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SCANNED MAY 2 2 2014

Form, **990-PF** Department of the Treasury Internal Revenue Service **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052 Open to Public Inspection

FOL	caiei	ndar year 2013 or tax year beginning		, and ending		
Na	me o	foundation			A Employer identification	number
N	ΈW	BURN FAMILY FOUNDATION			91-6458791	
		and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	.
_4	<u>78</u>	O VILLAGE PLAZA LOOP, S	SUITE 210		541-683-87	47
Cit	y or t	own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
E	UG	ENE, OR 97401				
G (Check	call that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return		Foreign organizations me check here and attach co	eting the 85% test,
		Address change	Name change		1	
H (_	type of organization: X Section 501(c)(3) exection 4947(a)(1) nonexempt charitable trust	xempt private toundation Other taxable private founda	tion	E If private foundation sta	
_ <u></u>			ing method: X Cash	Accrual	under section 507(b)(1)	
		·	ther (specify)	Accidal	F If the foundation is in a under section 507(b)(1)	
	·\$	609,152. (Part I, colu		pasis)		(D), chock hore
_	irt l	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received			N/A	
	2	Check \ X if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	4,661.	4,661.		STATEMENT 1
	5a	Gross rents				
	b	Net rental income or (loss)	42.006		I RE	CEIVI
e	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	43,806.		32	manuscript of the state of the
Revenue	_D	assets on line 6a 334,170.		43,806.		Y 16 2014 ()
æ	7 8	Capital gain net income (from Part IV, line 2) Net Short-term capital gain		43,000.	- ₹	
	9	Income modifications			0	BDEN, UT
	10a	Gross sales less returns				
		Less Cost of goods sold	-			
		Gross profit or (loss)				
	11	Other income	8,122.	8,122.		STATEMENT 2
	12	Total Add lines 1 through 11	56,589.	56,589.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
s	15	Pension plans, employee benefits				
nse	16a	Legal fees				
Expenses	b	Accounting fees				
е <u>Е</u>	17	Other professional fees Interest	,			
and Administrative	18	Taxes STMT 3	1,292.	0.		0.
istr	19	Depreciation and depletion	2/320			
Ë	20	Occupancy				
Ad	21	Travel, conferences, and meetings				
pug	22	Printing and publications				
g	23	Other expenses STMT 4	5,884.	0.		0.
aţ	24	Total operating and administrative	,			
Operating		expenses Add lines 13 through 23	7,176.	0.		0.
J		Contributions, gifts, grants paid	28,000.			28,000.
	26	Total expenses and disbursements.	25 176	•		20 000
	07	Add lines 24 and 25	35,176.	0.		28,000.
			21,413.			
		Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	21,4130	56,589.		
		Adjusted net income (if negative, enter -0-)		20,203.	N/A	

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	535,71	L4.
2	Enter amount from Part I, line 27a	2	21,41	3.
3	Other increases not included in line 2 (itemize)	3		0.
4	Add lines 1, 2, and 3	4	557,12	27.
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	557,12	27.

or Fund Balances

Net Assets

Form 990-PF (2013)

