telephone number	see page 10 of the instruct	lions)
1	336	3 SW IRON M	TNUC	AIN BLVD						(50	3) 953-3780	
c	ity or i	town, state, and ZIP	code					·		C If exemption applica pending, check here	tion is	
									- 1	D 1 Foreign organizat		
P	ORT:	LAND, OR 97	219							2 Foreign organizat		
H	$\overline{}$	ck type of organi				(c)(3) exempt private			ŀ	85% test, check h computation .		
$\perp$	s	ection 4947(a)(1) r	onexe			Other taxable p				E if private foundation	status was terminated	
ı		market value of a			$\overline{}$	unting method X C	Cash Acc	crual		under section 507(b	(1)(A), check here . 🕨	
	•	ear (from Part II, c				ther (specify)					ın a 60-month termination	
						column (d) must be o	n casn basis )			under section 507(b)	(1)(B), check here	
Li	'art I	Analysis of Rev total of amounts in may not necessar column (a) (see pa	colum	ins (b), (c), and al the amounts	' (d) In	(a) Revenue and expenses per books	(b) Net inve		(c	Adjusted net income	(d) Disbursement for charitable purposes (cash basis only	
_	1	Contributions, gifts, gran	-			101,875	<del>                                     </del>				(Gasii Basis Gilly	
	2	ob and the fifth	e found	lation is <b>not</b> requi	red to					-	-	
	3	Interest on savings a										
	4	Dividends and inte	-	-		542	4	542.			ATCH 1	-
Ξ	5a	Gross rents										
7	ь	Net rental income or	(loss) _									
Revenue!		Net gain or (loss) fro Gross sales pice for a assets on line 6a			ne 10 704.	-2,847						-
Š	7	Capital gain net in	come (	(from Part IV, lir	ne 2) .							
Z	8	Net short-term cap	oital ga	ın								
	9	Income modification	ons · ¡	. <i></i>								
ż	10 a	Gross sales less return and allowances · ·					ļ			<del></del>		
コンスズイ	b	Less Cost of goods se					<u>-</u> .					
3	С	Gross profit or (los					-					
1	11	Other income (atta	ich sch	nedule)		99,570	<u> </u>	542.			-	
_	12	Total. Add lines 1				99,570	. ]	342.				
	13	Compensation of offi				<del> </del>	1					
ŝ	14	Other employee sa					-					
Expenses	15	Pension plans, em						<del></del>				
ğ	16a	Legal fees (attach	scheal	ne) ATCH	2	3,950	<del> </del>	0.		0.	<del></del>	
	0	Accounting fees (a Other professional	attacri	street sebedule								
⋛	17	Interest	RE	CEIVED	-							
stra	18	Taxes (attach schedu				38	-	38.		·	-	
Ĕ	19	Depreciation (atta	rpJ97P	edute) and den	letico)		· · · · · · · · · · · · · · · · · · ·					
퉏	20	Occupancy	ا الرداد	30 p. 70 feb	ŸĊ,							
perating and Administrative	21	Travel, conference	s-and		SS.		1					
au	22	Printing and public			<b>⊣</b> ≒:							
Бű	23	Other expenses (a				1,523		1,523.				
ati	24	Total operating a									-	
per		Add lines 13 throu				5,511		1,561.		0.		0
Ō	25	Contributions, gift	_			27,760					27,	
_	26	Total expenses and disl				33,271		1,561.		0.	27,	760
	27	Subtract line 26 fr	om lin	e 12						_		
	ء ا	Fyress of revenue over	ovnense	se and dishurtemen	nte	66,299	1					

c Adjusted net income (if negative, enter -0-). .

For Paperwork Reduction Act Notice, see page 30 of the instructions.

0E1410 1 000 70932I 766H 11/9/2011 4:58:59 PM

b Net investment income (if negative, enter -0-)

ATCH 3

Form 990-PF (2010)

0.

E	art II	Attached schedules and amounts in the Beginning of year End of year End of year				year		
_			amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-beari	ing	44.	44.			
	2	Savings and temporary	cash investments	82,070.	155,887.	155,887.		
	3	Accounts receivable -	,	·				
		Less: allowance for dou	btful accounts ▶					
	4	Pledges receivable ▶_			<del>-</del>			
		Less allowance for dou	btful accounts ▶					
	5							
	6		officers, directors, trustees, and other	-				
			ich schedule) (see page 15 of the instructions)					
	7		eceivable (attach schedule)					
	-		btful accounts ▶					
	8		e			·		
ssets	9	Prenaid expenses and d	eferred charges		·			
Ass			e government obligations (attach schedule)					
1			stock (attach schedule)					
			bonds (attach schedule)	······································				
	11	Investments - land, buildings	5, <b>b</b>					
		and equipment basis Less accumulated deprecia	ation					
	4.0	(attach schedule)						
			loans					
	13 14	Investments - other (atta Land, buildings, and equipment basis	ach schedule)	-				
		equipment, basis	fron -			-		
		(attach schedule)	tion					
	15	Other assets (describe )	<b>-</b>					
	16		completed by all filers - see the	00 114	155 021	155 001		
1			age 1, item l)	82,114.	155,931.	155,931.		
			ccrued expenses					
	18							
es								
Liabilities			rs, trustees, and other disqualified persons	41,107.	48,625.			
iab	21		tes payable (attach schedule)					
_	22	Other liabilities (describe	: ▶)					
	23	Total liabilities (add line	s 17 through 22)	41,107.	48,625.			
			low SFAS 117, check here ▶					
		and complete lines 2	24 through 26 and lines 30 and 31.					
Sec	24	Unrestricted						
an	25							
Bal	26							
þ	25 26 27		not follow SFAS 117.		·			
Fu			plete lines 27 through 31. ▶ X					
0	27	Capital stock, trust princ	·					
ts	28		land, bldg , and equipment fund					
Net Assets	29		rlated income, endowment, or other funds	41,007.	107,306.			
Ä	30	• .	und balances (see page 17 of the					
Net				41,007.	107,306.			
	31		t assets/fund balances (see page 17		· · · · · · · · · · · · · · · · · · ·			
				82,114.	155,931.			
Ε	art II		inges in Net Assets or Fund B			<u> </u>		
_			alances at beginning of year - Part II		must agree with	<del></del>		
•					•	41,007.		
2	CIIU-	r amount from Dort !	d on prior year's return)		1 -	66,299.		
		r amount from Part I, i	- J L O (4)		1 -	00,299.		
						107 306		
		lines 1, 2, and 3				107,306.		
		eases not included in			5	107 306		
<u>6</u>	ıota	net assets or fund ba	lances at end of year (line 4 minus lin	ne 5) - Part II, column (b)	, line 30 6	107,306.		

