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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491136018892

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

2011

For calendar year 2011, or tax year beginning 01-01-2011 , and ending 12-31-2011

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

Name of foundation
BLANCHE FISCHER FOUNDATION

A Employer identification number
93-0790099

Number and street (or P O box number if mail is not delivered to street address)
1509 SW SUNSET BLVD NO 1-B

Room/suite

B Telephone number (see page 10 of the instructions)
(503) 246-4921

City or town, state, and ZIP code
PORTLAND, OR 97239

C If exemption application is pending, check here ▶ ☐

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year *(from Part II, col. (c), line 16)* ▶$ 1,541,717

J Accounting method ☑ Cash ☐ Accrual ☐ Other (specify) _
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I	Analysis of Revenue and Expenses *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))*	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check ▶ ☑ if the foundation is **not** required to attach Sch B				
	3 Interest on savings and temporary cash investments	23	23	23	
	4 Dividends and interest from securities	36,878	36,878	36,878	
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	512,994			
	b Gross sales price for all assets on line 6a 1,486,611				
	7 Capital gain net income (from Part IV, line 2)		512,994		
	8 Net short-term capital gain			3,546	
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	15,954	15,954	15,954	
	12 **Total.** Add lines 1 through 11	565,849	565,849	56,401	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages	9,019	0	9,019	9,019
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	2,837	945	1,892	1,892
	c Other professional fees (attach schedule)	17,462	10,102	7,360	7,360
	17 Interest				
	18 Taxes (attach schedule) (see page 14 of the instructions)	20,215	5,990	14,225	14,225
	19 Depreciation (attach schedule) and depletion	570	0	570	
	20 Occupancy	6,876	0	6,876	6,876
	21 Travel, conferences, and meetings	7,301	0	7,301	7,301
	22 Printing and publications				
	23 Other expenses (attach schedule)	5,836	320	3,751	5,516
	24 **Total operating and administrative expenses.** Add lines 13 through 23	70,116	17,357	50,994	52,189
	25 Contributions, gifts, grants paid	37,910			37,910
	26 **Total expenses and disbursements.** Add lines 24 and 25	108,026	17,357	50,994	90,099
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	457,823			
	b **Net investment income** (if negative, enter -0-)		548,492		
	c **Adjusted net income** (if negative, enter -0-)			5,407	

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	8,269	12,458	12,458
	2 Savings and temporary cash investments	53,806	25,789	25,789
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	887,982	1,371,009	1,273,003
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	227,700	227,700	227,700
	14 Land, buildings, and equipment basis ▶ 9,611			
	Less accumulated depreciation (attach schedule) ▶ 9,611	570	0	0
	15 Other assets (describe ▶)	2,767	2,767	2,767
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	1,181,094	1,639,723	1,541,717
Liabilities	17 Accounts payable and accrued expenses	364	1,152	
	18 Grants payable		18	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities** (add lines 17 through 22)	364	1,170	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	1,180,730	1,638,553	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see page 17 of the instructions)	1,180,730	1,638,553	
	31 **Total liabilities and net assets/fund balances** (see page 17 of the instructions)	1,181,094	1,639,723	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,180,730
2	Enter amount from Part I, line 27a	2	457,823
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	1,638,553
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	1,638,553

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	See Additional Data Table			
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	See Additional Data Table			
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(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	
a	See Additional Data Table			
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	512,994
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8	3	3,546

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2010	55,032	1,477,644	0 037243
2009	74,052	1,359,129	0 054485
2008	98,240	1,730,641	0 056765
2007	116,936	1,957,142	0 059748
2006	100,076	1,835,648	0 054518

2	**Total** of line 1, column (d)	2	0 262759
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 052552
4	Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	4	1,603,146
5	Multiply line 4 by line 3	5	84,249
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	5,485
7	Add lines 5 and 6	7	89,734
8	Enter qualifying distributions from Part XII, line 4	8	90,099

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions on page 18

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

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% of Part I, line 27b	1	5,485
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2	3	5,485
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-	5	5,485
6	Credits/Payments		
a	2011 estimated tax payments and 2010 overpayment credited to 2011 — 6a: 1,680		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c:		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments Add lines 6a through 6d	7	1,680
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** ▶	9	3,805
10	**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 2012 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
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)?	1b		No
	*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.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
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*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • 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	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the 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	Yes	
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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV on page 27)? *If "Yes," complete Part XIV*	9	Yes	
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

Part VII-A Statements Regarding Activities *(continued)*

11	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		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ WWW BFF ORG

