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EXTENSION GRANTED TO 11/15/13 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

Depa Intern	rtmen	t of the Treasury venue Service	N-	ote. The fo	undation may		ole to use a copy of this			rting requirements.	Open to public Inspection
For	catien	dar year 2012	or tax year	beginning				, and c	ending		
Nai	ne of	foundation	•	-						A Employer identification	number
		SIE F.	·						Int	93-1316345	
		nd street (or PO b			elivered to street	addr	ess)		Room/suite	B Telephone number 503-408-408	88
		own, state, and								C If exemption application is pe	nding, check here
		<u>CKAMAS,</u>	OR	97015						_	
G (heck	all that apply:		Initial retur		L	Initial return of a fo	ormer public	charity	D 1 Foreign organizations,	check here
				Final return Address cl		Ĺ	Amended return Name change			Foreign organizations mee check here and attach con	ating the 85% test,
H (heck	type of organiz	ation.			vemr	ot private foundation			1	
	_	ction 4947(a)(1					er taxable private found	ation		If private foundation state under section 507(b)(1)(
I Fa		rket value of all			1				rual	F If the foundation is in a 6	•
		Part II, col. (c),					(specify)			under section 507(b)(1)(
	\$	1		283		ımn	(d) must be on cash	basis.)		· · · · · · · · · · · · · · · · · · ·	
Pa	art I	Analysis of R (The total of amonecessarily equal	ounts in colur	mns (b), (c), a	nd (d) may not		(a) Revenue and expenses per books		nvestment come	(c) Adjusted net income	(f) Disbursements for charitable purposes (cash basis only)
	1	Contributions,	• . •			<u> </u>	<u>290,956.</u>				
	2	Interest on saving		n is not required	to attach Sch B	<u> </u>	7.40		740	740	
	3	cash investments	•	•	•	\vdash	742. 20.		742. 20.		STATEMENT 1 STATEMENT 2
	59	Dividends and Gross rents	milerest iro	iii securile	3	\vdash	20.		20.	20.	SIAIEMENI Z
	Ь		or (loss)				DECE				
•	6a		· · -	assets not on	line 10		RECEIVE	FD			
ä	b	Gross sales price assets on line 6a	for all					70			
Revenue	7	Capital gain net ii	ncome (from	Part IV, line 2)	4	NOV 2 n 2n	13 80	0.		
ш	8	Net short-term	capital gai	n				13		0.	
	9	Income modifications			į	\vdash	OGDEN	17 [
	10a	and allowances Less Cost of good				-	OUDLIN, (-	
		Gross profit or				\vdash					
	11	Other income	()				-				
	12	Total. Add line	s 1 throug	h 11			291,718.		762.	762.	
	13	Compensation of			s, etc	<u> </u>	0.		0.	0.	0.
	14	Other employe		•		\vdash	61,009.		0.	0.	56,108.
S	15	Pension plans, Legal fees	empioyee		гмт 3	\vdash	120.		0.	0.	0.
eus		Accounting fee	es.		CMT 4	\vdash	7,274.	<u> </u>	0.	0.	0.
Ž		Other profession			rmr 5		28,030.		0.	0.	20,644.
š	17	Interest									
trat	18	Taxes									· · · · · · · · · · · · · · · · · · ·
inis	19	Depreciation a	nd depletio	n		<u> </u>	20.000	<u> </u>			00 000
Ę	20	Occupancy					22,092. 63,515.		<u> </u>	0.	20,270. 57,350.
Þ	21	Travel, confere		meetings			385.		0.	0.	235.
Operating and Administrative Expenses	23	Other expense:		ST	гмт 6	 	115,888.		0.	0.	97,122.
atin	24	Total operatin									
per		expenses. Add	-				298,313.		0.	0.	251,729.
0		Contributions,				<u> </u>	0.				0.
	26	Total expense		ursements.			200 212		^		054 500
	27	Add lines 24 at Subtract line 2		12:		\vdash	298,313.		0.	0.	251,729.
		Excess of revenue		-	urcamanta	}	<6,595.	Ļ			
	ı	Net investmen				\vdash			762.		
2025	C	Adjusted net in								762.	

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.

