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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.

OMB No 1545-0052

▶ Information about Form 990-PF and its separate instructions is at www irs.gov/form990pf Open to Public Inspection

For calendar year 2013 or tax year beginning 2013, and ending A Employer identification number Name of foundation 93-1307278 BLOOMFIELD FAMILY FOUNDATION 97354890 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 503-464-3580 P O BOX 3168 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here PORTLAND, OR 97208 Initial return Initial return of a former public charity G Check all that apply: D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change computation H Check type of organization: | X | Section 501(c)(3) exempt private foundation E If private foundation status was terminate Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust under section 507(b)(1)(A), check here . J Accounting method: X Cash Fair market value of all assets at If the foundation is in a 60-month termination end of year (from Part II, col. (c), line Other (specify) under section 507(b)(1)(B), check here . (Part I, column (d) must be on cash basis) 16) ▶ \$ 1,568,794 (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (b) Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) expenses per purposes income income may not necessarily equal the amounts in books (cash basis only) column (a) (see instructions).) 140.483 Contributions, gifts, grants, etc , received (attach schedule) . if the foundation is not required to 2 Check attach Sch B 3 Interest on savings and temporary cash investments 28.813 28,813 STMT Dividends and interest from securities . . . Net rental income or (loss) 1-1---4-90-Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 1912490 Capital gain net income (from Part IV, line 2) . 7 Ö Net short-term capital gain 3 2014 Ś Income modifications Gross sales less returns and allowances • • • 10 a ogdien. Ut b Less Cost of goods sold . Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 180,786 40.303 Total. Add lines 1 through 11 14,275 12,847 1.427 13 Compensation of officers, directors, trustees, etc NONE NONE 14 Other employee salaries and wages NONE NONE 15 Pension plans, employee benefits 16a Legal fees (attach schedule) NONE 1,500 1,500 NONE **b** Accounting fees (attach schedule) STMT 2 Other professional fees (attach schedule) . . . Administrative c 17 Taxes (attach schedule) (see instructions) STMT.3. 1.098 792 18 19 Depreciation (attach schedule) and depletion. 20 NONE NONE 21 Travel, conferences, and meetings NONE NONE 22 Printing and publications 975 975 Other expenses (attach schedule) STMT. 4. 23 24 Total operating and administrative expenses. 17,848 13,639 NONE 3,902 Add lines 13 through 23 110,550 110,550 Contributions, gifts, grants paid 25 NONE 114.452 128,398 13,639 Total expenses and disbursements Add lines 24 and 25 26 27 Subtract line 26 from line 12: 52,388 a Excess of revenue over expenses and disbursements 26,664 b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-).

		Att	ached schedules and amounts in the	Beginning of year	End o	of year
	art II	Balance Sneets des	scription column should be for end-of-year - lounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		1,856.		
	2	Savings and temporary cash	n investments	81,192.	134,248.	134,248
	3		617.			
			accounts >		617.	. 617.
	4					
			l accounts ▶			
	5					
	6	Receivables due from offic	cers, directors, trustees, and other			
			schedule) (see instructions)			
	7	•	vable (attach schedule)			1
	_		I accounts ►NONE			
S	8				·	
ssets	9		red charges			
As		•	vernment obligations (attach schedule)			
		_	ck (attach schedule) . STMT .5		886,077.	1,195,359
			nds (attach schedule) STMT 6		241,625	. 238,570
	11	Investments - land, buildings,				
	12	Investments - mortgage loa	ns			
	13 14	Land, buildings, and	schedule)	1		
		equipment basis Less accumulated depreciation				
		(attach schedule)	` \			
	15		mpleted by all filers - see the			
	16		1, item I)		1,262,567	1,568,794
_	4				1,202,307	. 1,300,731
	17	• •	ued expenses	_		1 ·- 'i
	18					† , , ,
ties	19					12 1
iabilities	20		rustees, and other disqualified persons			1
Ë	1		payable (attach schedule)			-
	22	Other liabilities (describe	>)			-
	23	Total liabilities (add lines 1	7 through 22)		NON	R
	23		SFAS 117, check here . >			, ,
			through 26 and lines 30 and 31.			
es						: 1
anc	24					1 :
Bal	25					1 , , , , , , , , , , , , , , , , , , ,
Ъ	24 25 26		t follow SFAS 117, ▶ X			1
Z		check here and comple	te lines 27 through 31.			
ō	27	•	I, or current funds	1,210,177.	1,262,567	, ,
Assets	28	•	nd, bldg , and equipment fund	1,210,11,,		j
SS	29		d income, endowment, or other funds			†
Ą	30		alances (see instructions)	1,210,177.	1,262,567] '
Net	31		net assets/fund balances (see			i . i
				1,210,177.	1,262,567	
	art		ges in Net Assets or Fund			
	Tot	al net assets or fund bal	ances at beginning of year - Part	II, column (a), line 30 (must agree with	
			on prior year's return)			1,210,177.
:		er amount from Part I, lin			_	52,388.
	3 Oth	er increases not included	in line 2 (itemize) ►ADJUSTMENT F	OR ROUNDING	3	2.
2					4	1,262,567.
	Dec	creases not included in lu			-	
ì	5 Tot	al net assets or fund bala	inces at end of year (line 4 minus	line 5) - Part II, column (I	o), line 30 6	1,262,567.
						Form 990-PF (2013)

