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

OMB No 1545-0052

		the Treasury	Note. The foundation may be al	ble to use a convert this ret			uramente	Open to Public Inspection
		dar year 2012 or tax year beg		and ending	arr to satisfy state	reporting requ	211611161113	Open to Papile Inspection
Name of foundation A Employer identification number								· - · · · · · · · · · · · · · · · · · ·
P	UBL	IC HEALTH MICRO	BIOLOGY					
C	HAR	ITABLE TRUST				94	-3216399	
Number and street (or P O box number if mail is not delivered to street address) Room/suite							hone number (see instruction	s)
1863 NW LESTER AVE City or town, state, and ZIP code							<u>1-753-8356</u>	
	-	ALLIS	OR 97330			C If exe	mption application is pending	, check here
		all that apply. Initial		rn of a former public	chambu	٠, ١,	oreign organizations, check h	
G (DITECK (Final r	⊨	•	Chanty			
		 	H				oreign organizations meeting 5% test, check here and attac	ļ
Address change Name change							,	,
		type of organization:	cion 501(c)(3) exempt private				rate foundation status was ten on 507(b)(1)(A), check here	minated under
						-		
		rket value of all assets at ear (from Part II, col. (c),	J Accounting method Other (specify)	X Cash A	ccrual		foundation is in a 60-month to r section 507(b)(1)(B), check I	
	ne 16)			he on cash basis \			· · · · · · · · · · · · · · · · · · ·	
	art i :	·		(a) Revenue and	· T		1	(d) Disbursements
"،		amounts in columns (b), (c), and (d) i	nay not necessarily equal	expenses per		nvestment ome	(c) Adjusted net	for charitable purposes
		the amounts in column (a) (see instru		books			***************************************	(cash basis only)
	1	Contributions, gifts, grants, etc , r		50	0 **	s		*
	2	Check ► X if the foundation		*	2 884	31 x	ļ	\$
	3	Interest on savings and temp	-		1	1		*
	4	Dividends and interest from	securities	36	8	368		· *
	5a	Gross rents			* ***	, , ; &x	ļ	, , ,
e	b	Net rental income or (loss)				<u>``!\\</u>		
Revenue	6a	Net gain or (loss) from sale of assets not		``````````````````````````````````````	4 . 3.3		*	: î >
Š	_b	Gross sales price for all assets on time 6		*	. 11. %	<u> </u>	4 ⁹ ¹ ¹	
~		Capital gain net income (fron	(0)			0	8	
	8	Net short-term capital gain	၂ဖွာ	* * * * * * * * * * * * * * * * * * * *	` ` ` ` ` `	*		
	9	1 0 1	G 0 6 2013 S		1 1 1 1 12			
	10a	Gross sales less returns and allowand	es <u>10-1</u>	. «				<i>y</i> *.
	b	Less Cost of goods sold C Gross profit or (loss) (attach	DE M. HT 	<u> </u>	<u> </u>	·	* * * * * * * * * * * * * * * * * * * *	
	l c	Other income (attach schedu			+			*
	11	Total. Add lines 1 through 11	•	86	9	369	0	
	13	Compensation of officers, di			0			
ses	14	Other employee salaries and			-			
Sus		Pension plans, employee be	_		<u> </u>			
<u>.</u>	est 6a	Legal fees (attach schedule)						
Щ	Вь	Accounting fees (attach sche	edule) STMT 1	59	5			595
×e	Ž c	Other professional fees (attach so	•					
rat	杨	Interest	•					
ist	∏B	Taxes (attach schedule) (see inst	ructions) STMT 2	1	0	10		
Ë	19	Depreciation (attach schedule) ar	_	71		714		* / / / X
ьþ	60	Occupancy	•					
¥	27	Travel, conferences, and me	etings					
Ž,	72	Printing and publications						
Ġ	23	Other expenses (att sch)	STMT 4	1,13	9			1,139
Ë	24	Total operating and admini	strative expenses.					
Add lines 13 through 23		2,45	8	724	0			
Pension plans, employee benefits Legal fees (attach schedule) Accounting fees (attach schedule) Cother professional fees (attach schedule) Interest Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion Occupancy Travel, conferences, and meetings Printing and publications Other expenses (att sch) Total operating and administrative expenses. Add lines 13 through 23 Contributions, gifts, grants paid				0			0	
	26	Total expenses and disbursen	nents. Add lines 24 and 25	2,45	8	724	0	1,734
	27	Subtract line 26 from line 12						
	а	Excess of revenue over expen		-1,58	9			
	b	Net investment income (if r				0		
	С	Adjusted net income (if neg	ative, enter -0-)				0	<u> </u>