Enter qualifying distributions from Part XII, line 4

	m 990-PF (2012) JESSIE F. RICHARDSON FOUNDATI		\		1316			Page 4
	art VI Excise Tax Based on Investment Income (Section 494		e), or 4	948	- see	instru	CUO	15)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🗓 and o]		1			
	Date of ruling or determination letter: $02/12/02$ (attach copy of letter if ne					,	_	
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	▶ and enter 1%	•	1	↓	N/	<u>A</u>	
	of Part I, line 27b				İ			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 49		J					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -0-)		2	 			
3				3_	↓			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -0-)		4_	₩			
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-			5	├ ──			<u>0.</u>
6	Credits/Payments:	1 1						
	a 2012 estimated tax payments and 2011 overpayment credited to 2012	6a						
	Exempt foreign organizations - tax withheld at source	6b			1			
	c Tax paid with application for extension of time to file (Form 8868)	6c		ļ				
	d Backup withholding erroneously withheld	6d		ļ				_
	Total credits and payments. Add lines 6a through 6d			7	—			<u>0.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is att	tached		8	↓			
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			9	 			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	ì		10	├			
	Enter the amount of line 10 to be: Credited to 2013 estimated tax	Refur	ded 🚩	11				
	art VII-A Statements Regarding Activities						5.	
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legi	islation or did it participate or	intervene	ın		<u> </u>	Yes	
	any political campaign?					1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	•	-			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities at	and copies of any materials	publish	ed or				
	distributed by the foundation in connection with the activities							
	Did the foundation file Form 1120-POL for this year?					10		X
d	f Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the		_					
	(1) On the foundation. > \$ 0 . (2) On foundation manager		0.					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expend	diture tax imposed on founda	ion					
	managers. > \$0.					-		
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		oration, o	or		1		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	*				3		X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the ye	ear?			- / -	4a		X
	b If "Yes," has it filed a tax return on Form 990-T for this year?	•		I	I/A	4b		-
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year	17				5		X
_	If "Yes," attach the statement required by General Instruction T							
Б	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied (eitner:						
	By language in the governing instrument, or					ļ		
	By state legislation that effectively amends the governing instrument so that no mandato	ory directions that conflict with	i the state	alaw			37	
_	remain in the governing instrument?					6	X	<u> </u>
1	Did the foundation have at least \$5,000 in assets at any time during the year?					7	X	<u> </u>
٥.	If "Yes," complete Part II, col. (c), and Part XV	\				1		
öa	a Enter the states to which the foundation reports or with which it is registered (see instruction)	ions) >						
	OR	AM O						
D	o If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorney General (or designat	e)				37	
_	of each state as required by General Instruction G? If "No," attach explanation					8b	<u> </u>	
y	Is the foundation claiming status as a private operating foundation within the meaning of s) for cale	nuar		_	v	
10	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"	·		יישיי	۱ ۵	10	X	

_	1 990-PF (2012) JESSIE F. RICHARDSON FOUNDATION 93-1316 art VII-A Statements Regarding Activities (continued)	345		Page 5
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	\Box		
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		_x_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► KEREN BROWN WILSON Telephone no. ► 503-40	<u> 8 - 4</u>	<u>880</u>	
	Located at ► 15900 SE 82ND DRIVE, CLACKAMAS, OR ZIP+4 ►9	015		
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		/A	
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	_16		_X_
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			
_	country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	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?			
	(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?			
	(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)?			
	(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.)			
t	olf 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 instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here			
6	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 2012?	1c		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)):			
8	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2012? Ves X No			
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,			
Q	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	۱.,		İ
_	statement - see instructions.) N/A	<u>2b</u>		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
-	during the year?			
b	of "Yes," did it have excess business holdings in 2012 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 2012.) N/A	3b		
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48		Х
	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 2012?	4h		x