(a) List a 2-story	nd describe the kind(s) of property sold brick warehouse, or common stock, 200	(e.g , real estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a SEE PART IV SCH	HEDULE				
<u>b</u>					
C					
_d					
<u>e</u>	<del></del>			<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a			]		
<u>b</u>					
С					
d		ļ			
<u>e</u>				<u></u>	
Complete only for asset	s showing gain in column (h) and own	ed by the foundation on 12/31/69		Gains (Col (h) g	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less t Losses (from co	
a					
<u>b</u>			l	_	
С					
d					
<u>e</u>		<u> </u>			
2 Capital gain net income of		f gain, also enter in Part I, line 7			
	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	f (loss), enter -0- ın Part I, line 7	2		-2,847.
	in or (loss) as defined in sections 1	1 1 1			
	I, line 8, column (c) (see pages 13				
If (loss), enter -0- in Part I	, line 8	······	3		
		educed Tax on Net Investment I ne section 4940(a) tax on net invest		<del></del>	
	•	butable amount of any year in the b	ase perio	d?	] Yes X No
		r, see page 18 of the instructions be	efore mak	una any entrios	
(a)			Tiole mar	(d)	
Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
2009	28,468.	0.			0.000000
2008	12,600.	0.			0.000000
2007	11,630.	0.			0.000000
2006	88,115.	0.			0.000000
2005	67,471.	0.		· <u>.</u>	0.000000
2 Total of line 1, column (c	1)		2		0.000000
	o for the 5-year base period - divid	e the total on line 2 by 5 or by the		·	
		s than 5 years	3		0.000000
4 Enter the net value of no	oncharitable-use assets for 2010 fro	om Part X, line 5	4		0.
5 Multiply line 4 by line 3			5		0.
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		0.
			7		0.
			8	-	27,760.
If line 8 is equal to or g Part VI instructions on pa	reater than line 7, check the box ige 18	in Part VI, line 1b, and complete t	hat part	using a 1% tax	rate See the

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	e ins	tructio	ons)
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 ruling letter if necessary - see instructions)			0.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check				
	here X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			0.
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	-		
6	Credits/Payments			
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a			
b	Exempt foreign organizations-tax withheld at source	_		
C	Tax paid with application for extension or time to the (Form 8000).	-		
	Backup withholding erroneously withheld			0.
7	Enter any penalty for underpayment of estimated tax. Check here   If Form 2220 is attached	•		
8 9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.			
10 11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1 b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation  \$ (2) On foundation managers  \$		i	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			ĺ
	on foundation managers 🕨 \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			<b>3</b> 7
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>X</u>
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		
	If "Yes," attach the statement required by General Instruction T	ļ		1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			ł
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	_	x	1
_	conflict with the state law remain in the governing instrument?	6 7	<u>X</u>	<del></del>
7 0-	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV  Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
8 a	instructions) > CA, OR,			
<b>.</b>	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			1
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	55		
•	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			1
	27)? If "Yes," complete Part XIV	9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses ATCH 7	10	X	1
	<u> </u>			

	t VII-A Statements Regarding Activities (continued)		<u> </u>	raye J
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
• •	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► STEPHEN A. ROTH Telephone no ► 503-953	3-37	30	
	The books are in care of ► STEPHEN A. ROTH  Located at ►13363 SW IRON MOUNTAIN BLVD. PORTLAND, OR  Section 4947(a)(1) ponexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	. []
	and enter the amount of tax-exempt interest received or accrued during the year		,,	,
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter	-		
	the name of the foreign country	ļ		
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		<del></del>	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(5) Turnish goods, services, or racinities to (or accept them from) a disqualined person?	Ì		
	(4) Pay Compensation to, or pay or reinhouse the expenses of, a disqualined person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	İ		
	the benefit or use of a disqualified person)?			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days ) Yes X No	1		
'n	of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
~	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1 b		Х
	Organizations relying on a current notice regarding disaster assistance check here.			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2010?	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2010? Yes X No			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		.	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	-	-	.,
	all years listed, answer "No" and attach statement - see page 22 of the instructions)	2b		X
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	ŀ		
		1		
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise  at any time during the year?  Yes X No	1		
	at any time during the year,	1		
	off "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or	1		
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010)	3 b		х
4 ~	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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 2010?	4 b		х