Form 990-PF (2012) PUBLIC HEALTH MICROBIOLOGY 94-3216399 Page 2 Beginning of year End of year Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) (a) Book Value (b) Book Value (c) Fair Market Value 1 25 26 Cash - non-interest-bearing 25 2,691 870 870 2 Savings and temporary cash investments 3 *, ... 3 Accounts receivable ▶ Less allowance for doubtful accounts ▶ Pledges receivable ▶ 4 Less allowance for doubtful accounts ▶ 5 Grants receivable Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) 7 Other notes and loans receivable (att schedule) Less allowance for doubtful accounts ▶ 0 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments – U S. and state government obligations (attach schedule) SEE STMT 5 12,398 12,398 11,042 b Investments - corporate stock (attach schedule) C Investments - corporate bonds (attach schedule) 11 Investments - land, buildings, and equipment, basis Less accumulated depreciation (attach sch.) 12 Investments - mortgage loans 13 Investments - other (attach schedule) 14 3,163 Land, buildings, and equipment basis 2,713 STMT 219 450 Less accumulated depreciation (attach sch) 15 Other assets (describe >) 16 Total assets (to be completed by all filers - see the 15,333 13,744 instructions Also, see page 1, item i) 17 Accounts payable and accrued expenses 18 Grants payable 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) 0 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here **▶** |**X**| and complete lines 24 through 26 and lines 30 and 31. or Fund Balances 15,333 13,74 24 Unrestricted Temporarily restricted 25 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 Net Assets 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 13,744 15,333 30 Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances (see 31 13,744 15,333 instructions) **Analysis of Changes in Net Assets or Fund Balances** Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with 15,333 end-of-year figure reported on prior year's return) -1,589 2 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 3

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13,744

13,744

4

5

6

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Total net assets or fund balances at end of year (line 4 minus line 5) ~ Part II, column (b), line 30

Form 990-PF (2012) PUBLIC	HEALTH MICROBIOLOGY		<u>94-321639</u>	9	Page 3
	nd Losses for Tax on Investme	ent Income			
(a) List and desc	cribe the kind(s) of property sold (e.g., real estate, arehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase	(c) Date acq	
			D – Donation	- (,),	J. J
				+	
<u>b</u>			- 		
<u>c</u>					_ -
<u>d</u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		est or other basis expense of sale		(h) Gain or (loss) (e) plus (f) minus (g)
a					
<u>b</u>					
<u> </u>					
d					
е					
Complete only for assets showing	ng gain in column (h) and owned by the fo	undation on 12/	31/69	m.c	ains (Col. (h) gain minus
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col (i) r col (j), if any	col (k	coses (from co! (h))
a					
b					
C					
d					
8	, and the second				
2 Capital gain net income or (net o	capital loss) If gain, also enter in		•	2	
3 Net short-term canital gain or (lo	ess) as defined in sections 1222(5) and (6			-	
	B, column (c) (see instructions) If (loss), e	·	1		
Part I, line 8	o, column (c) (see instructions) in (loss), e	sinter -0- iii		2	
	nder Section 4940(e) for Reduc	ad Tay an N	et Investment Inc	131	
	e foundations subject to the section 4940				·
	-	(a) tax on not m	, council moonie,		
If section 4940(d)(2) applies, leave t	his part blank				
	ction 4942 tax on the distributable amoun		he base period?		Yes X No
	alify under section 4940(e) Do not complete				
	each column for each year, see the instr	uctions before m	aking any entries		
(a) Base penod years	(b)		(c)		(d) Distribution ratio
Calendar year (or tax year beginning ii			value of noncharitable-use as		(col (b) divided by col (c))
2011	3	,076	22	,742	0.135256
2010					
2009					
2008					
2007					
2 Total of line 1, column (d)				2	0.135256
	5-year base period – divide the total on I	ma 2 hu E ar hu	the	- 	
- · · · · •	base period – divide the total on the horse base period – divide the total on the horse than 5 years	• •	the	3	0.135256
number of years the foundation	nas been in existence in less than 5 years	•		- -	
4 Enter the net value of noncharita	able-use assets for 2012 from Part X, line	5		4	15,748
5 Multiply line 4 by line 3				5_	2,130
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	2,130
8 Enter qualifying distributions from If line 8 is equal to or greater that	n Part XII, line 4 in line 7, check the box in Part VI, line 1b	, and complete t	hat part using a 1% ta	x rate See the	1,734