18 Grants payable

24 Unrestricted

Part II

(a) List and des	cribe the kind(s) of property sold varehouse; or common stock, 200	(e.g., real estate,		(b) How acquire P - Purchase D - Donation	(c) (d)	Date acquired no., day, yr.)	(d) Date sold (mo., day, yr.)
1a	······	· ·		D DOMAINON	_		
b SEE ATTACHEI	STATEMENT						
<u>C</u>							
<u>d</u>						·	
<u>e</u>	1			<u> </u>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		expense of sale		(e)	(h) Gain or (loss)) plus (f) minus (g)
<u>a</u> b							
C						<u></u>	
d							
e 334,178.			<u> </u>	2.			43,806.
Complete only for assets show	ing gain in column (h) and owned	by the foundation	n on 12/31/69		(I) Gan	ns (Col. (h) gain	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col. (1) r col. (j), if any		col. (K), Lo:	but not less than sses (from col. (l	ו -U-) or ח))
a							
b							
<u>c</u>							
d							
<u>e</u>	<u> </u>			<u> </u>			43,806.
2 Capital gain net income or (net c	apital loss) { If gain, also e	nter in Part I, line r -0- in Part I, line	7 e 7	} 2			43,806.
3 Net short-term capital gain or (lo	`						
If gain, also enter in Part I, line 8		y and (o).		<i>y</i>			
If (loss), enter -0- in Part I, line 8	B			J 3		N/A	
Part V Qualification t	Jnder Section 4940(e) f	for Reduced	Tax on Net	Investment	Incom	e	
If section 4940(d)(2) applies, leave Was the foundation liable for the se	ction 4942 tax on the distributable		•	od?			Yes X No
	each column for each year; see th			ntries.			-
(a)	(b)	·	1	(c)		Diotech	(d) ution ratio
Base periód years Calendar year (or tax year beginn	And a second according to the contract of the	distributions	Net value of nor	ncharitable-use a	ssets	(col. (b) divi	ded by col. (c))
2012		26,500.		538,2	242.		.049234
2011		25,868.		480,1	28.		.053877
2010		25,828.		471,4	108.		.054789
2009		30,960.		431,6			.071728
2008		32,890.		570,5	513.	··· +	.057650
2 Total of line 1, column (d)						2	.287278
3 Average distribution ratio for the	- ·	tal on line 2 by 5,	or by the number	of years			
the foundation has been in existe	ence if less than 5 years					3	.057456
4 Enter the net value of noncharita	ble-use assets for 2013 from Part	X, line 5			-	4	575,466.
Multiply line 4 by line 3						5	33,064.
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)					6	566.
7 Add lines 5 and 6						7	33,630.
B Enter qualifying distributions from	m Part XII, line 4					8	28,000.
	n line 7, check the box in Part VI, I	ine 1b, and comp	olete that part using	a 1% tax rate.			

For		458791		Page 4
P	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	ee instr	uctio	ns)
1:	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)			
1	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		1,1	<u>.32.</u>
	of Part I, line 27b			
(: 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-)			0.
3	Add lines 1 and 2		1,1	32.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		1,1	32.
6	Credits/Payments:			
-	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 800.			
	Exempt foreign organizations - tax withheld at source 6b			
	E Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld 6d			
_	Total credits and payments. Add lines 6a through 6d		۶	00.
7	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	•		
8	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			32.
9	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10			<u> </u>
10	, , , , , , , , , , , , , , , , , , , ,			
11	Enter the amount of line 10 to be: Credited to 2014 estimated tax Refunded 11 art VII-A Statements Regarding Activities			
_			Voc	No
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	-	163	
	any political campaign?	1a	 	X
t	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			
	Did the foundation file Form 1120-POL for this year?	1c	ļ	X
(Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		1	
	(1) On the foundation. ► \$ O . (2) On foundation managers. ► \$ O .			
€	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?	2	<u> </u>	X
	If "Yes," attach a detailed description of the activities.	İ		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		1	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	ļ	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	ļ	<u>X</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	A 4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	ļ	X
	If "Yes," attach the statement required by General Instruction T		Ì	
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	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 Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	OR	_		l
Ь	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 4942(j)(5) for calendar			
	year 2013 or the taxable year beginning in 2013 (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

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

had not been removed from jeopardy before the first day of the tax year beginning in 2013?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form **990-PF** (2013)