Pai	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)		, <u>.</u>
5 a	During the year did the foundation pay or incur any amou	nt to				
	(1) Carry on propaganda, or otherwise attempt to influer	ice legislation (section	1 4945(e))?	. Yes X No		
	(2) Influence the outcome of any specific public election	•	•			
	directly or indirectly, any voter registration drive?	. <b></b> .		Yes X No		
	(3) Provide a grant to an individual for travel, study, or other	ner sımilar purposes?		. Yes X No		
	(4) Provide a grant to an organization other than a chari	table, etc , organizatio	on described in			1
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (	see page 22 of the in:	structions)	Yes X No		
	(5) Provide for any purpose other than religious, charitat	ole, scientific, literary,	or educational			
	purposes, or for the prevention of cruelty to children or animals? Yes X No					
b	b If any answer is "Yes" to 5a(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 (see page 22 of the instructions)?					
	Organizations relying on a current notice regarding disast	er assistance check h	nere	▶ 🔲		
С	If the answer is "Yes" to question 5a(4), does the founda	tion claim exemption	from the tax	_		
	because it maintained expenditure responsibility for the gr	•		Yes X No	.	
	If "Yes," attach the statement required by Regulations sect					
6.2	Did the foundation, during the year, receive any funds, d	, ,	nav premilims			
V u	on a personal benefit contract?	•		Yes X No		
ь	Did the foundation, during the year, pay premiums, direct			. — —	6 b	x
	If "Yes" to 6b, file Form 8870	,	porcorrai porroin corriera	~		
7 a	At any time during the tax year, was the foundation a pai	ty to a prohibited tax	shelter transaction?	Yes X No	.	
	If "Yes," did the foundation receive any proceeds or have	• •	•	. — —	7b	X
	1 VIII Information About Officers, Directors					L
	and Contractors		•	• • • • • • • • • • • • • • • • • • • •	•	
1	List all officers, directors, trustees, foundation m	(b) Title, and average		(d) Contributions to	(e) Expens	e account
	(a) Name and address	hours per week devoted to position	(c) Compensation (If not paid, enter	employee benefit plans and deferred compensation	other all	
ĀĪ	TACHMENT 5		0.	0.		0
-						
2	Compensation of five highest-paid employees (ot	her than those inc	luded on line 1 - se	e page 23 of the inst	ructions).	
	If none, enter "NONE."		, <del> </del>		·	<del></del>
1-	Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Expens	se account,
\a	y Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation	other all	owances
-						
	NONE					
- <del>-</del> -						
		-				
<del>-</del>						
				<del></del>		
				]		
Tota	I number of other employees paid over \$50,000 .	L	<u> </u>	L		
Ota	in humber of other employees paid over \$50,000 .	· · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>	O DE (22.12)
					rom 99	<b>0-PF</b> (2010)

Pa	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued)	ees,
3	Five highest-paid independent contractors for professional services (see page 23 of the instructions). If no	ne. enter "NONE "
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NOI		(0) 00
Tota	I number of others receiving over \$50,000 for professional services ▶	NONE
Pa	t IX-A Summary of Direct Charitable Activities	
	the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
	NOT APPLICABLE	
١-	NOT MILLIOADED	
-		
2 -		·
2 -		
-		
3		-
٠-		
-		
4		
•		
-		
Par	t IX-B Summary of Program-Related Investments (see page 24 of the instructions)	·
	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
	NOT APPLICABLE	
-		
-		
2		<del></del> -
-		
-		
Ali	other program-related investments. See page 24 of the instructions	
3	NONE	
_		
Tota	I. Add lines 1 through 3	

Form 990-PF (2010)

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions)	gn foundati	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see page 25 of the instructions)	1c	0.
d		1d	0.
e	Reduction claimed for blockage or other factors reported on lines 1a and	· · ·   · · · · · · · · · · · · · · ·	
•	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Outdoor A time O from time 4 d	3	0.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
-		4	0.
5	the instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
5		6	0.
<u> </u>	Minimum investment return. Enter 5% of line 5		
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here ▶ and do not complete this		
		<del>,</del>	0.
1	Minimum investment return from Part X, line 6	1	<del></del>
	Tax on investment income for 2010 from Part VI, line 5	4 ]	
b	Income tax for 2010. (This does not include the tax from Part VI) 2b	]	•
	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1		0.
4	Recoveries of amounts treated as qualifying distributions	1	<del></del>
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	0.
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	27,760.
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.,	1	
		2	0.
3	purposes Amounts set aside for specific charitable projects that satisfy the		<del></del>
a	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	27,760.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	<del></del>	
-	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	27,760.
0			
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	iculating wh	emer the roundation

Form 990-PF (2010)