Part VI instructions

Form	990-PF (2012) PUBLIC HEALTH MICROBIOLOGY 94-3216399				Р	age 4
	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see 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)		3			١ .
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1				
	here and enter 1% of Part I, line 27b				- 1	- 1
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	g.	 `	*>	*	**
	Part I, line 12, col (b)		Ī			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	1			0
3	Add lines 1 and 2	3				
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				0
6	Credits/Payments.	,	8 % C	. , ,	P (4	, p 1
а	2012 estimated tax payments and 2011 overpayment credited to 2012	١		s	*	! !
b	Exempt foreign organizations – tax withheld at source	***** '		*		1
С	Tax paid with application for extension of time to file (Form 8868) 6c]	Í Tr	w, ,		* 1
d	Backup withholding erroneously withheld 6d	1		ŧ	5	\$ I
7	Total credits and payments Add lines 6a through 6d	7				
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				
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 2013 estimated tax ▶ Refunded ▶	11				
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			1	Yes	No
	participate or intervene in any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see					
	Instructions for the definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				*	. !
	published or distributed by the foundation in connection with the activities			<u></u>		
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			,		
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	_		1,43.7	n {};	2. 1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ę	ì
_	on foundation managers > \$				1	ا نِينا
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	25.3	X
_	If "Yes," attach a detailed description of the activities			, 🦠	9 1 g 1	>>
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		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		N/A	4a		
ь 5	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?		~1/ 43	4b 5		X
•	If "Yes," attach the statement required by General Instruction T			, J	٠.	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			3 (
-	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			٠ ١	š, ş	~
	conflict with the state law remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Pa	rt XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			*		
	OR			1, 1	* 1	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			\$		
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				, ;	2
	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"					
	complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses			10		X
			ŕ	ъгт 9 9)0-PF	(2012)

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	irt 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 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 applica	tion?		13	X	
	Website address ► N/A					<u> </u>
14		none no	541-7	53-	835	6
•	1863 NW LESTER AVE					_
	Located at ▶ corvallis or	ZIP+4 ▶	97330)		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here	211 17 2	J. 33.			
10		.	15			
46	and enter the amount of tax-exempt interest received or accrued during the year		15 [Vaa	Na
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority			1 40	Yes	No X
	over a bank, securities, or other financial account in a foreign country?			16		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of				: Y.,	
B	the foreign country			<u> </u>	<u>.</u>	
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required					<u> </u>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			1.673	Yes	No
1a	• • • • • • • • • • • • • • • • • • • •		4	7 % × 7	*	*
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		-		* 14	2
	disqualified person?	Yes	X No	*.	• •	0.9
•	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No X No X No		Mtti	, ,
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			, "
	(5) Transfer any income or assets to a disqualified person (or make any of either available for				* 18	
-	the benefit or use of a disqualified person)?	Yes	X No	1	3.1	
	(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		-		2	
	termination of government service, if terminating within 90 days)	Yes	X No	*ji ·	3, 13	
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulati	ons	/-	للقا	<u> </u>	دُ ۔۔۔۔۔ اُ
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		N/A	1b		<u> </u>
	Organizations relying on a current notice regarding disaster assistance check here			3		3,
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 2012?		N/A	1c	No. 1	4
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			2 4		***
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					×
а	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?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			3	*	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			in the second	,	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		/-	د أعد	<u> 1341</u>	<u></u>
	all years listed, answer "No" and attach statement – see instructions)		N/A	2b		ļ
С	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			W	,	-
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			. 137	و څو کړ	May 201
	at any time during the year?	Yes	X No	<u> </u>		
b	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or			1 6 2	* 4	,
	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				, à	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		!-	ļ	*	ا ـــــا
	foundation had excess business holdings in 2012)		N/A	3b		 -
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes	?		4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its					- <u>,-</u> -
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 20	12?		4b		<u> </u>
			F	orm 99	10-PF	(2012)