orm 990-PF (2012) JESSIE F. RICHARDSON FOU			<u>93-1316:</u>	<u> 345 </u>	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?	Y6	8 X No		
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir	ectly,			
any voter registration drive?			s X No	ľ	
(3) Provide a grant to an individual for travel, study, or other similar purpose	s?	Y6	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization			i		
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No	ľ	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or			ŀ	
the prevention of cruelty to children or animals?			s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur	ider the exceptions described	in Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instr		· ·	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check	•		▶ □		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		ined		1	
expenditure responsibility for the grant?		I/A 🔲 Y	es No		
If "Yes," attach the statement required by Regulations section 53.494		.,			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?	pay promismo on		es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	nersonal henefit contract?			6b	x
If "Yes" to 6b, file Form 8870	personal bonent bonitable		ŀ	-	
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?		es X No	ĺ	
b If "Yes," did the foundation receive any proceeds or have any net income attrib		L	N/A	7b	-
Information About Officers Discotors Turned		nagers Highly		<u>,</u>	
Part VIII Paid Employees, and Contractors	toos, i odiladiloli iiic	magers, riigin	•		
List all officers, directors, trustees, foundation managers and their	compensation.			-	
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deterred	(e)	Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	acco	ount, other lowances
	to podition	Cinco. C)	- compensation	+ -	
	1				
SEE STATEMENT 10	1	0.	o		0.
				1	
 	1				
	1				
				1	
	1				
				1	
				+	
	-				
Compensation of five highest-paid employees (other than those in	cluded on line 1), If none,	enter "NONE."	I		
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e)	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	acco	ount, other lowances
NONE	devoted to position	-	compensation	+	
ноны	†				
		-		+	
	1				
				+	
	1				
	-	 		+	
	+				
		 		+	
	4				
Table number of other employees and area 000 000		1	 	Ь	
otal number of other employees paid over \$50,000	 		<u>P</u> _	000	0
			Forr	u 2 20-1	PF (2012)

Form 990-PF (2012) JESSIE F. RICHARDSON FOUNDATION	93-13	316345 Page 7
Part VIII , Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NC	NE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<u></u>	
Total number of others receiving over \$50,000 for professional services		b 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 in number of organizations and other beneficiaries served, conferences convened, research papers produced	oformation such as the	Expenses
1		
SEE STATEMENT 11		0.
2		
SEE STATEMENT 12		205,844.
3		
SEE STATEMENT 13		30,143.
4		
SEE STATEMENT 14 Part IX-B Summary of Program-Related Investments		15,743.
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
8	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	440,160.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	440,160.
е	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	
3	Subtract line 2 from line 1d	3	440,160.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,602.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	433,558.
6	Minimum investment return. Enter 5% of line 5	6	21,678.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here x and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012. (This does not include the tax from Part VI.)		
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 instructions)	6	
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
P	art XII Qualifying Distributions (see 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	251,729.
þ	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	251,729.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	251,729.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for t	he section

4940(e) reduction of tax in those years.

N/A (a) (b) (c) Years prior to 2011 1 Distributable amount for 2012 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2012 a Enter amount for 2011 only b Total for prior years:	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2012 a Enter amount for 2011 only	
2 Undistributed income, if any, as of the end of 2012 a Enter amount for 2011 only	
a Enter amount for 2011 only	
· · · · · · · · · · · · · · · · · · ·	
3 Excess distributions carryover, if any, to 2012:	
a From 2007	
b From 2008	
c From 2009	
d From 2010	
e From 2011	
f Total of lines 3a through e	
4 Qualifying distributions for 2012 from	
Part XII, line 4: ► \$	
a Applied to 2011, but not more than line 2a	 ,
b Applied to undistributed income of prior	
years (Election required - see instructions)	
c Treated as distributions out of corpus	
(Election required - see instructions)	
d Applied to 2012 distributable amount	
e Remaining amount distributed out of corpus	
5 Excess distributions carryover applied to 2012 (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 instructions	
e Undistributed income for 2011. Subtract line	
4a from line 2a. Taxable amount - see instr.	
f Undistributed income for 2012. Subtract	
lines 4d and 5 from line 1. This amount must	
be distributed in 2013	
7 Amounts treated as distributions out of	
corpus to satisfy requirements imposed by	
section 170(b)(1)(F) or 4942(g)(3)	
8 Excess distributions carryover from 2007	
not applied on line 5 or line 7	
9 Excess distributions carryover to 2013.	
Subtract lines 7 and 8 from line 6a	
10 Analysis of line 9:	
a Excess from 2008	
b Excess from 2009	
c Excess from 2010	
d Excess from 2011	
e Excess from 2012	