4a

Х

X

Part VII.B. Statements Regarding Activities for Which Form 4720 May Be Required (continued)	Form 990-PF (2013) NEWBURN FAMILY FOUNDATION	N	Dogwinod /	91-64587	91	Page 6
(1) Carry on propagatad, or otherwes attempt to influence large silation (astoch) (?)? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, deectly or indirectly, any voter registation drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (5) Provide to a grant to an organization other than a charistable, etc., organization described in section 59(5)(1), (2), or (3), or section 490(0)(2)? (5) Provide to any purpose other than enlapious, charistable, scientific, literary, or educational purposes, or for the prevention of cruely to children or animals? (6) If any answers or Yes' to 54(1)(4) did any of the transactions fail to qualify under the exceptions described in Regulations section 53.49.55 or in a current notice regarding dissatisfic assistance cleek here (1) If any answers or Yes' to question 53(4), does the foundation clean exemption from the tax because it maintained expenditure responsibility for the grant? If Yes, 'and the studentian the statement required by Regulations section 53.4945-5(d). So the file foundation, during the year, section any funds, directly or indirectly, to pay premiums on a personal benefit contract? If Yes \(\text{N} \) No (5) If Yes' \(\text{N} \) No (6) If Yes' \(\text{N} \) No (7) If Yes' (3) No (8) A year time during the tax year, was the foundation a party to a prohibited tax shelter transaction? (a) Name and address of each employees (other than those included on line 1). If none, enter "NONE" (b) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE" (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE" (d) Name and address of each employee pad more than \$50,000 (b). Here are all of expensions of expensions and expensions and expensions and expensions and expensions and expensions and expensi		Form 4/20 May Be	Requirea (contin	ued)		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section \$505(a)(1), (2), or (3), or section 490(c)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelity to children or animals? It any answer is "Yes" to \$41,00 day of the transactions fail to qualify under the exceptions described in Regulations section \$3,4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations responsibility for the grant? If "Yes are so the foundation (a), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes are so the foundation, during the regard by Regulations section 53 4945-5(d). So Do the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes are so to, the Form 8270. If yes are not a supplied to the foundation managers and the foundation aparty to a prohibited tax sheller transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (a) Name and address for each employees (other than those included on tine 1). If none, enter "NONE." (b) Title, and average for the organization of the highest paid employees (other than those included on tine 1). If none, enter "NONE." (c) Compensation of five highest paid employees (other than those included on tine 1). If none, enter "NONE." (d) Committee the preventin	 Carry on propaganda, or otherwise attempt to influence legislation (section) Influence the outcome of any specific public election (see section 4955); or any voter registration drive? 	or to carry on, directly or indir	ectly,	es X No		
SSP(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than reinguous, chantable, scientific, literary, or educational purposes, or for the prevention of cruety to children or animals? b If any answer is "Yes" to 561/1-(5), dof 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 instructions)? Ouganizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 54(4), does the foundation chure exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). B Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal bisnellation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal bisnellation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal bisnellation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal bisnellation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal bisnellation, during the tax year, was the foundation aparty to a prohibited tax shelter transaction? Yes X No 1 If "Yes "X No 6b X Yes I No 1 If "Yes "C No, I No				,s (AL) NO		
(a) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? If any answer is "Yes" to So(1)-(3), dot any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c if the answer is "Yes" to question 53.(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes, "Interest the statement required by Regulations section 53.4945-5(d). So Did the foundation, during the year, representation, during the year, representation, during the year, was the foundation a party to a prohibited tax sheller transaction? If "Yes "Go B, the Form 8870. If "Yes "Go B, th	•		Ye	s X No		
the prevention of cruelty to children or animals? b If any answer is "Yes" to \$6 (1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section \$2.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here if If the answer is "Yes" to global stage, and seast assistance check here if If the answer is "Yes" to global the foundation of seast page of the grant? If "Yes," attach the statement required by Regulations section \$5.4945-5(d). But the foundation, during the year, review any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870. Ta Al any time during the fax year, was the foundation a party to a prohibited tax sheller transaction? If "Yes "to 6b, file Form 8870. The foundation of the very pay premiums, directly or indirectly, on a personal benefit contract? If "Yes "to 6b, file Form 8870. Ta Al any time during the fax year, was the foundation exceed any proceeds or have any net recome attributable to the transaction? If "Yes "to 6b, file Form 8870. The foundation of the foundation receive any proceeds or have any net recome attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Parid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address foundation managers and their compensation. (b) Title, and average hours per week devoted to position (c) Compensation information address from the foundation received in file of the foundation received in fil		or educational purposes, or	for			
Section S3.4945 or in a current notice regarding disseler assistance (see instructions)? Organizations relying on a current notice regarding disseler assistance check here c. If the answer is "Yes" to question 53(4), does the foundation claim exemption from the lax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). So Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a pessonal benefit contract? If "Yes" to 6b, the Form 8870. 7a A larry time during the tax year, was the foundation a party to a prohibited tax shelter transaction? A larry time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 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. (a) Name and address (b) Tile, and average hours premium and the paid of the position of the highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Tile, and average devoted to position of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Name and address of each employee paid more than \$50,000 (e) Compensation (f) C	• •			s X No		
Organizations relying on a current notice regarding disaster assistance check here c. If the answer is Yes' to question 5ct(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? 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? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? b Tyes's Cob, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part Villi Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Titls, and average thouse the state of the highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Titls, and average though the paid, enter -0-) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation (d) Compensa	b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	ın Regulations	1		