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Pa	int VII-B Statements Regarding Activities for Which For	m 4720 May Be R	Required (cont	nued)						
5a	During the year did the foundation pay or incur any amount to.				4		1			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (secti	on 4945(e))?	Y	'es X No	2009 2009		******			
	(2) Influence the outcome of any specific public election (see section 4955),	or to carry on,			* * *	3 3	-			
	directly or indirectly, any voter registration drive?		Y	'es 🕱 No 'es 🕱 No		2.	, !			
	(3) Provide a grant to an individual for travel, study, or other similar purpose	s?	Y	'es 🗶 No						
	(4) Provide a grant to an organization other than a charitable, etc., organization	tion described in			7. 2					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)		_ Y	'es 🏿 No	^^^		*			
	(5) Provide for any purpose other than religious, charitable, scientific, literary	y, or educational				: ^- ¥[*			
	purposes, or for the prevention of cruelty to children or animals?		_ Y	'es 🛚 X No		59	3, 1			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify	under the exceptions d	escribed in			in/?				
	Regulations section 53 4945 or in a current notice regarding disaster assista	nce (see instructions)?	•	N/A	5b					
	Organizations relying on a current notice regarding disaster assistance chec	k here		▶ 🗍	1.50		. [
C	If the answer is "Yes" to question 5a(4), does the foundation claim exemption	n from the tax					* '			
	because it maintained expenditure responsibility for the grant?		N/A 🗌 Y	'es 🗌 No			1			
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)			_			3.1			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, t	o pay premiums			. 4					
	on a personal benefit contract?		Y	es X No			(f			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contr	ract?		6b		X			
	If "Yes" to 6b, file Form 8870				≹ * * ℃.	70	E I			
7a	At any time during the tax year, was the foundation a party to a prohibited tax	x shelter transaction?	Y	es X No			1			
b	If "Yes," did the foundation receive any proceeds or have any net income att	ributable to the transac	ction?	N/A	7b					
Pa	Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,									
	and Contractors									
1 L	ist all officers, directors, trustees, foundation managers and their comp	ensation (see instruc	tions).							
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Exp	ense ac	count.			
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred compensation		allowan				
				Compensation						
	LLIAM R FORD CORVALLIS	CO-TRUSTEE		•	ŀ		_			
	63 LESTER AVE OR 97330	1.00		0		-				
	NNA E FORD CORVALLIS	CO-TRUSTEE		•			_			
18	63 LESTER AVE OR 97330	1.00		0	<u> </u>	-	0			
					<u> </u>					
_	Company of Fire highest anid amplement (ather they there include		turations) If non-		L	-				
2	Compensation of five highest-paid employees (other than those include "NONE."	ed on line 1 - see ins	tractions). It none	e, enter						
	NONE.	<u> </u>	<u> </u>	(d) Contributions to		_				
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit		ense ac				
	(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	plans and deferred compensation	othe	allowan	ces			
270				Componedation	-					
NO	NE									
					1					
					<u> </u>					
					 					
					 					
otal	number of other employees hald over \$50 000			L	_	T	- 0			

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and Contractors (continued)	ustees, Foundation Managers, Highly Paid En	nployees,
3 Five highest-paid independent contractors for professional se	ervices (see 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		>
Part IX-A Summary of Direct Charitable Activities	3	
List the foundation's four largest direct chantable activities during the tax year. Include relevar organizations and other beneficianes served, conferences convened, research papers produc		Expenses
1 SEE STATEMENT 7		
2		
3		
4		
Part IX-B.∜ Summary of Program-Related Investme	ents (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax y		Amount
1 N/A		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	→	Form 990-PF (2012

Form **990-PF** (2012)

1,734

3b

4

Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Enter 1% of Part I, line 27b (see instructions)

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

* Pa	rt XIII Undistributed Income	(see instructions)				
1	Distributable amount for 2012 from Part	XI,	(a) Corpus	(b) Years pnor to 2011	(c) 2011	(d) 2012
	line 7		,			787
2	Undistributed income, if any, as of the er	nd of 2012.	,	, , , ,	* .	*
а	Enter amount for 2011 only			* \$ * .		* **
ь	Total for prior years. 20 , 20				× , , ,	y #4 5'
3	Excess distributions carryover, if any, to				·	1 1 1 1
a	From 2007	6,536	`, * *	*		
b	From 2008	4,393	,	• •), %· / **
C	From 2009	2,144	*	,		13 · · · / * /
d	From 2010	3,472		,		
e	From 2011	1,939	10 404	\$.** \\$		(* * (* * *)
f	Total of lines 3a through e	. VII	18,484	*	\$ · · · · · · · · · · · · · · · · ·	, ,
4	Qualifying distributions for 2012 from Pai	π ΧΙΙ,	4	,	\$46 h	** * * * *
_	line 4. > \$ 1,734	_		·		
	Applied to 2011, but not more than line 2		*	* * *	ž.	
U	Applied to undistributed income of prior y (Election required – see instructions)	rears	*		w. h.q	* * 1
	Treated as distributions out of corpus (El	ection		* ; ** .	. 4. 4	*
٠	required – see instructions)	CCHOII				
- d	Applied to 2012 distributable amount		х *	,,,	, ,,,	787
e	Remaining amount distributed out of con	nue	947			
5	Excess distributions carryover applied to		V 2.1	· [3] [8 4] 8 2	,	<u> </u>
	(If an amount appears in column (d), the		2			
	amount must be shown in column (a))		, i		1 1 1	
6	Enter the net total of each column as		*		* * *	
	indicated below:		. A. 40. 3 &:		· · · · · · · · · · · · · · · · · · ·	
а	Corpus Add lines 3f, 4c, and 4e Subtrac	ct line 5	19,431			
	Prior years' undistributed income Subtra		* * *			, ,
	line 4b from line 2b) • • • • • • • • • • • • • • • • • • •	
C	Enter the amount of prior years' undistrib	uted				4
	income for which a notice of deficiency h	as				
	been issued, or on which the section 494	l2(a)				
	tax has been previously assessed		, and the second		;	
d	Subtract line 6c from line 6b. Taxable					
	amount – see instructions		1			*
0	Undistributed income for 2011 Subtract	line				
	4a from line 2a Taxable amount – see			*		*, * * * i
	instructions					*
f	Undistributed income for 2012 Subtract				* :49	
	4d and 5 from line 1 This amount must be	oe e		, * ',		
	distributed in 2013			> ,	À #>	0
7	Amounts treated as distributions out of c					*
	to satisfy requirements imposed by section				· · · · · · · · · · · · · · · · · · ·	,
_	170(b)(1)(F) or 4942(g)(3) (see instructio		-			,
8	Excess distributions carryover from 2007		£ 52£		* :, : .	*
_	applied on line 5 or line 7 (see instruction	1	6,536	*** *** ;	·	
9	Excess distributions carryover to 2013	».	12,895	·		4 .
10	Subtract lines 7 and 8 from line 6a		12,693			
10	Analysis of line 9. Excess from 2008	4,393		* .		**
a	Excess from 2008 Excess from 2009	2,144	,	*	, ·	
b C	Excess from 2009 Excess from 2010	3,472				,
d	Excess from 2011	1,939	•			,
e	Excess from 2012	947				ı
<u> </u>					<u> </u>	