14 The books are in care of ▶ MICHAEL MILLHOLLEN Telephone no ▶ (503) 936-7746

Located at ▶ 1509 SW SUNSET BLVD 1-B PORTLAND OR ZIP+4 ▶ 97239

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 . . . . . ▶ 15

16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		Yes	No
		16		No

See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the foreign country ▶

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	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? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☑ Yes ☐ No			
	(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)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the 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 ☑ No			
b	If any 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 20 of the instructions)?	1b		No
	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 2011?	1c		No
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))			
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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 20 of the instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2011 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2011?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ **Yes** ☑ **No**			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ **Yes** ☑ **No**			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ **Yes** ☑ **No**			
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) ☐ **Yes** ☑ **No**			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ **Yes** ☑ **No**			
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)?	**5b**		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ **Yes** ☐ **No**			
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ **Yes** ☑ **No**			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**6b**		**No**
	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? ☐ **Yes** ☑ **No**			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	**7b**		

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 (see page 22 of the instructions).

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶ 0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		

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 information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 CHARITABLE ACTIVITIES CONSIST SOLELY OF GIVING MONEY TO OR FOR DISABLED OR PHYSICALLY HANDICAPPED PEOPLE SHOWING FINANCIAL NEED IN THE STATE OF OREGON	90,099
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see page 23 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See page 24 of the instructions **3**	

Total. Add lines 1 through 3. . . . . ▶ 0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	1,359,437
b	Average of monthly cash balances	1b	37,475
c	Fair market value of all other assets (see page 24 of the instructions)	1c	230,647
d	**Total** (add lines 1a, b, and c)	1d	1,627,559
e	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	1,627,559
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions)	4	24,413
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,603,146
6	**Minimum investment return.** Enter 5% of line 5	6	80,157

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☑ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2011 from Part VI, line 5 — 2a:		
b	Income tax for 2011 (This does not include the tax from Part VI) — 2b:		
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
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	

Part XII Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	90,099
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	90,099
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	5,485
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	84,614

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2011				
a From 2006.				
b From 2007.				
c From 2008.				
d From 2009.				
e From 2010.				
f **Total** of lines 3a through e.				
4 Qualifying distributions for 2011 from Part XII, line 4 ▶ $ _____				
a Applied to 2010, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required—see page 26 of the instructions). . .				
d Applied to 2011 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2011				
(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:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b.				
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.				
d Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions . . .				
e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions				
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions).				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see page 27 of the instructions).				
9 **Excess distributions carryover to 2012.** Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2007. . . .				
b Excess from 2008. . . .				
c Excess from 2009. . . .				
d Excess from 2010. . . .				
e Excess from 2011. . . .				

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☑ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2011	(b) 2010	(c) 2009	(d) 2008	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	5,407	73,882	0	0	79,289
b 85% of line 2a	4,596	62,800	0	0	67,396
c Qualifying distributions from Part XII, line 4 for each year listed	90,099	55,032	74,052	98,240	317,423
d Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	0
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	90,099	55,032	74,052	98,240	317,423
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . .	53,438	49,255	45,304	57,688	205,685
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income					0

Part XV Supplementary Information (Complete this part only if the organization had $5,000 or more in assets at any time during the year—see page 27 of the instructions.)

1 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))

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

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ 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

BLANCHE FISCHER FOUNDATION
1509 SW SUNSET BLVD 1-B
PORTLAND, OR 97239
(503) 246-4921

b The form in which applications should be submitted and information and materials they should include

PER APPLICATION - SEE COPY OF APPLICATION ATTACHED

c Any submission deadlines

NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

APPLICANTS MUST HAVE DISABILITIES OF A PHYSICAL NATURE AND DEMONSTRATE FINANCIAL NEED WHILE RESIDING IN THE STATE OF OREGON

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				37,910
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					23
4 Dividends and interest from securities					36,878
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					15,954
8 Gain or (loss) from sales of assets other than inventory					512,994
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		0	565,849
13 **Total.** Add line 12, columns (b), (d), and (e)					13 565,849

(See worksheet in line 13 instructions on page 28 to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) (See page 28 of the instructions)
3	THIS ORGANIZATION ENGAGES IN NO SERVICE PER SE, AND SEEKS NO
4	CONTRIBUTIONS IT MAINTAINS ITS INVESTMENTS AND FROM THAT SOURCE
7	OBTAINS THE FUNDS THAT IT PAYS OUT TO OR FOR QUALIFYING APPLICANTS AND CHARITABLE ORGANIZATIONS, WHICH ALSO HAVE 501(C) (3) STATUS

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of 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)		No
	(2) Other assets	1a(2)		No
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
	(3) Rental of facilities, equipment, or other assets	1b(3)		No
	(4) Reimbursement arrangements	1b(4)		No
	(5) Loans or loan guarantees	1b(5)		No
	(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

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 column **(d)** the value of the goods, other assets, or services received