Pa	rt IV Capital Gains	and Losses for Tax on Inve	estment Income			
	• •	describe the kind(s) of property sold ((b) How	(c) Date acquired	(d) Date sold
	2-story br	P - Purchase D - Donation	(mo , day, yr)	(mo , day, yr.)		
<u>1a</u>	PUBLICLY TRADED	SECURITIES				
_ <u>b</u> _						
_ <u>c</u>		<u></u>	<u> </u>			L
_ <u>d</u>						
<u>е</u>		<u> </u>			<u> </u>	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	ıs (g)
<u>a</u>	11,490.					11,490.
<u>b</u>						
_ <u>C</u>						
<u>d</u>						
<u>e</u>		 	10/04/00			<u> </u>
_	Complete only for assets s	howing gain in column (h) and owned			Gains (Col. (h) ga (k), but not less t	
-	(i) F M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	Losses (from co	
_			g,, and,			11,490.
_ <u>a</u> b						11,400.
						· · · · · ·
_c d						
e e						
		(If	gain, also enter in Part I, line 7			
2 (Capital gain net income or	(net capital loss)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		11,490.
3 !	Net short-term capital gain	or (loss) as defined in sections 12				
			ructions). If (loss), enter -0- in	1		
		· · · · · · · · · · · · · · · · · · ·		3		
			uced Tax on Net Investment In	ncome		
Wa			outable amount of any year in the b	ase perio	d?	Yes X No
			see the instructions before making	any entri		
÷	(a)			arry entire	(d)	
C.	Base period years lendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra (col. (b) divided by	
	2012	110,181.	1,237,685.		(con to) divided by	0.089022
_	2011	98,017.	1,179,329.			0.083113
	2010	93,942.	1,098,784.	i		0.085496
	2009	73,345.	894,543.			0.081992
	2008	69,434.	1,052,430.			0.065975
2	Total of line 1, column (d)			2		0.405598
						·
	number of years the found	for the 5-year base period - divide	the total on line 2 by 5, or by the			
		for the 5-year base period - divide	the total on line 2 by 5, or by the than 5 years	3		0.081120
		for the 5-year base period - divide dation has been in existence if less	than 5 years	3		0.081120
4	Enter the net value of non-	for the 5-year base period - divide dation has been in existence if less	•	3	1,	0.081120
		for the 5-year base period - divide dation has been in existence if less charitable-use assets for 2013 fro	m Part X, line 5		1,	421,098.
		for the 5-year base period - divide dation has been in existence if less charitable-use assets for 2013 fro	than 5 years		1,	
5	Multiply line 4 by line 3	for the 5-year base period - divide dation has been in existence if less charitable-use assets for 2013 fro	m Part X, line 5	4	1,	421,098. 115,279.
5	Multiply line 4 by line 3	for the 5-year base period - divide dation has been in existence if less charitable-use assets for 2013 fro	m Part X, line 5	4	1,	421,098.
5 6	Multiply line 4 by line 3 . Enter 1% of net investmen	for the 5-year base period - divide dation has been in existence if less charitable-use assets for 2013 fro	m Part X, line 5	5	1,	421,098. 115,279. 267.
5 6	Multiply line 4 by line 3 . Enter 1% of net investmen	for the 5-year base period - divide dation has been in existence if less charitable-use assets for 2013 fro	m Part X, line 5	5	1,	421,098. 115,279.
5 6 7	Multiply line 4 by line 3 . Enter 1% of net investmen Add lines 5 and 6	for the 5-year base period - divide dation has been in existence if less charitable-use assets for 2013 fro	m Part X, line 5	5 6 7		421,098. 115,279. 267. 115,546.