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

factors.

SEE STATEMENT 8

Page **11**

3 Grants and Contributions Paid During th	e Year or Approved for	Future Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
Recipient Name and address (home or business) a Paid during the year N/A	show any relationship to any foundation manager		Purpose of grant or contribution	Amount
Total	<u> </u>		▶ 3a	
b Approved for future payment N/A				
Total			▶ 3b	

		Analysis of moonic-1 roducing Act	711100					
Ente	Enter gross amounts unless otherwise indicated		Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(a)	
1	Program se	rvice revenue.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)	
	•							
	b				l — —			
	d						_	
	_							
	f							
	g Fees ar	d contracts from government agencies						
2	_	dues and assessments						
		erest on savings and temporary cash investments			14	1		
	Dividends and interest from securities				14	368		
5	Net rental ir	come or (loss) from real estate.	*	10 10 10 10 10 10 10 10 10 10 10 10 10 1	3			
		anced property						
	b Not deb	t-financed property						
6		come or (loss) from personal property					-	
		tment income						
8	Gain or (los	s) from sales of assets other than inventory						
		or (loss) from special events						
10	Gross profit	or (loss) from sales of inventory						
11	Other reven	ue. a						
	b							
					<u> </u>			
	d							
	e							
12 Subtotal Add columns (b), (d), and (e)								
			** VI , .* ^	0	` .	369		
		dd columns (b), (d), and (e) ine 12, columns (b), (d), and (e)	. ¥	0		369 13		
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Part)	(VIII		garding T			ns and	Relationships Wit	h Noncharitable		
1 Did				age in any of the follo	wing with any o	ther oras	inization described		Yes	No
				tion 501(c)(3) organiz				l's		1
	anization		andr than 300t	non our (o)(o) organiz		J., J., J.,	, rolating to pointer.	·	.	`
_			ndation to a n	noncharitable exempt	organization of	;		4,		» ×
		on the reporting rou	iluation to a n	ionichantable exempt	. Olganization of	•		<u>1</u> a(X
٠.	Cash									X
	Other as							1a(<u> </u>	
	ner transa							<u> </u>	الله ا	-
		f assets to a noncha	•	_				1 <u>b</u> (X
				e exempt organization	n			1 <u>b</u>		X
(3)	Rental o	of facilities, equipmen	nt, or other as	ssets				1 <u>b</u> (X
(4)	Reimbu	rsement arrangemer	nts					<u>1b</u>		X
(5)	Loans o	r loan guarantees						1b(X
(6)	Perform	ance of services or i	membership (or fundraising solicita	ations			<u>1b</u> (6)	X
c Sh	aring of fa	acilities, equipment,	mailing lists,	other assets, or paid	employees			_10	:	X
d Ifti	he answe	er to any of the above	e is "Yes," coi	mplete the following	schedule Colur	nn (b) sh	ould always show the fa	ır market		
val	ue of the	goods, other assets	, or services	given by the reporting	g foundation if	the found	dation received less than	fair market		
val	ue in any	transaction or share	ng arrangeme	ent, show in column ((d) the value of	the good	s, other assets, or service	ces received		
(a) Lu	ne no	(b) Amount involved	(c) Nar	me of nonchantable exempt	organization		(d) Description of transfers, tra	insactions, and sharing arrange	ments	
N/A										
-										
			-	•						
			1							
		<u>-</u>								
			<u> </u>				<u>-</u>			-
			-							
			 							