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge

******	2012-05-14	******
Signature of officer or trustee	Date	Title

Paid Preparer's Use Only

Preparer's Signature	Date	Check if self-employed	PTIN
DEAN J ROTHENFLUCH CPA	2012-05-14	☑	P00224781

Firm's name	DEAN J ROTHENFLUCH CPA	Firm's EIN	93-0876611
Firm's address	7912 SW 35TH AVE SUITE 2 PORTLAND, OR 972192427	Phone no	(503) 245-2254

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

Additional Data

Software ID:
Software Version:
EIN: 93-0790099
Name: BLANCHE FISCHER FOUNDATION

Form 990PF - Special Condition Description:

Special Condition Description

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo , day, yr)	**(d)** Date sold (mo , day, yr)
2000 SH AT&T INC	P	2005-03-16	2011-03-09
1000 SH ALASKA AIR GROUP INC	P	1999-11-22	2011-03-09
1000 SH BAKER HUGHES	P	2000-03-24	2011-03-09
500 SH DU PONT E I DE NEMOURS	P	1984-12-21	2011-03-09
500 SH EXXON MOBIL CORP	P	1982-02-17	2011-03-09
3000 SH FLIR SYSTEMS INC	P	1999-10-26	2011-03-09
480 SH FRONTIER COMMUNICATIONS	P	2005-12-23	2011-03-09
1600 SH GENERAL MILLS INC	P	2008-06-24	2011-03-09
1000 SH H J HEINZ CO	P	1985-09-13	2011-03-09
1000 SH HONEYWELL INT'L INC	P	1985-10-31	2011-03-09
1000 SH JOHNSON & JOHNSON	P	2005-09-19	2011-03-09
2000 SH KINDER MORGAN ENERGY PTRS	P	2002-11-21	2011-03-09
500 SH LILLY ELI & CO	P	1998-05-19	2011-03-09
2000 SH MICROSOFT CORP	P	1996-12-13	2011-03-09
1000 SH NEXTRA ENERGY INC	P	1993-11-15	2011-03-09
3000 SH PENNICHUCK CORP	P	1999-11-15	2011-03-09
2000 SH PFIZER INC	P	1985-05-28	2011-03-09
2000 SH PITNEY BOWES INC	P	2002-04-23	2011-03-09
750 SH SPDR DOW JONES IND AVG	P	2003-11-11	2011-03-09
2000 SH SAFEWAY INC	P	2000-03-07	2011-03-09
1000 SH SUNDOCO INC	P	2001-05-29	2011-03-09
2000 SH VERIZON COMMUNICATIONS	P	2005-12-23	2011-03-09
2000 SH WEYERHAEUSER CO	P	2002-10-28	2011-03-09
3405 SH WEYERHAEUSER CO	P	2010-09-02	2011-03-09
250 31 SH ALLIANZ NFJ DIV VALUE	P	2011-03-07	2011-11-15
148 121 SH ALLIANZ NFJ DIV VALUE	P	2011-03-07	2011-12-19
126 644 SH GATEWAY FUND	P	2011-03-07	2011-11-15
105 515 SH GATEWAY FUND	P	2011-03-07	2011-12-19
1634 059 SH NEWBERGER BERMAN RE	P	2011-03-07	2011-07-25
1280 21 SH PIMCO STOCK PLUS TR	P	2011-03-07	2011-11-15

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo , day, yr)	**(d)** Date sold (mo , day, yr)
490 541 SH PIMCO STOCKPLUS TR	P	2011-03-07	2011-12-19
792 661 SH SSGA EMERGING MARKETS	P	2011-03-07	2011-05-02
898 924 SH THOMAS WHITE INT'L	P	2011-03-07	2011-05-02
207 293 SH WF UTIL & TELECOMM	P	2011-03-07	2011-08-05
392 163 SH WF UTIL & TELECOMM	P	2011-03-07	2011-11-15
74 498 SH WF UTIL & TELECOMM	P	2011-03-07	2011-12-19
CAPITAL GAINS DIVIDENDS	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	**(f)** Depreciation allowed (or allowable)	**(g)** Cost or other basis plus expense of sale	**(h)** Gain or (loss) (e) plus (f) minus (g)
55,661		47,600	8,061
57,850		30,131	27,719
69,339		33,693	35,646
26,710		3,994	22,716
42,504		1,948	40,556
95,948		5,321	90,627
3,893		3,675	218
58,624		50,592	8,032
48,951		8,333	40,618
55,991		11,013	44,978
60,469		65,280	-4,811
146,109		68,920	77,189
17,230		34,485	-17,255
51,762		12,433	39,329
54,073		11,244	42,829
84,036		37,792	46,244
39,183		2,312	36,871
49,101		84,882	-35,781
90,598		73,642	16,956
43,444		74,280	-30,836
42,227		20,775	21,452
72,004		55,603	16,401
46,981		97,120	-50,139
79,989		52,914	27,075
2,826		2,974	-148
1,616		1,681	-65
3,313		3,348	-35
2,755		2,785	-30
21,014		19,186	1,828
9,768		10,275	-507