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
	line 7				0.
2	Undistributed income, if any, as of the end of 2010				
a	Enter amount for 2009 only			0.	
b	Total for pnor years 20 08 20 07 20 06		0.		
3	Excess distributions carryover, if any, to 2010				
-	67 471				
- -	From 2006 88,115.				
D	From 2007 11, 630.				
	From 2005  From 2006  88,115.  From 2007  11,630.  From 2008  12,600.				
		208,284.			
	Total of lines 3a through e		·····	<del></del>	<del></del>
4	Qualifying distributions for 2010 from Part XII, line 4 > \$ 27,760.				
_		Ì		0.	
	Applied to 2009, but not more than line 2a				
b	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
					0.
	Applied to 2010 distributable amount	27,760.			
5	Excess distributions carryover applied to 2010	0.			0.
5	(If an amount appears in column (d), the same				
_	amount must be shown in column (a) )				•
6	Enter the net total of each column as indicated below:				
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	236,044.			
	,				
Þ	Prior years' undistributed income Subtract line 4b from line 2b		0.		
С	Enter the amount of prior years' undistributed			-	
	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has been previously assessed				
	, ,				
d	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions		0.		
е	Undistributed income for 2009 Subtract line				<del></del>
	4a from line 2a Taxable amount - see page	-		0.	
	27 of the instructions				
f	Undistributed income for 2010 Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2011				0.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section	ļ			
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8	Excess distributions carryover from 2005 not		<del>- · · · · · · · · · · · · · · · · · · ·</del>		
	applied on line 5 or line 7 (see page 27 of the instructions)	67,471.			
9	Excess distributions carryover to 2011.				<del></del>
3	Subtract lines 7 and 8 from line 6a	168,573.	ì		
10	Analysis of line 9				<del></del>
	Excess from 2006				
	Excess from 2007				
	12 600			Ì	
d	Excess from 2009 28,468.				
е	Excess from 2010 27,760.		İ		
_		·			5 - 000 DE (0018)

justed net income from Part I (a) 2010 (b) 2009 (e) 2008 (d) 2007  to the minimum investment return from Part X for each year listed S.  5 85% of line 2a.  6 Couldying distributions from Part X for active year listed S.  6 Amours solution in the 2c not used directly for active conduct of exempt activities.  6 Couldying distributions made directly for active conduct of exempt activities.  7 Complete St. 1. or 6 for fifth S.  7 Complete St. 1. or 6 for fifth S.  8 Assert's attentible test - entire (1) Value of all assets (2) Under section Section S.  8 Assert's attentible test - entire (1) Value of all assets (2) Under section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Secti		Private Oper					tion 9)	NOT F	APPLICABL
B Check box to indicate whether the foundation is a private operating foundation described in section   d9420(6) or   d9420(6) or   d9420(6)    See Set to the transmission meshabitation in the second private leaf of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	1 a				•	ating			
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b *Endowneid* alternative listing from the form that is the size of the minimum mestiment return shown in Part X line for each year listed.  c *Support alternative leaf—alternative leaf—altern		under section							
ment return shown in Part X line 8 for each year listed.  C "Support" alternative test - enter (1) Total support their than giness investment income payments on securities to loans (section 512(k/5)), or reyalties), (2) Support from general public and 5 or more search griderouthors as (00(30(6)(6)), (3) Largest amount of support from an exempt organization (4) Gross investment income.  Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in asset at any time during the year - see page 28 of the instructions.)  Information Regarding Foundation Managers:  a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))  STEPHEN ROTH  b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  N/A  Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:  Check here ▶ X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds if the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals organizations under other conditions, complete items 2a, b, c, and d  a The name, address, and telephone number of the person to whom applications should be addressed.  b The form in which applications should be submitted and information and materials they should include  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other.	þ					<del> </del>			<del></del>
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before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))  STEPHEN ROTH  b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  N/A  2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:  Check here ▶ X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds if the foundation makes gifts, grants, etc (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d  a The name, address, and telephone number of the person to whom applications should be addressed.  b The form in which applications should be submitted and information and materials they should include  c Any submission deadlines  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other	่ ล				e than 2% of the tota	l contributions	s received	by the	foundation
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d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other									
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	d		mitations on awards	, such as by geogr	aphical areas, charita	ble fields, kır	nds of ins	stitution	s, or other

3 Grants and Contributions Paid During	ng the Vest of Anna	oved for E	utura Payment	
	If recipient is an individual.	Foundation	uture rayinent	<del></del>
Recipient  Name and address (home or business)	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
	or substantial contributor	recipient		<del></del>
a Paid during the year				
ATTACHMENT 6				
ATTACHMENT 6				
		]		
	1			
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Total				27,760.
b Approved for future payment				<u> </u>
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Total	<u> </u>		▶ 3b	

Part XVI	<ul> <li>A Analysis of Income-Produ</li> </ul>	ıcing Activ	vities			
	amounts unless otherwise indicated	T	ated business income	Excluded b	y section 512, 513, or 514	(e) Related or exempt
		(a)	(b)	(c)	(d)	function income
1 Program	service revenue	Business code	Amount	Exclusion code	Amount	(See page 28 of the instructions)
a						
_						
c						
d						
e						
f						<del></del>
•	and contracts from government agencies					
	ship dues and assessments					<del></del>
	on savings and temporary cash investments		542.			
	ds and interest from securities		342.			
	al income or (loss) from real estate					
	-financed property	<u> </u>				
	debt-financed property	<b></b>	<del> </del>	<del> </del>		
	I income or (loss) from personal property					
	vestment income	1	- <u>-</u> -	<del>                                     </del>		<u> </u>
	me or (loss) from special events					
	rofit or (loss) from sales of inventory					
	venue a			<u> </u>		
						<del></del>
12 Subtotal	Add columns (b), (d), and (e)		542.			
	dd line 12, columns (b), (d), and (e)				13	542.
	neet in line 13 instructions on page 29	to verify calci	ulations)			
Part XVI-	B Relationship of Activities	to the Ac	complishment of Ex	empt Purp	oses	·
Line No.	Explain below how each activit					
▼	accomplishment of the foundati	on's exemp	ot purposes (other than	by providing	g funds for such purpose	es) (See page 29 of the
	instructions)				<u> </u>	<del></del>
					<del></del>	
					<del></del>	<del></del>
		<del>.</del>		<del></del>		
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				<del></del>		
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						·