			 							
			_							
	_									
								<u> </u>		·
9 - 1- 4			a atla affiliata	d with as related to a	no or more toy		organizations			
			•	d with, or related to, o		•	organizations		Yes 3	₹ No
		, <i>,</i>		r than section 501(c)	(3)) or in section	1 527 5			163 2	2 140
D IT		nplete the following s	scnedule	(b) Topo of our			(a) Dagger	tion of relationship		
NT / :		a) Name of organization		(b) Type of org	gartization		(c) Descrip	uon oi resauoriship		
N/2	<u> </u>			-					-	
							 			
										
		<u> </u>		- 						
			4b - 4 1 b				determents and to the best of	my knowledge and holief it in	-	
	correct, ar	names or perjury, I declare nd complete Declaration o	tnat i nave exam of preparer (other	nineo this return, including r than taxpayer) is based o	accompanying screen all information of	which prepa	statements, and to the best of r arer has any knowledge			
	·	•						May the IRS discuss the		
Sign								with the preparer show (see instructions)?	Yes	No
lere			1	7 1	/	/ 1				
	1	Villiam		tand		<u> 3/ /-</u>	<i>201</i> 3	RUSTEE	_	
	Signa	ature of officer or trustee			Date	. /	Title			
	Pnnt/Ty	pe preparer's name			Preparer's signatul	е		Date	Check	k l ıf
	1				110 .	10	Λ. C ₂			mployed
Paid		HER L. MCGOW	AN		Meath	<u>e^</u> []	ncuaran.C	07/18/1	.3	
reparer	l Firm's n	ame ► JOHN	ISON MC	GOWAN & AS	SOCIATE	S LLE		PTIN POOO	9206	6
lse Only	/			OIA ST. SW				Firm's EIN ▶ 26-29		
		ALBANY, OR 97321-2250							28-3	3354

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Federal Statements

	Charitable Purpose	\$ 595	\$ 595
iting Fees	Adjusted Net	\$	\$
J-PF, Part I, Line 16b - Accounting Fee	Net Investment	\$	w
m 990-PF, P	Total	595	595
tement 1 - For		\	တ
Stat	Description	INDIRECT ACCOUNTING FEES	TOTAL

Charitable Purpose	S	0 \$
Adjusted Net		0
-	10 \$	10
Net Investment	\$1	\$
_	10	10
Total	တ	ഗ
Description	INDIRECT TAXES/LICENSES	TOTAL

Statement 2 - Form 990-PF, Part I, Line 18 - Taxes

Description	

Statement 3 - Form 990-PF, Part I, Line 19 - Depreciation

	Adjusted Net Income				0
	Net Investment Income	\$ 66	48	567	714 \$
		\$ 66	~	~ 1	ა, ¹
	Current Year Depreciation	56	48	567	714 \$
	اده	رح جہ	Ŋ	ت	₩
	Method				
	Prior Year Depreciation	1,620 200DB	379 200DB	200DB	1,999
Description	Cost Basis [NARE 1,719 \$	499	945	3,163 \$
	Date Acquired	COMPUTER AND SOFTWARE 2/01/07 \$	1PAD 8/22/10	4 LAFIOF COMPUTERS6/20/12	TOTAL \$

•				
7/18/2013 9:13 AM Page 2		Charitable Purpose	115 250 122 607 45 \$	4
	Expenses	Adjusted Net	n v	
Federal Statements	990-PF, Part I, Line 23 - Other Expenses	Net Investment	n v	
Federal	Statement 4 - Form 990-PF,	Total	115 250 122 607 \$ 1,139	
03767 Public Health Microbiology 94-3216399 FYE: 12/31/2012	State	Description	EXPENSES OFFICE DUES BANK FEES ADVERTISING TOTAL	

	Federal Statements	
03767 Public Health Microbiology	94-3216399	FYE: 12/31/2012

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Statement 5 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments	
orm 990	k Investments
orm 990	rate Stocl
orm 990	- Corpor
orm 990	. Line 10k
orm 990	F. Part
Statement 5 - F	orm 990
	Statement 5 - F

Fair Market Value	\$ 5,700 5,342	\$ 11,042
Basis of Valuation	COST	
End of Year	7,3875,011	12,398
_	w	w w
eginning of Year	7,387 5,011	12,398
ā	ጭ	ς, I
Description	400 SHS HEWLETT PACKARD 200 SHS MICROSOFT CORP	TOTAL