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

NONE SPECIFIED AT THIS TIME

er gross amounts unless otherwise indicated.	Unrelated	ousiness income		ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exemp
Program service revenue:	code	Aillouit	code	Amount	
	_				
	_				
	_				
Forest	_				
Fees and contracts from government agencies					<u> </u>
dembership dues and assessments					
iterest on savings and temporary cash			1 4	742	
vestments			14	742.	
ividends and interest from securities			14	20.	
et rental income or (loss) from real estate:					
Debt-financed property					
Not debt-financed property					
et rental income or (loss) from personal					
roperty		.			
ther investment income					
ain or (loss) from sales of assets other					
an inventory					
et income or (loss) from special events	<u> </u>				
ross profit or (loss) from sales of inventory					
Ither revenue:					
	l I				
	_				
uhtatal Add solumns (h) (d) and (s)).	762.	
ubtotal. Add columns (b), (d), and (e)					7
otal Add line 12, columns (b), (d), and (e)				13	
worksheet in line 13 instructions to verify calculations	5.)	· · · · · · · · · · · · · · · · · · ·			
rt XVI-B Relationship of Activitie	s to the Accon	nplishment of	Exemp	t Purposes	
No. Explain below how each activity for which in				outed importantly to the accom	plishment of
	han by providing fund	s for such purposes).	•		
					-

223621 12-05-12

Part X	VII Information Re Exempt Organ		sfers To	and Transactions	s an	d Relations	hips With Nonc	haritable)	<u> </u>
1 Did t	he organization directly or indi	rectly engage in any	of the following	o with any other organization	ation	described in sect	ion 501(c) of		Yes	No
	ode (other than section 501(c						55 1(5) 51			
	sters from the reporting found				.					
(1)				gameanon on				1a(1)		X
	Other assets							1a(2)		X
	transactions:							18(2)		
	Sales of assets to a noncharita	ahle exempt organiza	ition					16(1)		X
-	Purchases of assets from a no								\vdash	X
-	Rental of facilities, equipment,		oi gainzation					1b(2)		X
	Reimbursement arrangements							1b(3)		X
	oans or loan guarantees	,						1b(4) 1b(5)		X
	Performance of services or me	embership or fundra	isina salicitatio	nns				1b(6)		X
	ng of facilities, equipment, ma							10		X
	answer to any of the above is				lalway	vs show the fair r	narket value of the goor		ets	
or se	rvices given by the reporting f	oundation, if the fou	ndation receiv	ed less than fair market v	/alue i	in any transaction	or sharing arrangemen	nt. show in	,,,,	
	nn (d) the value of the goods,							,		
(a) Line no	(b) Amount involved	(c) Name o	f noncharitable	e exempt organization		(d) Description	of transfers, transactions, a	and sharing ar	rangeme	nts
			N/A							
				-						
							·			
						L.				
		ļ								
	<u> </u>									
2a Is the	foundation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt orga	anızat	tions described				_
ın sed	ction 501(c) of the Code (othe	r than section 501(c)(3)) or in sect	tion 527?				Yes	X	No
b If Ye	s," complete the following sch									
	(a) Name of org	janization		(b) Type of organization	n		(c) Description of relation	nship		
	<u> </u>									
	···							<u>-</u>	_	
	· -									
	Index penalties of a country lide of	that I have a second		<u> </u>		<u> </u>				
	Inder penalties of perjury, I declare and belief, it is true, correct, and cor						bac any knowledge	May the IRS		
Sign [*] Here	1100	Blill	, , ,		<u>.</u>	\		return with th shown below	(see inst	
11010	Control	12.00,0		1 11.11.	2]	PRESI	DENT	X Yes		JNo
	Signature of officer or trustee		Dearest	Date		Title	Chook Tare			
	Print/Type preparer's na	11116	Preparer's s	ignature	יט	ate	Check I If PTI	IA		
Paid	DOW 3553115		1/1/2.			11-	self- employed	04000		
Prepar	ROY ABRAMO		1/#XW	unewit	إسلح	411/13		01329		
Use Or	Time that the L = 1	KINS & CC	MPANY,	P.C.	•	•	Firm's EIN ► 93-	09289	24	
USE OI		11 012 ===		ATT - 400						
	Firm's address ► 12			, SUITE 100	U			001		_
	<u> </u>	RTLAND, C	R 9720	4-3/10			Phone no. 503	<u>-221-</u>	_	
								Form 990	-PF //	20121

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2012

Name of the organization

Employer identification number

	JESSIE F. RICHARDSON FOUNDATION	93-1316345
Organization type (chec	k 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	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
· -	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile See instructions
X For an organiza	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in m	oney or property) from any one
	mplete Parts I and II	
Special Rules		
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the gon (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	
total contribution	01(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contri ons of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or editor of cruelty to children or animals. Complete Parts I, II, and III	
contributions for If this box is ch purpose Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributions or use exclusively for religious, charitable, etc., purposes, but these contributions did not to ecked, enter here the total contributions that were received during the year for an exclusive of complete any of the parts unless the General Rule applies to this organization because rable, etc., contributions of \$5,000 or more during the year	tal to more than \$1,000 ely religious, charitable, etc ,
Caution. An organizatio	in that is not covered by the General Rule and/or the Special Rules does not file Schedule f	3 (Form 990, 990-EZ, or 990-PF),