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	**(f)** Depreciation allowed (or allowable)	**(g)** Cost or other basis plus expense of sale	**(h)** Gain or (loss) (e) plus (f) minus (g)
3,630		3,630	0
19,008		17,478	1,530
16,377		15,893	484
2,558		2,579	-21
5,204		4,879	325
964		927	37
4,901			4,901

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			**(l)** Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
(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	
			8,061
			27,719
			35,646
			22,716
			40,556
			90,627
			218
			8,032
			40,618
			44,978
			-4,811
			77,189
			-17,255
			39,329
			42,829
			46,244
			36,871
			-35,781
			16,956
			-30,836
			21,452
			16,401
			-50,139
			27,075
			-148
			-65
			-35
			-30
			1,828
			-507

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			**(l)** Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
(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	
			0
			1,530
			484
			-21
			325
			37
			4,901

Form 990PF Part VIII Line 1 - 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 -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
KIRT TOOMBS C/O BLANCHE FISCHER FDN 1509 SW SUNSET BLVD 1-B PORTLAND,OR 97239	PRESIDENT 3 00	0	0	0
TOM HAYS C/O BLANCHE FISCHER FDN 1509 SW SUNSET BLVD 1-B PORTLAND,OR 97239	SECRETARY 3 00	0	0	0
MICHAEL MILLHOLLEN C/O BLANCHE FISCHER FDN 1509 SW SUNSET BLVD 1-B PORTLAND,OR 97239	TREASURER 4 00	0	0	0
GINNY BAYNES C/O BLANCHE FISCHER FDN 1509 SW SUNSET BLVD 1-B PORTLAND,OR 97239	DIRECTOR 2 00	0	0	0
PATRICIA ALVAREZ C/O BLANCHE FISCHER FDN 1509 SW SUNSET BLVD 1-B PORTLAND,OR 97239	DIRECTOR 1 00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
ADAMS CAROLYNE67760 SPINWHEEL RD LAKESIDE,OR 97449	NONE	N/A	INDEPENDENCE	750
ARNOLD DON823 WALNUT AVE KLAMATH,OR 97601	NONE	N/A	SENSORY	725
AULT MARIE1103 NIANTIC D MEDFORD,OR 97501	NONE	N/A	VEHICLE MODIFICATION	261
BOBBITT MANFRED D808 S MCGOWAN ST BURNS,OR 97720	NONE	N/A	MEDICAL	600
BRAINARD VICKIE2672 EDGEWOOD DR 1 EUGENE,OR 97404	NONE	N/A	MEDICAL	100
BURWELL MICHAEL116 SE 8TH B TROUTDALE,OR 97060	NONE	N/A	SENSORY	369
CAMERON MERTON990 E 37TH AVE EUGENE,OR 97403	NONE	N/A	MEDICAL	115
CARTER LINDA7412 SE HARMONY DR MILWAUKIE,OR 97222	NONE	N/A	MOBILITY	130
CHERRY ROBERT340 SW GLISAN PORTLAND,OR 97209	NONE	N/A	COMMUNICATION	352
CORNELIUS DIANA GAY565 KINGS AVE LAKESIDE,OR 97449	NONE	N/A	MOBILITY	200
CROCKER BRIAN345 NE STARR APT Q SUBLIMITY,OR 97385	NONE	N/A	INDEPENDENCE	500
DINUCCI ROCKELL11196 SE VERNAZZA LN HAPPY VALLEY,OR 97086	NONE	N/A	COMMUNICATION	640
DUNFORD LORA396 S 17TH ST HELENS,OR 97051	NONE	N/A	INDEPENDENCE	396
EGGE ENOLAPO BOX 1518 ESTACADA,OR 97023	NONE	N/A	MOBILITY	1,000
ESQUIBEL PABLO JR2161 TAYLOR 28 CENTRAL POINT,OR 97502	NONE	N/A	HOME ACCESS	600
FESSHAZION TEWOLDE10208 NE KNOTT ST PORTLAND,OR 97220	NONE	N/A	COMMUNICATION	926
FESSLER ALZENA2900 22ND AVE 20 FOREST GROVE,OR 97116	NONE	N/A	MOBILITY	800
FIELDS MARIE2210 SW 19TH 22 REDMOND,OR 97756	NONE	N/A	MOBILITY	375
FOX KARLA JEAN270 SW EDGEWATER DR BEAVERTON,OR 97006	NONE	N/A	MEDICAL	429
FRAELICH NICHOLAS D2436 SE LAUREL MILWAUKIE,OR 97267	NONE	N/A	INDEPENDENCE	400
GLASPEY JOHN1201 MCLEAN BLVD 31 EUGENE,OR 97405	NONE	N/A	MEDICAL	240
GREGORY ROBERT60818 WINDSOR DR BEND,OR 97702	NONE	N/A	MEDICAL	763
GUNDERSON EDWARD L2195 N FREMONT CORELIUS,OR 97113	NONE	N/A	MOBILITY	1,000
HALE GARY218 NE DOUGLAS ST PILOT ROCK,OR 97868	NONE	N/A	MOBILITY	500
HALE KATHLEEN218 NE DOUGLAS ST PILOT ROCK,OR 97868	NONE	N/A	MOBILITY	500
HAMMOND CANDACE321 N 5TH 16 KLAMATH FALLS,OR 97601	NONE	N/A	SENSORY	184
HARGETT MICHAEL7155 LOS VERDES DR GLADSTONE,OR 97027	NONE	N/A	SENSORY	900
HATCHER JANETTE10080 SW 5TH 4 BEAVERTON,OR 97005	NONE	N/A	SENSORY	900
HAUTMAN CHERYL1455 BAILEY HILL 50 EUGENE,OR 97402	NONE	N/A	MOBILITY	400
HEIDLEBAUGH WAYNE11360 SE 34TH MILWAUKIE,OR 97222	NONE	N/A	COMMUNICATION	90