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctions	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	*		~
	Date of ruling or determination letter: (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		5	<u>33.</u>
	here and enter 1% of Part I, line 2/b	. ~		
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		•	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2		5	33.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4		N	ONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		5	<u>33.</u>
6	Credits/Payments			y
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 293.	3,		
b	Exempt foreign organizations - tax withheld at source 6b NONE	ã,		-
c	Tax paid with application for extension of time to file (Form 8868) 6c 240.	~		
d	Backup withholding erroneously withheld		٠	
7	Total credits and payments. Add lines 6a through 6d		5	<u> 33.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2014 estimated tax NONE Refunded 11			
	VII-A Statements Regarding Activities	ГΤ	V	NI.
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate	10	Yes	No X
	or intervene in any political campaign?	1a		Λ.
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the	1 _b		Х
	definition)?	"		
	distributed by the foundation in connection with the activities.		× ,	
_	Did the foundation file Form 1120-POL for this year?	1c	. ,	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		,×	
٠	(1) On the foundation \$ (2) On foundation managers. \$, , , ,	()	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	* **		
	foundation managers. ►\$	Ŷ.		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	.	_	
	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		77
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T		4	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	<u> </u>		
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict		~ X	
_	with the state law remain in the governing instrument?	7	$\frac{X}{X}$	
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	* .		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) OR	36.00		4
_	A STATE OF THE STA			
b	of each state as required by General Instruction G? If "No," attach explanation	8b	Х	,
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			Χ.,
3	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		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and			
	addresses	10	X	
			UDE.	/2012)

3b

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?

Total number of other employees paid over \$50,000

Page	7
	_

Part VIII Information About Officers, Directors, Trustees, Foundation Maand Contractors (continued)	anagers, Highly Paid Employ	yees,
3 Five highest-paid independent contractors for professional services (see instr	uctions). If none, enter "NONE	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		NONE
Total number of others receiving over \$50,000 for professional services		NONE
	• • • • • • • • • • • • • • • • • • • •	NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical organizations and other beneficiaries served, conferences convened, research papers produced, etc.	I information such as the number of	Expenses
1NONE		
2		
3		
Y		
4		
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 a	and 2	Amount
1NONE		
		
2		i
All other program-related investments See instructions		
3NONE		
Total. Add lines 1 through 3		· - .

Part	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	eign founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.	,	
	purposes		
а	Average monthly fair market value of securities	_ 1a	1,351,319.
b			91,420.
С		1c	NONE
d			1,442,739.
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d		1,442,739.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see	•	
		4	21,641.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,421,098.
6	Minimum investment return. Enter 5% of line 5	. 6	71,055.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating fou and certain foreign organizations check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	. 1	71,055.
2a	Tax on investment income for 2013 from Part VI, line 5 2a 533	3.	
b			
С	Add lines 2a and 2b	2c	533.
3	Distributable amount before adjustments. Subtract line 2c from line 1		70,522.
4	Recoveries of amounts treated as qualifying distributions	. 4	NONE
5	Add lines 3 and 4	1 _ 1	70,522.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	. 7	70,522.
	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.	10	114 452
a	• • • • • • • • • • • • • • • • • • • •	. 1a 1b	114,452.
b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. —	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.	1 1	NONE
_	purposes	· 2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		MONE
a		. 3a	NONE
b	Cash distribution test (attach the required schedule)		NONE
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	•	114,452.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	1 1	N/A
e	Adjusted qualifying distributions. Subtract line 5 from line 4		114,452.
6	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when		
	qualifies for the section 4940(e) reduction of tax in those years.	calculating	Wildlight the loundation