LHA 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) (2012)

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 Part I, 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)

Name of organization

Employer identification number

JESSIE F. RICHARDSON FOUNDATION

93-1316345

Part I	Contributors (see instructions)	Use duplicate copies of Part I if additional space is needed.
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		iai space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CONCEPTS IN COMMUNITY LIVING, INC.		Person X
	15900 SE 82ND DRIVE	\$37,803.	Payroll
	CLACKAMAS, OR 97015		(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	KEREN BROWN WILSON		Person X
	15900 SE 82ND DRIVE	\$ 7,905.	Payroll
	CLACKAMAS, OR 97015		(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MAURO HERNANDEZ, SR.		Person X
	6929 MIRDELLO ST	\$5,000.	Payroll Noncash
	CORAL GABLES, FL 33146		(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		l l	Type of contribution Person X
No.	Name, address, and ZIP + 4	l l	Type of contribution
No.	Name, address, and ZIP + 4 PACIFIC UNIVERSITY	Total contributions	Type of contribution Person X Payroll
No.	Name, address, and ZIP + 4 PACIFIC UNIVERSITY 1411 SW MORRISON STREET, SUITE 201	Total contributions	Person X Payroll Noncash (Complete Part II if there
No. 4	Name, address, and ZIP + 4 PACIFIC UNIVERSITY 1411 SW MORRISON STREET, SUITE 201 PORTLAND, OR 97205 (b)	\$ 17,683.	Type of contribution Person X Payroll
(a)	Name, address, and ZIP + 4 PACIFIC UNIVERSITY 1411 SW MORRISON STREET, SUITE 201 PORTLAND, OR 97205 (b) Name, address, and ZIP + 4	\$ 17,683.	Person X Payroll
(a)	Name, address, and ZIP + 4 PACIFIC UNIVERSITY 1411 SW MORRISON STREET, SUITE 201 PORTLAND, OR 97205 (b) Name, address, and ZIP + 4 PORTLAND STATE UNIVERSITY	\$ 17,683.	Type of contribution Person X Payroll
(a) No.	Name, address, and ZIP + 4 PACIFIC UNIVERSITY 1411 SW MORRISON STREET, SUITE 201 PORTLAND, OR 97205 (b) Name, address, and ZIP + 4 PORTLAND STATE UNIVERSITY PO BOX 751 PORTLAND, OR 97207 (b)	\$ 17,683. (c) Total contributions \$ 15,881.	Person X Payroll
(a) No. 5	Name, address, and ZIP + 4 PACIFIC UNIVERSITY 1411 SW MORRISON STREET, SUITE 201 PORTLAND, OR 97205 (b) Name, address, and ZIP + 4 PORTLAND STATE UNIVERSITY PO BOX 751 PORTLAND, OR 97207 (b) Name, address, and ZIP + 4 VITAL LIFE, A MARQUIS AND CONSONUS	\$ 17,683. (c) Total contributions \$ 15,881.	Person X Payroll
(a) No.	Name, address, and ZIP + 4 PACIFIC UNIVERSITY 1411 SW MORRISON STREET, SUITE 201 PORTLAND, OR 97205 (b) Name, address, and ZIP + 4 PORTLAND STATE UNIVERSITY PO BOX 751 PORTLAND, OR 97207 (b) Name, address, and ZIP + 4	\$ 17,683. (c) Total contributions \$ 15,881.	Person X Payroll
(a) No. 5	Name, address, and ZIP+4 PACIFIC UNIVERSITY 1411 SW MORRISON STREET, SUITE 201 PORTLAND, OR 97205 (b) Name, address, and ZIP+4 PORTLAND STATE UNIVERSITY PO BOX 751 PORTLAND, OR 97207 (b) Name, address, and ZIP+4 VITAL LIFE, A MARQUIS AND CONSONUS FOUNDATION 4650 SE INTERNATIONAL WAY, SUITE 100 MILWAUKIE, OR 97222	\$ 17,683. (c) Total contributions \$ 15,881. (c) Total contributions	Person X Payroll