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? N/A	section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	<u>5b</u>	
expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d). 8 Did the foundation, during the year, releve any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes to 6b, the Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? Part Vill Information about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and everage holds per week devoiced for position of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and everage holds per week devoiced for position of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Exponse address of each employee paid more than \$50,000 hours per week devoiced for position devoiced for position of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and everage holds per week devoiced for position of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoiced for position of the highest paid employees and more than \$50,000 hours per week devoiced for position of the properties of the formation of the properties of the properties of the formation of the properties of the formation of the properties of the formation of the properties of the pro						
Sa Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? 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. (a) Name and address (a) Name and address (a) Name and address 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoted in position (c) Compensation (c) Compensation ((c) Compensation ((d)	expenditure responsibility for the grant?	ľ		s No	0	
a personal benefit contract? b Did the loundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes' to 6b, the Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If Yes', did the foundation receive any proceeds or have any net income attributable to the transaction? I List all officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, Directors, trustees, foundation managers and their compensation. (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoted to position 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoted to position 2 Compensation of five highest-paid employee paid more than \$50,000 NONE						
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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? If Yes are did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average flowing per each devoted floor position (c) Compensation (floor paid, enter divide enter divide enter divide enter divided e		pay premiums on		. 7 4	-	
If "Yes" to 6b, file Form 8870. 7a A lary time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 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. (b) Title, and average hours per week devoted for position (c) Compensation ((find to aid, employee said plans allowances) (a) Name and address (b) Title, and average hours per week devoted for years and their compensation ((c) Compensation ((find to aid, employee said plans allowances) (d) Compensation ((find to aid, employee said plans allowances) (e) Expense ((find to aid, employee said plans allowances) (a) Name and address of each employee (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoted to position (c) Compensation ((find to aid, employee and more than \$50,000) (d) Contractors ((find to aid, employee and find the properties of the properties and the properties of the properties and the properties and the properties of the properties and the pr	•	arconal banafit contract?	Tt		6h	l x
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? I		ersonar benefit contracts			-	
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. (a) Name and address (b) Trille, and average hours per week devoted to position (c) Compensation (fill not paid, enter -0.) (d) Compensation (fill not paid, enter -0.) (e) Expense addering an address of each employee gold more than \$50,000 (b) Trille, and average hours per week (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (e) Compensation to flow position (e) Compensation of five highest-paid employees paid more than \$50,000 (b) Trille, and average hours per week (e) Compensation (e) Compensation to the property of the paid of		helter transaction?		s X No	l	
Part VIII					7b	
Paid Employees, and Contractors 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 (find paid, enter -0-) (g) Compensation (g)			nagers, Highly			
(a) Name and address (b) Title, and average hours per week devoted to position 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (If not paid, enter 0-) (d) Contributors to enter "NONE." (e) Expense account, other allowances (c) Compensation (d) Contributors to enter "NONE." (e) Expense enter "NONE." (c) Compensation (d) Contributors to enter the plant account, other allowances (e) Expense enter "NONE." (e) Expense enter "NONE."	Paid Employees, and Contractors					
SEE STATEMENT 6 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to include a saltowances (e) Expense account, other allowances	1 List all officers, directors, trustees, foundation managers and their		1	(d) Contabultane to		
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation end of the position allowances (c) Compensation (c) Compensation end of the position allowances account, other allowances account, other allowances	(a) Name and address	hòurs per week devoted	(If not paid,	employee benefit plans and deferred compensation	accor allo	expense unt, other wances
2 Compensation of five highest-paid employees (other than those included on line 1). 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 each entitiplate account, other allowances (e) Expense account, other allowances						
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation end of the position allowances (c) Compensation (c) Compensation end of the position allowances account, other allowances account, other allowances	SEE STATEMENT 6		0.	0.		0.
(a) Name and address of each employee paid more than \$50,000 NONE (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						
(a) Name and address of each employee paid more than \$50,000 NONE (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						
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(a) Name and address of each employee paid more than \$50,000 NONE (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						
(a) Name and address of each employee paid more than \$50,000 NONE (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						
(a) Name and address of each employee paid more than \$50,000 NONE (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						
(a) Name and address of each employee paid more than \$50,000 NONE (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					1	
(a) Name and address of each employee paid more than \$50,000 NONE (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	2. Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."			
NONE (a) Name and address of each employee paid more than \$50,000 NONE (b) Compensation and defend compensation allowances		(b) Title, and average		(d) Contributions to		
NONE	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	and deferred		
	NONE					
Total number of other employees paid over \$50,000						
Total number of other employees paid over \$50,000						
Total number of other employees paid over \$50,000						
Total number of other employees paid over \$50,000						
Total number of other employees paid over \$50,000					<u> </u>	
Total number of other employees paid over \$50,000				•		
Total number of other employees paid over \$50,000					<u> </u>	
Total number of other employees paid over \$50,000						
	Total number of other employees paid over \$50,000		1	•		0