Pari	XVII	Information Exempt Orga		ransfers To	and Transa	actions	and Relati	onships Wit	th Nonc	hari	table
	ın sect organiz	· -	Code (other than	section 501(c)	(3) organization:	s) or in s	-			Yes	No
		ers from the reporting to sh							1a(1)		х
		er assets									X
		ransactions	-								
	(1) Sal-	es of assets to a nonc	haritable exempt o	rganization			. <b></b>	<i></i>	1b(1)		Х
		chases of assets from									X
	( <b>3</b> ) Rer	ntal of facilities, equipm	nent, or other asset	ts			. <b></b>		1b(3		X
		mbursement arrangem									X
		ins or loan guarantees									X
		formance of services								)	X
		of facilities, equipme								<u> </u>	X
		answer to any of									
		of the goods, other									
(a) Lır		n any transaction o (b) Amount involved	T	jernent, snow i ionchantable exem				ers, transactions, and			
	75	N/A	(5)		pr organización	N/A	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	ora, danoaciona, am	a snamy and	angeme	1113
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			<del></del>		•	<del> </del>					
	describ	foundation directly ed in section 501(c) of complete the followin	the Code (other th				ore tax-exemp	t organizations	Y	es 🖸	 X] No
	,	(a) Name of organization		<b>(b)</b> Typ	e of organization		(0	c) Description of rel	ationship	-	
		<u>.</u>									
Sign	belief	r penalties of perjury, I d f, it is true, correct, and co	eclare that I have emplete Declaration of	examined this return of preparer (other th	n, including accompant taxpayer or fiduo	ciary) is based	d on all informati	ments, and to the to on of which prepare	best of my ker has any kn	nowledg	ge and e
Here		- eau l	<u> </u>			1/11/20	<u> 21]</u>	secretar	4		
		gnature of officer or trusted Print/Type preparer's	-	Preparer's si	Date		Date	le	PTIN		
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use	Only	Firm's address ▶ 55			SUITE 700			-			
		CC	OSTA MESA,	CA		926	526	Phone no 714	1-361-7		
									Form 99	0-PF	(2010)

#### Schedule B

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

Department of the Treasury nternal Revenue Service

#### Schedule of Contributors

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

OMB No 1545-0047

Name of the organization Employer identification number STEPHEN & JEAN ROTH CHARITABLE FOUNDATION 95-4479497 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and 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 Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

		•		
ge	of		of Part I	

Name of organization STEPHEN & JEAN ROTH CHARITABLE FOUNDATION

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

Employer identification number 95-4479497

Type of contribution

(Complete Part II if there is a noncash contribution )

(d)

Type of contribution

(Complete Part II if there is a noncash contribution )

Person Payroll Noncash

Person Payroll

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

		Φ	(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

(a)

No.

No.

(c)

**Aggregate contributions** 

Aggregate contributions

Employer identification number 95-4479497

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	100 SHARES OF SECURED CAPITAL JAPAN PUBLIC STOCK		01/20/2010
		\$\$.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		    \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

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

NET INVESTMENT INCOME	539.	
REVENUE AND EXPENSES PER BOOKS	3. 539. 542.	
	TOTAL	
DESCRIPTION	DIVIDENDS FROM SW - PL 91934610 DIVIDENDS FROM SCJ SECURITIES	

- ACCOUNTING FEES FORM 990PF, PART I

EXPENSES PER BOOKS REVENUE AND

NET INVESTMENT INCOME

ADJUSTED NET INCOME

CHARITABLE PURPOSES

DESCRIPTION

TAX PREPARATION FEE

TOTALS

3,950.

3,950.

TAXES
ı
Н
PART
990PF,
FORM

NET INVESTMENT INCOME	38.	38.
REVENUE AND EXPENSES PER BOOKS	38.	38.
		TOTALS
DESCRIPTION	FOREIGN TAXES PAID	

424313

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION INVESTMENT MGMT FEES

REVENUE AND EXPENSES PER BOOKS 1,523.

NET INVESTMENT INCOME 1,523. 1,523.

1,523.