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Part		(a)	(b)	(c)		(d)	
1 D	istributable amount for 2013 from Part XI,	Corpus	Years prior to 2012	2012		2013	
li	ne 7					70	<u>),522.</u>
2 U	Indistributed income, if any, as of the end of 2013		~ ~				
aЕ	nter amount for 2012 only			-	NONE		
b T	otal for prior years 20 <u>11</u> ,20,20		NO.	NE			
	xcess distributions carryover, if any, to 2013						
аF	rom 2008			*		_	
b F	rom 2009						
c F	rom 2010						
	rom 2011						
e F	rom 2012			*			•
f T	otal of lines 3a through e	174,329.					
	Qualifying distributions for 2013 from Part XII,						
li	ne 4: ▶ \$114,452		•				
a A	applied to 2012, but not more than line 2a				NONE	• •	
ЬΑ	applied to undistributed income of prior years						
	Election required - see instructions)		NO	NE			
сΤ	reated as distributions out of corpus (Election		¥				
re	equired - see instructions)	NONE	·				
d A	Applied to 2013 distributable amount					7(),522.
e R	Remaining amount distributed out of corpus	43,930.					
	xcess distributions carryover applied to 2013	NONE	l				NONE
	If an amount appears in column (d), the same	,				^^ ~	
	mount must be shown in column (a)) Inter the net total of each column as	• .					
	ndicated below:						
a C	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	218,259.	*	· ·			
ЬΡ	Prior years' undistributed income. Subtract						
	ine 4b from line 2b	*	NO	NE			
	inter the amount of prior years' undistributed				` ; ,		~
	ncome for which a notice of deficiency has been issued, or on which the section 4942(a)				-		
	ax has been previously assessed	···	NO	NE			
d S	Subtract line 6c from line 6b. Taxable	*					
а	mount - see instructions	*	NO.	NE			
	Undistributed income for 2012. Subtract line a from line 2a. Taxable amount - see		•				
	nstructions	-			NONE	*	
4 1	Indistributed income for 2013 Subtract lines		*		~		
	ld and 5 from line 1 This amount must be		, ,	ž 1	. 3		
	distributed in 2014	<u>*</u>			şt.		NONE
7 /	Amounts treated as distributions out of corpus			1			
	o satisfy requirements imposed by section		*		*		~
1	170(b)(1)(F) or 4942(g)(3) (see instructions)	NONE				7.	
8 E	excess distributions carryover from 2008 not		٠	•	•		~
a	applied on line 5 or line 7 (see instructions)	17,454.	·				
9 E	Excess distributions carryover to 2014.				. ,		•
5	Subtract lines 7 and 8 from line 6a	200,805.					
10 /	Analysis of line 9						
a E	Excess from 2009 29,354.					,	
b E	Excess from 2010 39,031.		* . *	~ ^	^		~
c E	Excess from 2011	<u> </u>	,	•	Ť		
d E	Excess from 2012 48,883.	,	<u> </u>				
_	Excess from 2013 43,930.	1	-	~	1		

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

SEE STATEMENT 9

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

SEE ATTACHED STATEMENT FOR LINE 2

c Any submission deadlines:

SEE ATTACHED STATEMENT FOR LINE 2

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

SEE ATTACHED STATEMENT FOR LINE 2

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JSA

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Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid Durin	g the Year or Appro	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
]
SEE STATEMENT 16				110,550.
]		
		}		
		İ		
Total			▶ 3a	110,550.
b Approved for future payment				
.,		•		
	1			}
		ļ		
	<u> </u>	L		
<u>Total</u>	<u> </u>	 <u>.</u>		<u> </u>