Total. Add lines 1 through 3

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 539,995. a Average monthly fair market value of securities 1a 1b 44,234. b Average of monthly cash balances 1c c Fair market value of all other assets 584,229. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1e_ 0. 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 2 584,229. 3 3 Subtract line 2 from line 1d 4 8,763. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 575,466. 5 28,773. Minimum investment return Enter 5% of line 5 Part XI | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here
and do not complete this part.) 28,773. Minimum investment return from Part X, line 6 1,132. Tax on investment income for 2013 from Part VI, line 5 2a Income tax for 2013. (This does not include the tax from Part VI.) 2c 1,132. Add lines 2a and 2b 27,641. 3 3 Distributable amount before adjustments. Subtract line 2c from line 1. Recoveries of amounts treated as qualifying distributions 4 0. 27,641. 5 5 Add lines 3 and 4 0. 6 6 Deduction from distributable amount (see instructions) 27,641. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 28,000. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: 3 a Suitability test (prior IRS approval required) 3a 3Ь Cash distribution test (attach the required schedule) 28,000. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 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 28,000. Adjusted qualifying distributions Subtract line 5 from line 4 6 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

Form **990-PF** (2013)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,				
line 7				27,641.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
b Total for prior years:			· — · · · ·	
		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008 4,584.	9			
b From 2009 9,458.	Ů			
c From 2010 2,602.				
d From 2011 2,126.				
e From 2012 369.				
f Total of lines 3a through e	19,139.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ► \$ 28,000.				
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount				27,641.
e Remaining amount distributed out of corpus	359.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
	19,498.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract	17,470.			
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				0.
7 Amounts treated as distributions out of				1
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008	4 504			
not applied on line 5 or line 7	4,584.			
9 Excess distributions carryover to 2014.	14 014			
Subtract lines 7 and 8 from line 6a	14,914.			
10 Analysis of line 9:				
a Excess from 2009 9, 458.				
b Excess from 2010 2,602. c Excess from 2011 2,126.				
c Excess from 2011 2,126. d Excess from 2012 369.				
e Excess from 2013 359.			ļ	
5 CA00000 ITOIN 20 10 3 3 3 4		<u>_</u>		5 000 DE (0010)