Name of organization

Employer identification number

JESSIE F. RICHARDSON FOUNDATION

93-1316345

<u>JESSI</u>	E F. RICHARDSON FOUNDATION	93	-1316345
Part !	Contributors (see instructions) Use duplicate copies of Part I if addition	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	KEN BURGESS 1011 VILLAGE RD KNIGHTDALE, NC 27545	\$13,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CARRON SUDDRETH 1414 HWY, 268 LENOIR, NC 28645	\$50,274.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	QUALITY MOBILE XRAY INC. 470 W. HANES MILL RD. WINSTON-SALEM, NC 27105	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	GROVE MEDICAL, INC. 1089 PARK WEST BLVD GREENVILLE, SC 29611	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	CONCORDIA UNIVERSITY 2811 NE HOLMAN ST. PORTLAND, OR 97211	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	MARQUIS COMPANIES 4650 SE INTERNATIONAL WAY, SUITE 100 MILWAUKIE, OR 97222	\$35,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
223452 12-2		Schedule B (Form	990 990-F7 or 990-PF) (2012)

Name of organization

Employer identification number

JESSIE F. RICHARDSON FOUNDATION

93-1316345

Part II	Noncash Property (see instructions) Use duplicate copies of Part II	of additional space is needed.	
(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
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	00.000 57

Name of orga	anization		Employer identification number					
TECTE	F. RICHARDSON FOUNDAT	TON	02 1216245					
Part III	Exclusively religious, charitable, etc., indiverse Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition	vidual contributions to section 501 he following line entry. For organiza c., contributions of \$1,000 or less	93-1316345 O1(c)(7), (8), or (10) organizations that total more than \$1,000 for the zations completing Part III, enter a for the year. (Enter this information once)					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of	gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
-	Transferee's name, address, at	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of	gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of	gift					
	Transferee's name, address, al	nd ZIP + 4	Relationship of transferor to transferee					

2012 DEPRECIATION AND AMORTIZATION REPORT

	Ending Accumulated Depreciation	4,594.	555.	5,149.	
	Current Year Deduction	0.	0	0	
	Current Sec 179 Expense				
	Beginning Accumulated Depreciation	4,594.	555.	5,149.	
	Basis For Depreciation	4,594.	555.	5,149.	
	Reduction In Basis				
F	Section 179 Expense				
990-PF	Bus % Excl				
	Unadjusted Cost Or Basis	4,594.	555.	5,149.	'
ļ	No o	1717	HY17	-	
ŀ	.eo	, jili		·	
	d Life	л 7.00	B 5.00		
	Method	2000	2000		
	Date Acquired	03/19/01 200DB	12/31/04 200DB		
FORM 990-PF PAGE 1	Description	FURNITURE	COMPUTER	* TOTAL 990-PF PG 1 DEPR	
RM 99	Asset No	11	12		
င္ပု					

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990-PF INTEREST ON SAV	INGS A	ND TEM	PORARY C	ASH IN	VESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
INTEREST INCOME						,	742.
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN A				742.
FORM 990-PF DIVIDENT	OS AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		TAL GAINS	COLUMN (A	A)
RBC DAIN RAUSCHER			20.		0.		20.
TOTAL TO FM 990-PF, PART I, I	LN 4		20.		0.		20.
FORM 990-PF		LEGAL	FEES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS			(C) ADJUSTED NET INCOM		
LEGAL		120.		0.		0.	0.
TO FM 990-PF, PG 1, LN 16A =		120.		0.		0.	0.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
ACCOUNTING		7,274.		0.		0.	0.
TO FORM 990-PF, PG 1, LN 16B		7,274. 0.			0.	0.	

FORM 990-PF (OTHER PROFES	SIONAL FEES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		
OTHER	28,030.		0.	0. 20,644.
TO FORM 990-PF, PG 1, LN 16C	28,030.		0.	0. 20,644.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		
PROGRAM EXPENSE - OTHER SCHOLARSHIPS - STIPENDS POSTAGE, SHIPPING, DELIVERY SUPPLIES OTHER PROPERTY REPAIRS AND MAINTENANCE	20,050. 14,252. 393. 15,905. 19,946.		0. 0. 0. 0.	0. 19,175. 0. 14,252. 0. 393. 0. 15,312. 0. 6,148.
TO FORM 990-PF, PG 1, LN 23	115,888.		0.	0. 97,122.
FORM 990-PF DEPRECIATION OF	F ASSETS NOT	' HELD FOR I	NVESTMENT	STATEMENT 7
DESCRIPTION			CCUMULATED EPRECIATION	BOOK VALUE
FURNITURE COMPUTER		4,594. 555.	4,594. 555.	0.
TOTAL TO FM 990-PF, PART II,	LN 14	5,149.	5,149.	0.