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Beginning Net Book End End Cost / Basis End Sover Process End Sover Process	End Accumulated Net Depreciation FMV	2,713 \$	2,713 \$ 0
Beginning Net Book 219 \$		<u>ଧ</u>	\$ \$
Beginning Net Book 219 \$	End ost / Basis	3,16	3,16
Beginn Net Bo	익	တ	ጭ
	Beginning Net Book	219	219
		κ	_የ

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Statement 7 - Form 990-PF, Part IX-A, Line 1 - Summary of Direct Charitable Activities

Description

UNDER THE FOUNDATION'S PRIMARY PURPOSE, NO GRANTS WERE AWARDED DURING 2012. NO ADDITIONAL CONTRIBUTIONS TO THE ELEANOR G. FORD MEMORIAL SCHOLARSHIP WERE MADE TO INCREASE THE ENDOWMENT AT OREGON STATE UNIVERSITY AS THE PRINCIPLE HAS GROWN SUFFICIENTLY TO FUND THE ANNUAL SCHOLARSHIP. THIS YEAR ONE SCHOLARSHIP WAS AWARDED FROM THE ENDOWMENT HELD BY THE OSU FOUNDATION.

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Statement 8 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

RECIPIENTS MUST BE STUDENTS OF MICROBIOLOGY AT OREGON STATE UNIVERSITY

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

179

Department of the Treasury Internal Revenue Service

► See separate instructions. (99)

► Attach to your tax return.

Attachment Sequence No

Name(s) shown on return

PUBLIC HEALTH MICROBIOLOGY CHARITABLE TRUST

ldentifying number 94-3216399

	iss or activity to which this form relates NDIRECT DEPRECIAT	ION									
Pa	rt I Election To Exper	nse Certain Prop	erty Under Se	ection	179						
_	Note: If you have a	iny listed property	, complete Par	rt V bei	fore you co	omple	te Part	l			
1	Maximum amount (see instruction	is)							1	5	00,000
2	Total cost of section 179 property placed in service (see instructions)								2		
3	Threshold cost of section 179 pro	perty before reduction	ı ın lımıtatıon (see	instructi	ons)				3	2,0	00,000
4	Reduction in limitation Subtract li	ne 3 from line 2 If ze	ro or less, enter -0)-					4		
5	Dollar limitation for tax year Subtract lin	ne 4 from line 1 If zero o	r less, enter -0 If ma	arned filing	g separately, s	ee instr	uctions		5		
6	(a) Description	n of property		(b) Cost (business use on	ıly)	(c) i	Elected cost		¥	1
								-		į.	
											3
7	Listed property Enter the amount	from line 29				7				* 3 *	
8	Total elected cost of section 179	property Add amount	s in column (c), lir	nes 6 and	d 7				8		
9	Tentative deduction Enter the sm	aller of line 5 or line	8						9		
10	Carryover of disallowed deduction	from line 13 of your	2011 Form 4562						10		
11	Business income limitation. Enter	the smaller of busine	ss income (not les	ss than z	ero) or line s	5 (see i	nstruction	ns)	11		
12	Section 179 expense deduction A	Add lines 9 and 10, bu	it do not enter moi	re than li	ne 11	`		·	12		
13	Carryover of disallowed deduction				▶	13				\$ (\$ (3) -) ? !	(f /) }
Note	: Do not use Part II or Part III belov										
Pa	rt II 🌡 Special Depreciat	ion Allowance a	nd Other Dep	reciati	on (Do no	t incl	ude liste	ed prope	rtv.) ((See instruc	tions)
14	Special depreciation allowance for							1			
	during the tax year (see instruction								14		473
15	Property subject to section 168(f)(•							15		
16	Other depreciation (including ACF	= · · =							16		· · · · · · · · · · · · · · · · · · ·
_	rt III MACRS Depreciat		ide listed prope	ertv) (S	See instru	ctions	.)				
				ion A			· •				
17	MACRS deductions for assets pla	ced in service in tax v	vears beginning be	efore 20°	12				17		147
18	If you are electing to group any assets placed	•				here		ightharpoons	,		
		ssets Placed in Ser					ral Depre	ciation S	ystem	1	
	·	(b) Month and year	(c) Basis for depre		(d) Recovery						
	(a) Classification of property	placed in service	(business/investment only-see instructi		period	(e) C	onvention	(f) Meth	od	(g) Depreciation	on deduction
19a	3-year property	* * * * * * * * * * * * * * * * * * * *	•	•							
b	5-year property			472	5.0	1	YE	200	DB		94
С	7-year property										
d	10-year property	, ,		-							
	15-year property							_			
f	20-year property	1, 🗼 🗼					_	_			
g	25-year property	1	•		25 yrs			S/L			
h					27 5 yrs		им	S/L			
•••	property		-	•	27 5 yrs		MM N	S/L			-
i	Nonresidential real				39 yrs		MM	S/L			
•	property				- 00].0		MM	S/L			
	Section C—As	sets Placed in Servi	ce During 2012 1	ax Year	Using the				Syste	m	
20a	Class life		<u> </u>				•	S/L	•		
	12-year	1			12 yrs	-		S/L			
	40-year				40 yrs		MM	S/L			
	rt IV Summary (See ins	tructions)								<u> </u>	
21	Listed property. Enter amount from								21		
22	Total. Add amounts from line 12,		ines 19 and 20 in	column 4	(a) and line	21 Ent	er here				
	and on the appropriate lines of you	-							22		714
23	For assets shown above and place						· · · · · · · · · · · · · · · · · · ·				
	portion of the basis attributable to	=	Junioni year, er	1116		23					
	portion of the basis attributable to	and comments to the				23				F	4562 ,0040