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
HILL BARBARA76571 WALKER OAKRIDGE,OR 97463	NONE	N/A	MOBILITY	424
HOOPER RUSSELLPO BOX 2054 ROGUE RIVER,OR 97537	NONE	N/A	MOBILITY	171
HOUSE DAVID1640 NE 72ND PORTLAND,OR 97213	NONE	N/A	INDEPENDENCE	305
HULSEY JOSEPH2449 WHITE AVE KLAMATH FALLS,OR 97601	NONE	N/A	MOBILITY	825
HUTCHINSON PATTY30946 CROSS RD LANE EUGENE,OR 97408	NONE	N/A	HOME ACCESS	968
JAMES ADALYNE6404 SE 23RD 344 PORTLAND,OR 97202	NONE	N/A	MEDICAL	750
JOHNSON CLAIRE4051 NE 23RD AVE PORTLAND,OR 97212	NONE	N/A	SENSORY	675
JOHNSON NICHOLAS5526 NE JESSUP PORTLAND,OR 97218	NONE	N/A	INDEPENDENCE	800
JOINER ANNIE4051 NE 23RD AVE HILLSBORO,OR 97124	NONE	N/A	SENSORY	50
KANNAN KEERAN18850 SE CARMEL DAMASCAS,OR 97089	NONE	N/A	INDEPENDENCE	1,000
LAWTON DEBORAH880 KRISSY DEE MEDFORD,OR 97501	NONE	N/A	MOBILITY	275
LEDOUX III DAVID808 BIEBER ST NE SALEM,OR 97301	NONE	N/A	COMMUNICATION	307
LITEHISER JRPO BOX 4381 SUNRIVER,OR 97707	NONE	N/A	INDEPENDENCE	480
LINT AMANDA MARIE10017 SE HELENA MILWAUKIE,OR 97222	NONE	N/A	MOBILITY	465
LYDON CAROLYN2529 1/2 FARGO KLAMATH FALLS,OR 97603	NONE	N/A	MOBILITY	322
MACHADO ANGEL11736 SE ANKENY PORTLAND,OR 97216	NONE	N/A	INDEPENDENCE	400
MARENCO MARIBETH17943 SE SUNNYSIDE BORING,OR 97089	NONE	N/A	HOME ACCESS	793
MARTIN SKYLERPO BOX 914 CHRISTMAS VALLEY,OR 97641	NONE	N/A	INDEPENDENCE	350
MAXWELL ROBERT872 10TH CT LAFAYETTE,OR 97123	NONE	N/A	MEDICAL	417
MAYFIELD ROXIE4410 CATALINA EUGENE,OR 97402	NONE	N/A	INDEPENDENCE	1,000
MCDOWALL REBA363 LINDALE DR O-2 SPRINGFIELD,OR 97477	NONE	N/A	MOBILITY	490
MCKAY-PUTZBACH BONNIE SUE 7956 DIVISION RD WHITE CITY,OR 97503	NONE	N/A	HOME ACCESS	180
MILLER RICK4519 SHASTA WAY KLAMATH FALLS,OR 97601	NONE	N/A	SENSORY	1,000
MIMS JEREMY363 LINDALE DR P- 1 SPRINGFIELD,OR 97477	NONE	N/A	INDEPENDENCE	499
NICHOLSON LORENZO1206 SE 163RD PL PORTLAND,OR 97233	NONE	N/A	INDEPENDENCE	850
PALMER KANDACE1080 LAUREL AVE REEDSPORT,OR 97467	NONE	N/A	MEDICAL	295
PETERSON ROBYN2143 LAURA ST SPRINGFIELD,OR 97477	NONE	N/A	HOME ACCESS	165
PONGRATZ VIRGINIA501 E ILLINOIS 13 NEWBERG,OR 97132	NONE	N/A	HOME ACCESS	750
PRESCOTT REBECCA29772 TRANSFORMER MALIN,OR 97632	NONE	N/A	INDEPENDENCE	663
RAMIREZ SAM1585 RIVER OAK RD INDEPENDENCE,OR 97351	NONE	N/A	INDEPENDENCE	1,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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
a *Paid during the year*				
SCHENK ROBERT320 NE KINGWOOD MCMINNVILLE,OR 97128	NONE	N/A	INDEPENDENCE	803
SHELTON KAREN483 19TH ST SE SALEM,OR 97301	NONE	N/A	HOME ACCESS	842
SOFAN WADAH K1430 SW 12TH 904 PORTLAND,OR 97201	NONE	N/A	HOME ACCESS	450
SPOUSTA JILL1820 AUGUSTA ST EUGENE,OR 97403	NONE	N/A	MEDICAL	440
UTTER COLLEEN6921 N ROBERTS AVE 218 PORTLAND,OR 97213	NONE	N/A	SENSORY	410
VAN GORDER NAOMI1110 E HARRISON COTTAGE GROVE,OR 97424	NONE	N/A	MOBILITY	1,000
VELLA MICHELLE2539 WILLAKENZIE 2 EUGENE,OR 97401	NONE	N/A	MOBILITY	298
VOGEL THERESA8905 SE RURAL PORTLAND,OR 97266	NONE	N/A	MOBILITY	975
WHEELOCK GRACEYMAE12770 SW SARA DR GASTON,OR 97119	NONE	N/A	COMMUNICATION	398
ZITEK LISA311 SE 5TH ST BEND,OR 97702	NONE	N/A	INDEPENDENCE	480
Total . . . . . ▶ **3a**				37,910