FORM 990-PF	OTHER ASSETS		STATEMENT	8
DESCRIPTION	BEGINNING OF YR BOOK VALUE		FAIR MARKE VALUE	т
ORGANIZATIONAL COST LESS: ACCUMULATED AMORTIZATION	16,679. <16,679.>	_		0.
TO FORM 990-PF, PART II, LINE 15	0.	0.		0.
	STANTIAL CONTRIB VII-A, LINE 10	UTORS	STATEMENT	9
NAME OF CONTRIBUTOR	ADDRESS			
NAME OF CONTRIBUTOR CARRON SUDDRETH	ADDRESS 1414 HWY, 268 LENOIR, NC 28	645		

FORM 990-PF PART VIII - LIS' TRUSTEES AND	T OF OFFICERS, D FOUNDATION MANA		STAT	EMENT 10
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
KEREN BROWN WILSON 12523 SE 131ST COURT HAPPY VALLEY, OR 97086	CHAIR 30.00	0.	0.	0.
GARY WITHERS 4715 SW SNYDER PLC PORTLAND, OR 97221	VICE CHAIR 5.00	0.	0.	0.
KEN BURGESS 301 FAYETTEVILLE ST, SUITE 1900 RALEIGH, NC 27601	SECRETARY 5.00	0.	0.	0.
TONY LEINWEBER 7260 SW CHAPEL COURT PORTLAND, OR 97223	TREASURER 5.00	0.	0.	0.
CHARLES BLOOM 4560 SE INTERNATIONAL WAY, SUITE 100 MILWAUKIE, OR 97222	DIRECTOR 5.00	0.	0.	0.
GLORIA CAVANAUGH 35 MOULTON STREET SAN FRANCISCO, CA 94123	DIRECTOR 5.00	0.	0.	0.
JOANNE HANDY 15900 SE 82ND DRIVE CLACKAMAS, OR 97015	DIRECTOR 5.00	0.	0.	0.
MARY GUTHRIE 918 W. CORAL ST. TAMPA, FL 33602	DIRECTOR 5.00	0.	0.	0.
MARVIN KAISER 17400 HOLY NAMES DR. LAKE OSWEGO, OR 97034	DIRECTOR 5.00	0.	0.	0.
SEAN KUNI 4806 NW CHERRY ST. VANCOUVER, WA 98663	DIRECTOR 5.00	0.	0.	0.

				-
JESSIE F. RICHARDSON FOUNDATI	ON			
CARMEN LARGAESPADA LOS ROVELS LA MARSELLESA 10 OI	DIRECTOR			
21/2 C. AL ESTE APDO MANAGUA, NICARAGUA 253	5.00	0.	0.	0.
KAREN SHIMADA	DIRECTOR			
5214 SW VIEW POINT TERRACE PORTLAND, OR 97239	5.00	0.	0.	0.
CARRON SUDDRETH	DIRECTOR			
PO BOX 1247 NORTH WILKESBORO, NC 28659	5.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	C 6, PART VIII	0.	0.	0.
FORM 990-PF SUMMARY OF D	DIRECT CHARITABLE ACT	PIVITIES	STATEMENT	11
ACTIVITY ONE				
GLOBAL PROGRAM SUPPORT FOR INDI	GENT OLDER ADULTS IN	1		
1 DECAM 1CM DUACE OF COMEMDITION	TON OF PEMODEL /AND	O EVDAND\		

- 1. BEGAN 1ST PHASE OF CONSTRUCTION OF REMODEL (AND EXPAND) ELDER HOME IN JINOTEPE NICARAGUA TO HOUSE NATIONAL TRAINING CENTER FOR ELDER CARE - 1ST IN CENTRAL AMERICA.
- 2. REPAIR WORK AT 3 ELDER HOMES IN JINOTEPE, BOACO, JUIGALPA-INCLUDING ROOF, SIDEWALK, PLUMBING, PAINTING.
- 3. DEEDED ONE ROOM EMERGENCY SHELTER FOR HOMELESS STREET ELDERS IN BOACO TO DAMAS VISITINAS SOCIETY.
- 4. IMPLEMENTED A PLAN TO EXPAND PHARMACY OPERATIONS AS A SOCIAL ENTERPRISE TO GENERATE MORE OPERATING INCOME FOR THE CARE HOME IN JINOTEPE (AS A MODEL).
- 5. CONDUCTED 10 COMMUNITY CLINICS FOR OLDER ADULTS AND PROVIDED PHYSICIAN SERVICES TO ELDERS IN 10 CARE HOMES. PROVIDED CLINICAL SUPPORT TO PHYSICIANS IN 18 CARE HOMES AND BEGAN GRAND ROUND TRAINING.