TOTALS

RS, AND TRUSTEE	
DIRECTORS, A	
IST OF OFFICERS,	
- LIST C	
PART VIII	
990PF,	
FORM	

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	FICERS, DIRECTORS, AND TRUSTEES		ATTACH	АТТАСНМЕИТ 5	
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	• •
STEPHEN ROTH 13363 SW IRON MOUNTAIN BLVD. PORTLAND, OR 97219	PRESIDENT	.0	0	.0	
JEAN ROTH 13363 SW IRON MOUNTAIN BLVD. PORTLAND, OR 97219	SECRETARY	.0		.0	-
	GRAND TOTALS	0	0	0	

4:58:59 PM

70932I 766H 11/9/2011

424313

FORM 990PF. PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

		AMOUN
		PURPOSE OF GRANT OR CONTRIBUTION
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	AND	FOUNDATION STATUS OF RECIPIENT
		RECIPIENT NAME AND ADDRESS

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
YALE ALUMNI FUND YALE UNIVERSITY - CONTRIBUTION PROCESSING P.O. BOX 2038 NEW HAVEN, CT 06521-2038	NONE EXEMPT ORGANIZATION	SEE BELOM*	5,000.
OREGON HUMANE SOCIETY POST OFFICE BOX 11364 1067 NE COLUMBIA BLVD. PORTLAND, OR 97211	NONE EXEMPT ORGANIZATION	SEE BELOW*	1,500.
LEMIS & CLARK ANNUAL FUND 10015 S W. TERWILLIGER BLVD. PORTLAND, OR 97219	NONE EXEMPT	SEE BELOW*	10,000.
PORTLAND ART MUSEUM 1219 S.W. PARK AVENUE PORTLAND, OR 97205	NONE EXEMPT	SEE BELOW*	3,750.
VARIOUS OTHER CHARITIES INFORMATION AVAILABLE UPON REQUEST	NONE Exempt	SEE BELOW*	1,260.
ELEVATE OREGON 1910 NW 23RD PLACE PORTLAND, OR 97210	NONE EXEMPT	SEE BELOM*	5,000.

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

ATTACHMENT 6 PAGE 24

70932I 766H 11/9/2011

ATTACHMENT 6 (CONT'D)

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

		PURPOSE OF GRANT OR CONTRIBUTION
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	AND	FOUNDATION STATUS OF RECIPIENT
		RECIPIENT NAME AND ADDRESS

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
FRIENDS OF CHRIS DUDLEY	NONE	SEE BELOW*	500.
4800 SW MEADOWS ROAD, SUITE 300	EXEMPT		
LAKE OSWEGO, OR 97035			
50 YEAR CLUB - NSDAR	NONE	**************************************	750
P.O. BOX 8	EXEMPT		
TAMASSEE, SC 29686			

27.760. TOTAL CONTRIBUTIONS PAID

4:58:59 PM

#### FORM 990PF, PART VII-A, LINE 10

SUBSTANTIAL CONTRIBUTORS

NAME ADDRESS

STEPHEN A. ROTH

13363 SW IRON MOUNTAIN BOULEVARD PORTLAND, OREGON 97219

#### SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service Name of estate or trust

#### **Capital Gains and Losses**

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2010

Employer identification number

	STEPHEN & JEAN ROTH CHARITABLE	E FOUNDATI	ON		95-44794	97	
	: Form 5227 filers need to complete only Pai						
Pai	Short-Term Capital Gains and Los	sses - Assets	Held One Ye	ar or Less			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other (see instruction		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1 a							
				_			
b	Enter the short-term gain or (loss), if any, fr	om Schedule D	-1, line 1b			1 b	-2,847.
2	Short-term capital gain or (loss) from Form	s 4684. 6252.	6781. and 882	4		2	
_							
3 4	Net short-term gain or (loss) from partners Short-term capital loss carryover Enter the					3	<u> </u>
_	Carryover Worksheet			,-,-,,-,-		4	( )
5	Net short-term gain or (loss). Combine line	-				5	-2,847.
Pai	column (3) on the back	s - Assets Held	More Than Or			3	2,047.
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other (see instruction		(f) Gain or (loss) for the entire year Subtract (e) from (d)
6 a	•						
					:		
b	Enter the long-term gain or (loss), if any, fro	om Schedule D-	1, line 6b			6 b	
7	Long-term capital gain or (loss) from Form	s 2439, 4684,	6252, 6781, ar	nd 8824		7	
8	Net long-term gain or (loss) from partnersh		8				
9	Capital gain distributions					9	
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover Enter the	amount, if any	, from line 14 o	of the 2009 Capital Los	ss	11	(
12	Carryover Worksheet  Net long-term gain or (loss). Combine lines column (3) on the back	s 6a through 11	ın column (f)	Enter here and on lin	e 14a,	12	, , , , , , , , , , , , , , , , , , ,
For I	Paperwork Reduction Act Notice, see the Instru						e D (Form 1041) 2010