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Direct Public Support

Contributor	Cash <u>Contribution</u>	Noncash Contribution
DONATIONS	500	
TOTAL	500	0

03767 Public Health Microbiology 7/18/2013 9:13 AM **Federal Statements** 94-3216399 Page 2 FYE: 12/31/2012 **Taxable Interest on Investments** Unrelated **Exclusion Postal** US Description Business Code Code Code Obs (\$ or %) Amount CENTRAL WILLAMETTE CU 14 1 TOTAL 1 **Taxable Dividends from Securities** Unrelated **Exclusion Postal** US Description Business Code Code Obs (\$ or %) Amount USAA FEDERAL SAVINGS BANK 368 14 TOTAL 368

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service If you are filing for an Automatic 3 Month Extension, complete only Part I and check this boy

X

If you are	filing for an Additional (Not Automatic) 3-Month Ex lete Part II unless you have already been granted as	ctension, co	omplete only Part II (on page		88	· -
a corporation	ing (e-file). You can electronically file Form 8868 if y required to file Form 990-T), or an additional (not aut	omatic) 3-m	onth extension of time. You ca	n electronically file	Form	
•	est an extension of time to file any of the forms listed in Insfers Associated With Certain Personal Benefit Cor		•	·	ori	
	For more details on the electronic filing of this form, v				ofits	
Part'I						
A corporation Part I only	required to file Form 990-T and requesting an autom			-		▶ □
All other corpo	prations (including 1120-C filers), partnerships, REMI	Cs, and trus	ts must use Form 7004 to req	uest an extension o	of time	_
to file income	tax returns		_			
Type or	Name of exempt organization or other filer, see ins	tructions	Er	iter filer's identifyi Employer identific		
print	PUBLIC HEALTH MICROBIOLO			Limployer identific	ation number (En	4) 01
Pilit	CHARITABLE TRUST	~-		94-321639	9	
File by the due date for	Number, street, and room or suite no If a P O box 1863 NW LESTER AVE	k, see instru	ctions	Social security nu		
filing your return See instructions	City, town or post office, state, and ZIP code. For	a foreign add				
Enter the Retu	urn code for the return that this application is for (file	a separate a	pplication for each return)		-	04
Application	1	Return	Application			Return
ls For		Code	ls For			Code
Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07						
Form 990-B	L	02	Form 1041-A			80
Form 4720	(individual)	03	Form 4720			09
Form 990-P	F	04	Form 5227			10
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069		· ····	11
Form 990-T	(trust other than above)	06	Form 8870			12
	WILLIAM R. FORD					
The books	1863 NW LESTER AVE are in the care of ▶ CORVALLIS				OR 973	30
-	e No 541-753-8356 Initialization does not have an office or place of business	FAX No				▶□
_	or a Group Return, enter the organization's four digit (If this is		- -
	group, check this box			and attach		
	names and EINs of all members the extension is for					
	st an automatic 3-month (6 months for a corporation in 8/15/13, to file the exempt organization returns					
for the o	organization's return for					
► X	calendar year 2012 or					
▶ 🗌	tax year beginning , and ending					
2 If the ta	x year entered in line 1 is for less than 12 months, ch	eck reason	Initial return Fin	al return		
	hange in accounting period					
	opplication is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, ente	er the tentative tax, less any	20		0
	ndable credits See instructions		t deble en de en d	3a	\$	
-	oplication is for Form 990-PF, 990-T, 4720, or 6069,	-		3b	s	0
	ed tax payments made Include any prior year overpa e due. Subtract line 3b from line 3a Include your pay			30_	-	
	(Electronic Federal Tax Payment System) See instr		no roini, ii roquirea, by usilig	3c	s	0
	u are going to make an electronic fund withdrawal wi		8868, see Form 8453-EO and		r payment instruc	