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491136018892

TY 2011 Accounting Fees Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	2,837	945	1,892	1,892

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2011 Depreciation Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
OFFICE FURNITURE	2000-10-27	1,599	1,599	SL	10 000000000000	0	0	0	
CHAIR	2001-05-07	699	677	SL	10 000000000000	22	0	22	
DESK & FILE CABINET	2001-08-29	1,343	1,251	SL	10 000000000000	92	0	92	
CONFERENCE PHONE	2002-02-28	309	309	SL	5 000000000000	0	0	0	
DESKTOP COMPUTER	2002-04-17	2,184	2,184	SL	3 000000000000	0	0	0	
DIGITAL CAMERA	2002-08-28	364	364	SL	5 000000000000	0	0	0	
LAPTOP COMPUTER	2006-02-28	1,000	1,000	SL	3 000000000000	0	0	0	
CANON PRINTER	2007-03-31	620	620	SL	3 000000000000	0	0	0	
LAPTOP COMPUTER	2008-11-30	1,493	1,037	SL	3 000000000000	456	0	456	

TY 2011 General Explanation Attachment

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Identifier	Return Reference	Explanation
SUPPLEMENTARY INFORMATION - COPY OF APPLICATION	FORM 990-PF PART XV LINE 2B	BLANCHEFISCHERFOUNDATION1509 S W SUNSET BLVD , SUITE 1-BPORTLAND, OR 97239PHONE 503 246 4921E-MAIL INFOBFF@QWESTOFFICE NET WEB WWW BFF ORGTHE BLANCHE FISCHER FOUNDATION IS A PRIVATE, NONPROFIT CHARITABLE INSTITUTION FOUNDED IN 1981 FOR THE PURPOSE OF ASSISTING PERSONS WHO HAVE A DISABILITY THAT CHALLENGES THEM PHYSICALLY AND WHO HAVE FINANCIAL NEED THERE ARE THREE CRITERIA FOR CONSIDERATION FOR A GRANT FROM THE FOUNDATION 1 YOU MUST BE AN OREGON RESIDENT,2 YOU MUST HAVE A DISABILITY OF A PHYSICAL NATURE, AND3 YOU MUST DEMONSTRATE FINANCIAL NEED APPLICANTS MAY APPLY FOR FINANCIAL AID FOR EDUCATION, SPECIAL EQUIPMENT OR FOR SUCH OTHER PURPOSES AS THE FOUNDATION FINDS APPROPRIATE PLEASE NOTE?? THE APPLICATION MUST BE FILLED OUT COMPLETELY AND SIGNED BY THE APPLICANT OR APPLICANT'S LEGAL GUARDIAN ?? MEDICAL OR OTHER SATISFACTORY VERIFICATION OF DISABILITY (LETTER FROM PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL) IS REQUIRED ?? WE DO NOT ACCEPT FAXED APPLICATIONS YOU MUST MAIL THE ORIGINAL, ALONG WITH DOCUMENTATION, TO THE FOUNDATION THIS IS NECESSARY FOR THE FOUNDATION TO COMPLY WITH STATE AND FEDERAL REQUIREMENTS GRANT APPLICATIONNAME OF APPLICANT (PERSON FOR WHOM ASSISTANCE IS REQUESTED) ADDRESS STREET NO APT /UNIT CITY ZIPTELEPHONE/TTY ( ) E-MAIL PAGE 1 OF 4I INFORMATION ABOUT YOUR DISABILITY1 BRIEFLY DESCRIBE YOUR DISABILITY 2 HOW LONG HAS THIS CONDITION EXISTED?3 IS YOUR CONDITION PERMANENT? YES NOIF NO, EXPECTED DURATION 4 HOW DOES THIS AFFECT YOUR DAILY LIFE AND INDEPENDENCE?5 FOR WHAT PURPOSE ARE YOU REQUESTING FUNDING?6 HOW MUCH DOES IT COST? $7 HOW MUCH DO YOU NEED THE BLANCHE FISCHER FOUNDATION TO CONTRIBUTE? $8 HOW WILL THIS GRANT IMPROVE YOUR QUALITY OF LIFE?9 NAME AND ADDRESS OF VENDOR OR SUPPLIER (ATTACH COPY OF PRICE QUOTE OR ORDER INFORMATION) YES, ITS ATTACHED'10 HAVE YOU APPLIED FOR GRANTS FROM ANY OTHER SOURCE (S)? YES NOFROM WHOM? HOW MUCH? $11 HAVE ANY BEEN APPROVED? YES NOBY WHOM? IN WHAT AMOUNT(S)? $12 HAVE YOU EVER RECEIVED VOCATIONAL TRAINING? YES NO13 FROM WHOM (STATE