	dule D (Form 1041) 2010	7			Page 2
Pa	rt III Summary of Parts I and II  Caution: Read the instructions before completing this pai	rt	(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	$\dashv$			-2,847.
14					
a	Total for year	la			
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	ŀЬ			-
С	28% rate gain	l c		_	
15	Total net gain or (loss). Combine lines 13 and 14a ▶ 1	5			-2,847.
Note to Pa	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 9 art V, and <b>do not</b> complete Part IV. If line 15, column (3), is a net loss, complete Part	990- IV a	T, Part I, line 4a) If lines nd the <b>Capital Loss Carr</b>	s 14a and 15, column <b>yover Worksheet,</b> as r	(2), are net gains, go necessary
Pa	rt IV Capital Loss Limitation				
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part	l, lır	ne 4c, if a trust), the <b>sm</b>	aller of	
а	The loss on line 15, column (3) or b \$3,000			16 (	2,847)
Note Cam	e: If the loss on line 15, column (3), is more than \$3,000, <b>or</b> if Form 1041, page 1, <b>rover Worksheet</b> on page 7 of the instructions to figure your capital loss carryover	line	e 22 (or Form 990-T, lin	e 34), is a loss, comp	plete the Capital Loss
	Tax Computation Using Maximum Capital Gains Rates	-			
	n 1041 filers. Complete this part only if both lines 14a and 15 in column	1 (2	) are gains, or an am	ount is entered in f	Part Lor Part II and
ther Cau	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more the stories of the instruction of the stories of the instruction of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of the stories of t	har	zего	ount is entered in t	art ror ratt ii and
	m 990-T trusts. Complete this part only if both lines 14a and 15 are g				
	form 990-T, <b>and</b> Form 990-T, line 34, is more than zero. Skip this part a er line 14b, col. (2) or line 14c, col. (2) is more than zero.	ınd	complete the works	heet on page 8 of	the instructions if
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)		. 17		
18	Enter the smaller of line 14a or 15 in column (2)				
	but not less than zero				
19	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T)		<b>ᆜ</b> ┃		
20	Add lines 18 and 19				
21	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g, otherwise, enter -0 ▶ 21				
22	Subtract line 21 from line 20 If zero or less, enter -0		. 22		
23	Subtract line 22 from line 17 If zero or less, enter -0	٠.	. 23		
24	Enter the smaller of the amount on line 17 or \$2,300		24		
25	is the amount on line 23 equal to or more than the amount on line 24?				
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box.				
	No. Enter the amount from line 23				
26	Subtract line 25 from line 24		. 26		
27	Are the amounts on lines 22 and 26 the same?				
	Yes. Skip lines 27 thru 30; go to line 31 No. Enter the smaller of line 17 or line 22	2	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		. 28		
29	Subtract line 28 from line 27		29		
30	Multiply line 29 by 15% ( 15)		•	30	
31	Figure the tax on the amount on line 23 Use the 2010 Tax Rate S			• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·
	(see the Schedule Ginstructions in the instructions for Form 1041)			l I	
	· · · ·	•			
32	Add lines 30 and 31			32	
22		che	dule for Estates an	d Tructo	

Schedule D (Form 1041) 2010

33

G, line 1a (or Form 990-T, line 36) . . .

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule

#### SCHEDULE D-1 (Form 1041)

Department of the Treasury Internal Revenue Service

## Continuation Sheet for Schedule D (Form 1041)

► See instructions for Schedule Ď (Form 1041).

► Attach to Schedule Ď to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

2010

Employer identification number Name of estate or trust STEPHEN & JEAN ROTH CHARITABLE FOUNDATION 95-4479497 Short-Term Capital Gains and Losses - Assets Held One Year or Less Part I (d) Sales price (see page 4 of the (e) Cost or other basis (see page 4 of the (b) Date (c) Date sold (f) Gain or (loss) Subtract (e) from (d) (a) Description of property (Example 100 sh 7% preferred of "Z" Co) acquired (mo, day, yr) (mo, day, yr) instructions) instructions) 1a 50 SHARES OF SCJ 12/16/2009 11/29/2010 50,901. 53,676. -2,775. -72. 01/20/2010 100 SHARES OF SCJ 11/29/2010 101,803. 101,875

Schedule D-1 (Form 1041) 2010

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b . . . . . .

-2,847.

### STEPHEN & JEAN ROTH CHARITABLE FOUNDATION FORM 990-PF - PART IV

Kind of Property			Desc	51	Date acquired	Date sold		
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of	Excess of FMV over	U	Gain or	
penses of sale	_allowable	basis	12/31/69	12/31/69	adı basıs	+	(loss)	
		50 SHARES	OF SCJ			D	12/16/2009	11/29/201
		I .	YPE: SECURI	TIES				
50,901.		53,676.				П	-2,775.	
							01 (00 (0010	11 (00 (00
		100 SHARES		- mtec		D	01/20/2010	11/29/201
101,803.		101,875.	YPE: SECURI	1152			-72.	
101,003.		101,073.					,	
ral Gain(Lo	oss)						-2,847.	
								T.
							18	
		1						
						-		