	Y FAMILY FOU				6458791 Page 10
Part XIV Private Operating I			-A, question 9)	N/A	
1 a If the foundation has received a ruling		· · · · · · ·			
foundation, and the ruling is effective f	·	-	▶	-1	1
b Check box to indicate whether the four		ng foundation described i		4942(j)(3) or	<u> 4942(j)(5)</u>
2 a Enter the lesser of the adjusted net	Tax year	(b) 2012	Prior 3 years (c) 2011	(d) 2010	(a) Total
income from Part I or the minimum	(a) 2013	(0) 2012	(6) 2011	(0) 2010	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
 Qualifying distributions from Part XII, 					
line 4 for each year listed				<u> </u>	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
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)				i	
(2) Support from general public and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					-
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	te this part only i	f the foundatio	n had \$5 000 or	more in assets
at any time during			i the loundatio	11 11dd 40 ,000 01	more in assets
			.		
Information Regarding Foundation List any managers of the foundation who year (but only if they have contributed in the second	no have contributed more t		ibutions received by th	e foundation before the	close of any tax
ROBERT L. NEWBURN					
b List any managers of the foundation who ther entity) of which the foundation ha			or an equally large por	tion of the ownership of	a partnership or
NONE					
2 Information Regarding Contribut Check here ► X if the foundation of				not accept unsolicited r	equests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indivi	duals or organizations ur	nder other conditions, o	complete items 2a, b, c,	and d.
a The name, address, and telephone num	ber or e-mail address of th	ne person to whom applic	ations should be addro	essed:	
b The form in which applications should b	pe submitted and informati	on and materials they sh	ould include;		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographica	l areas, charitable fields, l	kinds of institutions, or	other factors:	

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year BOYS & GIRLS CLUBS OF EMERALD VALLEY COMMUNITY SUPPORT РC 1545 WEST 22ND AVENUE EUGENE, OR 97405 600. EUGENE CHRISTIAN SCHOOL ÞС COMMUNITY SUPPORT 2895 CHAD DRIVE 1,000. EUGENE OR 97408 FOOD FOR LANE COUNTY РC COMMUNITY SUPPORT 770 BAILEY HILL ROAD EUGENE OR 97402 5,000. DOVE MEDICAL PC COMMUNITY SUPPORT 487 E 11TH AVENUE EUGENE OR 97401 600. COMMUNITY SUPPORT PC RELIEF NURSERY 1720 WEST 25TH EUGENE OR 97405 3 500 SEE CONTINUATION SHEET(S) ▶<u>3a</u> Total 28,000, b Approved for future payment NONE **▶** 3b Total