AGENCY, FEDERAL, PRIVATE ORGANIZATION)?WHEN?DID THIS TRAINING RESULT IN EMPLOYMENT? YES NO14 ATTACH A LETTER OR REPORT FROM YOUR DOCTOR OR OTHER LICENSED HEALTH CARE PROFESSIONAL (SOCIAL WORKER, CASE MANAGER, ETC) VERIFYING YOUR DISABILITY YES, ITS ATTACHED! PAGE 2 OF 4II APPLICATION FOR BENEFITNOTE ALL HOUSEHOLD MEMBERS MUST BE CONSIDERED IN REPLYING TO INCOME-RELATED QUESTIONS GENERAL INFORMATIONAPPLICANT'S BIRTH DATEIF A MINOR, NAME OF PARENT(S) OR GUARDIAN(S) AGE OF EACH CHILD IN HOUSEHOLD NUMBER AND RELATIONSHIP (PARENT, SPOUSE, CAREGIVER, ETC) OF ADULTS IN HOUSEHOLD NUMBER OF WAGE EARNERS IN HOUSEHOLD OCCUPATION(S) EMPLOYER(S) NAME(S) WORK PHONE (IF APPLICABLE) ( ) INCOME AND EXPENSESA MONTHLY INCOME SALARY AND WAGES 1 PRIMARY WAGE-EARNER GROSS MONTHLY SALARY $MONTHLY TAKE-HOME PAY $2 SECOND WAGE-EARNER GROSS MONTHLY SALARY $MONTHLY TAKE-HOME PAY $B MONTHLY INCOME OTHERSOCIAL SECURITY $CHILD SUPPORT $FOOD STAMPS/OREGON TRAIL $OTHER (DESCRIBE) $C MONTHLY EXPENSESCATEGORY MONTHLY PAYMENT BALANCE OWEDFOOD $CLOTHING $UTILITIES $HEALTH CARE (MEDICAL, DENTAL,VISION, PRESCRIPTIONS, ETC) $ $INSURANCE $PAYMENTS (CREDIT CARDS,CAR PAYMENTS, LOANS, ETC) $ $OTHER (DESCRIBE) $ $D WHAT KIND OF MEDICAL INSURANCE, IF ANY, DO YOU HAVE? CHECK ALL APPLICABLE RESPONSES NONEPRIVATE HEALTH INSURANCE YES NOMEDICARE YES NOOREGON HEALTH PLAN YES NOOTHER (DESCRIBE) YES NO PAGE 3 OF 4E ASSETSDO YOU RENT OR OWN YOUR RESIDENCE? RENT OWNWHAT IS YOUR MONTHLY PAYMENT? $DO YOU OWN ANY OTHER REAL PROPERTY? YES NOIF YES, PLEASE DESCRIBE AUTOMOBILE(S) AUTOMOBILE 1MAKE AND YEAR VALUE $AUTOMOBILE 2MAKE AND YEAR VALUE $AMOUNT OF CASH IN BANK ACCOUNTS AND ANY STOCKS, BONDS OR SECURITIES, INCLUDING RETIREMENT PLANS AND LIVING TRUSTS DESCRIBE VALUE $III OTHER INFORMATION YOU MAY WISH US TO CONSIDER (ATTACH LETTER, IF DESIRED) ALL GRANTS MADE ASSUME THE ACCURACY OF THIS APPLICATION I UNDERSTAND THAT IF A GRANT IS AWARDED, PAYMENT CAN BE MADE ONLY TO THE SUPPLIER OF GOODS OR SERVICES I FURTHER UNDERSTAND THAT ALL DECISIONS AS TO ELIGIBILITY AND GRANTS ARE MADE AT THE SOLE DISCRETION OF THE BLANCHE FISCHER FOUNDATION AND THAT ITS DECISIONS ARE FINAL I UNDERSTAND THAT ALL GRANTS AWARDED BY THE BLANCHE FISCHER FOUNDATION MUST BE REPORTED ON THE FOUNDATION'S FEDERAL AND STATE TAX RETURNS, AND AS SUCH, GRANTEES' NAMES, ADDRESSES AND GRANT AMOUNTS ARE A MATTER OF PUBLIC RECORD SIGNATURE(S) APPLICANT PARENT/GUARDIAN (CIRCLE WHICHEVER IS APPROPRIATE)DATE PARENT/GUARDIAN (CIRCLE WHICHEVER IS APPROPRIATE)YOUR RESPONSE TO THE FOLLOWING QUESTION WILL NOT INFLUENCE IN ANY WAY THE OUTCOME OF THIS GRANT APPLICATION WOULD YOU LIKE US TO SEND YOU A VOTER REGISTRATION CARD, ALONG WITH THE NAMES OF YOUR STATE SENATOR, REPRESENTATIVE AND U S CONGRESSIONAL REPRESENTATIVE? YES NOBEFORE MAILING THIS APPLICATION 1 ARE ALL SECTIONS COMPLETE?2 HAVE YOU ATTACHED DOCUMENTATION FROM A MEDICAL OR OTHER PROFESSIONAL VERIFYING DISABILITY?3 HAVE YOU ATTACHED A COPY OF YOUR VENDORS PRICE QUOTE?MAIL THE COMPLETED APPLICATION AND DOCUMENTATION TO BLANCHE FISCHER FOUNDATION1509 S W SUNSET BLVD , SUITE 1-BPORTLAND, OR 97239 PAGE 4 OF 4