# (Rev January 2011)

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

OMB No 1545-1709

Internal Revenu	ue Service	► File a sepa	arate applic	cation for each return.	ŀ		
<ul> <li>If you are</li> </ul>	filing for ar	Automatic 3-Month Extension, c	omplete o	only Part I and check this box			▶ 🔯
		Additional (Not Automatic) 3-Mo					
Do not co	mplete Par	<b>t II unless</b> you have already been g	ranted an a	automatic 3-month extension on a p	reviously fi	led Form	8868
Electronic	filing (e-fil	e). You can electronically file Form	8868 if you	u need a 3-month automatic extens	sion of time	to file (6	months for
		l to file Form 990-T), or an additiona					
		xtension of time to file any of the f					
		Associated With Certain Personal					
		details on the electronic filing of th				nties & N	onprofits.
Part I		tic 3-Month Extension of Time					
Part I only		d to file Form 990-T and reques					▶ 🗆
	•	(including 1120-C filers), partnershi	ps, REMIC	s, and trusts must use Form 7004	to request	an exten	sion of time
	ne tax retui				<del></del>		<del></del>
Type or		exempt organization	~~~~				on number
print		EN & JEAN ROTH CHARI			<u>95-447</u>	9497	
File by the due date for	1	street, and room or suite no If a P O bo	•	ctions			
filing your		SW IRON MOUNTAIN BI		dence and instructions	<del></del>	<del></del>	<del></del>
return See instructions	1	or post office, state, and ZIP code For	a loreign au	dress, see instructions			
	PORTE	AND, OR 97219					
Enter the R	Return code	for the return that this application is	for (file a s	separate application for each return	)		. 04
Application	on		Return	Application			Return
ls For			Code	Is For			Code
Form 990			01	Form 990-T (corporation)			07
Form 990	-BL		02	Form 1041-A		<u>-</u>	08
Form 990	-EZ		03	Form 4720			09
Form 990	-PF		04	Form 5227			10
Form 990	-T (sec 40°	I(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust oth	er than above)	06	Form 8870			12
Telephon If the orga	ne No. ► 3 anization do	care of ► STEPHEN A. RO  60-433-8803  es not have an office or place of but  Return, enter the organization's four	F/ siness in th		·	 	<b>▶</b> □
				of the group, check this box	<u> </u>	and at	
		and EINs of all members the extension	-	or and group, crook and box			
unti for t	1 08 the organiza	tomatic 3-month (6 months for a cor $/15$ , 20 $11$ , to file the exemation's return for: year 20 $10$ or	-	equired to file Form 990-T) extension attion return for the organization nar		The exte	ension Is
		peginning	. 20	, and ending		. 20	
_			,	, <u>-</u>		,	
	-	entered in line 1 is for less than 12 m ccounting period	nonths, che	eck reason: 🗋 Initial return 🔃 Fi	inal return		
		on is for Form 990-BL, 990-PF, 990- credits. See instructions	-T, 4720, o	or 6069, enter the tentative tax, less	any 3a	\$	NONE
		ion is for Form 990-PF, 990-T, 4	720, or 60	069, enter any refundable credits			
esti	estimated tax payments made Include any pnor year overpayment allowed as a credit.				3b	\$	NONE
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS							NONE
		oing to make an electronic fund w		with this Form 8868, see Form 849			
payment in					_ =	- · · · · ·	

e (Re	ev 1-2011)			j	age 2
	e filing for an Additional (Not Automatic) 3-M	onth Exten	sion, complete only Part II and che	ck this box	
	complete Part II if you have already been gra				٠- ـــ
	e filing for an Automatic 3-Month Extension,			,	
art II	Additional (Not Automatic) 3-Month E			copies needed)	
ype or	Name of exempt organization			Employer identification	number
orint	STEPHEN & JEAN ROTH CHARITAE	BLE FOUN	IDATION	95-4479497	
ile by the	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions		
xtended ue date for	13363 SW IRON MOUNTAIN BLVD.	,			
ling your	City, town or post office, state, and ZIP code. For	r a foreign ad	dress, see instructions		
etum See nstructions	PORTLAND, OR 97219				
Enter the Re	eturn code for the return that this application	is for (file a	a separate application for each return	)	0 4
Application		Return	Application		Return
s For		Code	Is For		Code
orm 990	****	01			
orm 990-B	L	02	Form 1041-A		08
orm 990-E.	Z	03	Form 4720		09
orm 990-P	F	04	Form 5227		10
orm 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069		11
orm 990-T	(trust other than above)	06	Form 8870		12
	ot complete Part II if you were not already	granted an	automatic 3-month extension on a	a previously filed Form	
The book	s are in the care of  STEPHEN A. ROT	CH.			
Telephon	e No ▶ 503 95 <del>3-3780</del>		FAX No ▶	· · · · · · · · · · · · · · · · · ·	
	anization does not have an office or place of	— business in	the United States, check this box		
If this is fo	or a Group Return, enter the organization's fo	ur diait Gro	oup Exemption Number (GEN)	If this	
or the whol	le group, check this box	f it is for pa	art of the group, check this box	▶ and atta	
	names and EINs of all members the extension		art of the group, enton the box	P and atta	On a
	est an additional 3-month extension of time u		11/15 , :	20 11	
	lendar year 2010 , or other tax year beginn		, 20, and ending		0
	ax year entered in line 5 is for less than 12 m		k reason   Initial return	Final return	·
	Change in accounting period	.011.110, 01100	milar rotarn	J i mar retain	
	in detail why you need the extension ADDIT	IONAL T	IME IS NEEDED TO OBTAIN	NECESSARY	
	RMATION TO FILE A COMPLETE AND				
				·	
				<del></del>	
8a If this	application is for Form 990-BL, 990-PF, 99	90-T 4720	or 6069, enter the tentative tax	less any	
	undable credits See instructions	, ,, ,,,	, or oode, enter the territative tax,	8a \$	0.
	application is for Form 990-PF, 990-T,	4720 or	6069 enter any refundable cre		
	ited tax payments made Include any pr				
	nt paid previously with Form 8868	ioi youi o	verpayment anowed as a credit	8b \$	
	ce Due. Subtract line 8b from line 8a Include	vour navm	ent with this form if required by us		<del></del>
	onic Federal Tax Payment System) See instru		one with this form, in required, by usi	· 1 1	0.
,			d Verification	8c \$	<del></del>
	s of perjury, I declare that I have examined this form, it, and complete, and that I am authorized to prepare this for	including acc		o the best of my knowledg	e and belief,
ignature >	The second		Title ► CPA	Date ▶ 8/2/11	
<u> </u>				Form 8868 (	2av 1 2011
	•			rom 0008 (	Rev 1-2011)