Part XVI-A **Analysis of Income-Producing Activities**

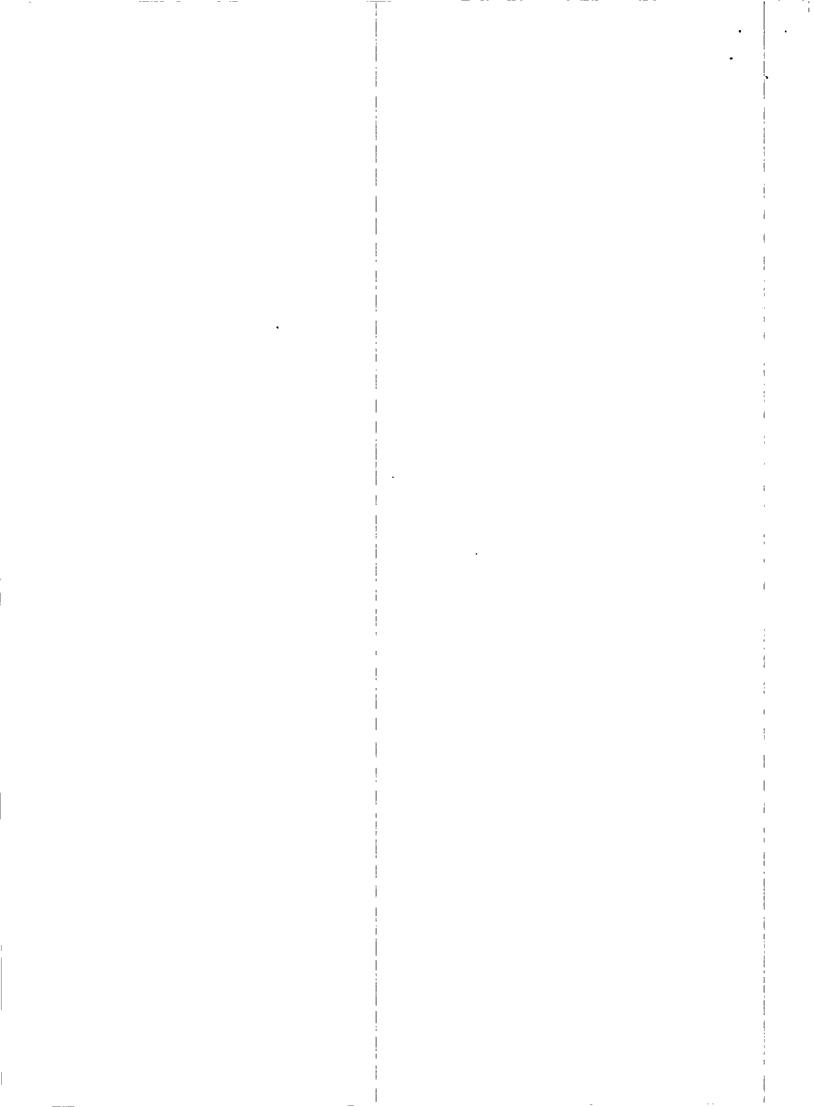
Enter gross amounts unless otherwise indicated.	Unrelated business income			ided by section 512, 513, or 514	(e)	
	(a) Business	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income	
1 Program service revenue:	code		wee			
<u> </u>	<u></u>		 			
b			<u> </u>			
C						
d						
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash		•				
investments			1.4	1 551		
4 Dividends and interest from securities			14	4,661.		
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			14	8,122.		
8 Gain or (loss) from sales of assets other						
than inventory			18	43,806.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
1 Other revenue:		i				
a						
b						
c						
d						
e						
2 Subtotal. Add columns (b), (d), and (e)		0.		56,589.		
3 Total. Add line 12, columns (b), (d), and (e)				13	56,589.	
See worksheet in line 13 instructions to verify calculations.)				 		
Part XVI-B Relationship of Activities to	the Acco	omplishment of Ex	emp	t Purposes		
					<u> </u>	
Line No. Explain below how each activity for which incom			contrib	outed importantly to the accom	plishment of	
the foundation's exempt purposes (other than by	y proviaing tui	nas for such purposes).				
		·····				
						
				=		
			_			
					· · · · · · · · · · · · · · · · · · ·	
						
		.				
		· · · · · · · · · · · · · · · · · · ·				
					 	

Sign Here		correct, and complete Declara	imined this return, including accompanying schedation of preparer (other than taxpayer) is based or		arer has any knowledge	May the iRS discuss this return with the preparer shown below (see instr.)? X Yes N	
Paid		preparer's name	Preparer's signature What I m	Date 5/6/14	Check if self- employed	PTIN P01286484	
Sign ^a Here	nly	1 mm o mano / 200011 0111,			Firm's EIN ► 20-4723636		
		EUGENE,	OR 97403		Phone no. 541	-342-5161	