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491136018892

TY 2011 Investments Corporate Stock Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Name of Stock	End of Year Book Value	End of Year Fair Market Value
VARIOUS MUTUAL FUNDS	1,371,009	1,273,003

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491136018892

TY 2011 Investments - Other Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ROCK QUARRY	AT COST	227,700	227,700

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491136018892

TY 2011 Land, Etc. Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
OFFICE FURNITURE	1,599	1,599		0
CHAIR	699	699		0
DESK & FILE CABINET	1,343	1,343		0
CONFERENCE PHONE	309	309		0
DESKTOP COMPUTER	2,184	2,184		0
DIGITAL CAMERA	364	364		0
LAPTOP COMPUTER	1,000	1,000		0
CANON PRINTER	620	620		0
LAPTOP COMPUTER	1,493	1,493		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491136018892

TY 2011 Other Assets Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ARTIFACTS AND PAINTINGS, DRIFTWOOD LIBRARY	2,767	2,767	2,767

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491136018892

TY 2011 Other Expenses Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LICENSES & FEES	90	0	90	90
OFFICE AND TELEPHONE	3,479	0	3,479	3,479
BANK CHARGES & FEES	502	320	182	182
INSURANCE	1,765	0	0	1,765

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491136018892

TY 2011 Other Income Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
SALE OF ROCK IN PLACE FROM QUARRY	15,954	15,954	15,954

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491136018892

TY 2011 Other Professional Fees Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OUTSIDE SERVICES	7,360	0	7,360	7,360
INVESTMENT FESS	10,102	10,102	0	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491136018892

TY 2011 Taxes Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	966	0	966	966
INTERNAL REVENUE SERVICE	18,431	5,172	13,259	13,259
OREGON DEPT OF JUSTICE	193	193	0	0
FOREIGN TAXES	625	625	0	0