SEE CONTINUATION OF ACTIVITY ONE IN ACTIVITY TWO

							EXPENSES
то	FORM	990-PF,	PART	IX-A,	LINE	1	0.
							

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT

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ACTIVITY TWO

- 6. BEGAN DEVELOPMENT OF NATIONAL TRAINING PLAN FOR ELDER CARE IN COLLABORATION WITH NATIONAL AGING COUNCIL AND OTHER PARTNERS SUCH AS NATIONAL SOCIAL SECURITY ADMINISTRATION AND CIES (NATIONAL SCHOOL OF PUBLIC POLICY).
- 7. PROVIDED FINANCIAL SUPPORT TO 5 ELDER HOMES AND ONE MEAL SITE IN NICARAGUA.
- 8. ASSISTED THE NICARAGUAN AGING COUNCIL TO IMPLEMENT A NATIONAL AGING PLAN AND BEGIN TO EXERT LEADERSHIP FOR AGING POLICY AND PUBLIC AWARENESS AND SUPPORT FOR OLDER ADULTS IN NICARAGUA.
- 9. CONTINUED SUPPORT TO ROTARY INTERNATIONAL IN NICARAGUA FOR SCHOLARSHIP FOR NICARAGUAN STUDENTS; CONTINUED SUPPORT FOR ACJ (YWCA INTERGENERATIONAL PROGRAM).

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 2

205,844.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT

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ACTIVITY THREE

INCREASE AWARENESS AND SUPPORT FOR VERY LOW INCOME ADULTS IN US

- 1. CONTINUED COMMUNITY MEETINGS IN WEST VIRGINIA ("WV") TO IDENTIFY GEOGRAPHIC FOCUS AND PROGRAM ACTIVITY FOR APPALACHIA INITIATIVE.
- 2. MET 4 TIMES WITH TECHNICAL ADVISORY PANEL IN WV TO WORK WITH ON APPALACHIA INITIATIVE.
- 3. PROVIDED HOME REPAIR SERVICES AND SUPPORT OF LOCAL FOOD BANK IN SOUTHERN WV.
- 4. PROVIDED SUPPORT TO VARIOUS PROGRAMS SERVING LOW INCOME OLDER ADULTS IN OREGON: NATIVE AMERICAN YOUTH AND FAMILIES ASSOCIATION, VOLUNTEERS OF AMERICA DAY CARE PROGRAM.

5. BEGAN DISCUSSION TO DEVELOP SERVICE LEARNING PROGRAM IN WV.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 3

30,143.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 14

ACTIVITY FOUR

EDUCATION/TRAINING/RESEARCH/POLICY

- 1. ORGANIZED SERVICE LEARNING TRIPS/EXPERIENCES FOR STUDENTS AT 3 UNIVERSITIES (CONCORDIA U, PACIFIC U, PORTLAND STATE U) FOR 50 STUDENTS 12 FACULTY.
- 2. GAVE 45 SCHOLARSHIPS TO SUPPORT STUDENTS AND FACULTY WORKING IN NICARAGUA.
- 3. DEVELOPED ROTARY INTERNATIONAL PROGRAM TO SPONSOR SCHOLARSHIPS FOR NICARAGUAN UNIVERSITY STUDENTS.
- 4. PROVIDED GERONTOLOGICAL TRAINING TO 50 CAREGIVERS, 200 PROFESSIONALS, 300 STUDENTS IN NICARAGUA.
- 5. CONTINUED WORK WITH CIES (THE PUBLIC POLICY RESEARCH ORGANIZATION IN NICARAGUA) TO IMPLEMENT A MAJOR DATA COLLECTION EFFORT ON OLDER ADULTS IN NICARAGUA).
- 6. SELECTED TO RECEIVE NATIONAL PURPOSE PRIZE FELLOWSHIP IN RECOGNITION OF WORK.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 4

15,743.

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