91-6458791

NEWBURN FAMILY FOUNDATION

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to **Amount** any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient SHELTER CARE ЪС COMMUNITY SUPPORT 499 W 4TH ST 600. EUGENE OR 97401 PC COMMUNITY SUPPORT VOLUNTEERS IN MEDICINE 2260 MARCOLA ROAD 5,000, SPRINGFIELD OR 97477 WILLAMETTE FAMILY ₽C COMMUNITY SUPPORT 149 W 12TH AVENUE 700. EUGENE, OR 97401 SUPPORT FOR CHRISTIAN RELIGIOUS WORLD VISION PO BOX 70102 ORGANIZATION ENDEAVORS TACOMA, WA 98481 10,000. PEARL BUCK CENTER INCORPORATED ÞC COMMUNITY SUPPORT 3690 W 1ST AVENUE EUGENE OR 97402 1,000. 17 300. Total from continuation sheets



FORM 990-PF I	DIVIDENDS	AND INTE	REST	FROM SECT	JRITIES S	STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME		
FIDELITY	10,632.	5,9	71.	4,661	4,661.		
TO PART I, LINE 4	10,632.	5,9	71. ====================================	4,661	4,661.		
FORM 990-PF		OTHER :	INCO	ie	S	TATEMENT	2
DESCRIPTION			REV	A) ENUE BOOKS	(B) NET INVEST- MENT INCOME		
FIDELITY CAPITAL GAIN SECURITIES LITIGATION PAYMENTS				8,078.	8,078.		
TOTAL TO FORM 990-PF,	PART I, I	LINE 11 ==		8,122.	8,122.		
FORM 990-PF		TAX	KES		S	TATEMENT	 3
DESCRIPTION	_	(A)		(B)	(C)	, , , , , ,	
DESCRIPTION		EXPENSES PER BOOKS		' INVEST-	ADJUSTED NET INCOME	(D) CHARITA PURPOS	
FEDERAL TAX			MEN	INVEST-	ADJUSTED NET INCOME	CHARITA	
		PER BOOKS	MEN	' INVEST- IT INCOME	ADJUSTED NET INCOME	CHARITA	ES
FEDERAL TAX		1,292	MEN	INVEST- IT INCOME 0.	ADJUSTED NET INCOME	CHARITA	ES 0.
FEDERAL TAX TO FORM 990-PF, PG 1, FORM 990-PF	LN 18	1,292.	MEN SXPEN	INVEST- IT INCOME 0.	ADJUSTED NET INCOME S (C) ADJUSTED	CHARITA	0. 0. 4
FEDERAL TAX TO FORM 990-PF, PG 1,	LN 18	OTHER E	MEN NET MEN	INVEST- O. (B) INVEST-	ADJUSTED NET INCOME (C) ADJUSTED NET INCOME	CHARITA PURPOS TATEMENT (D) CHARITA	0. 0. 4

FORM 990-PF CC	RPORATE STOCK		STAT	EMENT	5
DESCRIPTION .		BOOK VALU		MARKE' ALUE	r
FIDELITY ACCOUNT 676-813079		78,5	83.	109,7	41.
FIDELITY ACCOUNT 676-813060				98,4	73.
FIDELITY ACCOUNT 676-813087		368,9	40.	378,5	27.
TOTAL TO FORM 990-PF, PART II, LIN	E 10B	535,7	16.	586,7	41.
FORM 990-PF PART VIII - LIST TRUSTEES AND	OF OFFICERS, D		STAT	EMENT	6
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB		
ROBERT L. NEWBURN 4780 VILLAGE PLAZA LOOP, SUITE 210 EUGENE, OR 97401	TRUSTEE 0.00	0.	0.		0.
JANICE E. NEWBURN 4780 VILLAGE PLAZA LOOP, SUITE 210 EUGENE, OR 97401	TRUSTEE 0.00	0.	0.		0.
ALLEN E. GARDNER 725 COUNTRY CLUB ROAD EUGENE, OR 97401	TRUSTEE 0.00	0.	0.		0.
MARLEE A. FISCHNALLER 3363 HAMPTON WAY EUGENE, OR 97401	TRUSTEE 0.00	0.	0.		0.
MICHAEL C. FISCHNALLER 3363 HAMPTON WAY EUGENE, OR 97401	TRUSTEE 0.00	0.	0.		0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.		0.