-	Onlei	ated business income	Excluded by	section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a					(OCO MISTRACTIONS /
b					···
c					
d					
e					
f					
g Fees and contracts from government agencies				<u> </u>	
2 Membership dues and assessments					
Interest on savings and temporary cash investments					
Dividends and interest from securities			14	28,813.	
Net rental income or (loss) from real estate.			<u> </u>		
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property .					-
7 Other investment income			10	11 400	
Gain or (loss) from sales of assets other than inventor			18	11,490.	
9 Net income or (loss) from special events					··· <u>··</u>
Gross profit or (loss) from sales of inventory			- 		
Other revenue a					
b					-
d					
e 2 Subtotal Add columns (b), (d), and (e)			1	40,303.	
3 Total. Add line 12, columns (b), (d), and (e)					40,303
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcorate XVI-B Relationship of Activities	ulations) to the Ac	complishment of E	xempt Purp	oses	
B Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities	ulations) to the Ac	complishment of E	xempt Purp	oses of Part XVI-A contribut	ted importantly to t
e Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ine No. Explain below how each activities to the feet of the feet o	ulations) to the Ac	complishment of E	xempt Purp	oses of Part XVI-A contribut	ted importantly to t
art XVI-B Relationship of Activities Explain below how each activities	ulations) to the Ac	complishment of Enh income is reported at purposes (other than	in column (e	oses of Part XVI-A contribut	ted importantly to t
e Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ine No. Explain below how each activities to the feet of the feet o	ulations) to the Ac	complishment of E	in column (e	oses of Part XVI-A contribut	ted importantly to t
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ine No. Explain below how each activities to the column of the column o	ulations) to the Ac	complishment of Enh income is reported at purposes (other than	in column (e	oses of Part XVI-A contribut	ted importantly to t
e Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ine No. Explain below how each activities to the feet of the feet o	ulations) to the Ac	complishment of Enh income is reported at purposes (other than	in column (e	oses of Part XVI-A contribut	ted importantly to t
art XVI-B Relationship of Activities Explain below how each activities	ulations) to the Ac	complishment of Enh income is reported at purposes (other than	in column (e	oses of Part XVI-A contribut	ted importantly to t
art XVI-B Relationship of Activities Explain below how each activities	ulations) to the Ac	complishment of Enh income is reported at purposes (other than	in column (e	oses of Part XVI-A contribut	ted importantly to t
art XVI-B Relationship of Activities Explain below how each activities	ulations) to the Ac	complishment of Enh income is reported at purposes (other than	in column (e	oses of Part XVI-A contribut	ted importantly to t
art XVI-B Relationship of Activities Explain below how each activities	ulations) to the Ac	complishment of Enh income is reported at purposes (other than	in column (e	oses of Part XVI-A contribut	ted importantly to t
3 Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calconate and the second s	ulations) to the Ac	complishment of Enh income is reported at purposes (other than	in column (e	oses of Part XVI-A contribut	ted importantly to t

Form 990	D-PF (201	3)					93-1307278			Pa	ige 13
Part X	(VII	Information R Exempt Organ	-	ansfers To and	d Transact			s With Non	chari	table	;
1 D	id the c	rganization directl	ly or indirectly	engage in any of	the following	ng with an	y other organizat	ion described		Yes	No
	section	501(c) of the Co	de (other than	section 501(c)(3)	organizatio	ns) or in s	ection 527, relati	ng to political			
	•	from the reporting	a foundation to	a noncharitable e	exempt orga	nization of					1
			_						1a(1)		X
		assets							1a(2)		Х
		nsactions:									
		of assets to a none	charitable exen	not organization					1b(1)		X
		ases of assets from							1b(2)		X
		l of facilities, equip							1b(3)		Х
		oursement arrange							1b(4)		Х
		or loan guarantee							1b(5)		X
		rmance of services							1b(6)		Х
		of facilities, equipm							1c		X
		swer to any of th							√ the	fair m	narke
		the goods, other									
Vä	alue in a	any transaction or	sharing arrang	gement, show in	column (d)	the value	of the goods, oth	ner assets, or s	ervice	s rece	əıved
(a) Line	no (b) Amount involved	(c) Name of r	noncharitable exempt o	rganization	(d) Desc	cription of transfers, tra	insactions, and shar	ing arra	ngeme	nts
				·							
					_						
					<u>-</u>						
				·							
		· · · · · · · · · · · · · · · · · · ·		<u></u> _				<u> </u>			
		- <u>-</u>									
						<u> </u>					
2a is	the fo	undation directly	or indirectly af	filiated with, or re	elated to, o	ne or mor	e tax-exempt org	anizations		_	_
d	escribed	I in section 501(c)	of the Code (o	ther than section	501(c)(3)) o	r in sectior	ո 527 ⁷		Y	es 🔼	∐ No
<u>b lf</u>		omplete the follow									
		a) Name of organization	n	(b) Type o	f organization		(c) De	scription of relation	ship		
			-								
								· -			
											
——				,				· 			
	T							 			
	Under pe	nalties of perjury I declar	preparer other than	ined this return, including taxpayer) is based on all in	g accompanying formation of whicl	schedules and n preparer has a	statements, and to the any knowledge	best of my knowled	ge and b	elief, it	is true
Sign		7/1/1/1/	///\$)	0014	ODDT.	CDD	May the IR	S discus	s this	return
Here				04/17/	2014	POFFI:	CER		eparer	7 6	below
=	1 ~	ure of officer of trustee	מיים בי	Date		Title		(see instructio	ns)?	Yes _	X
		RLES A BLOOM 'rint/Type preparer's na		Preparer's signat	ure		Date		PTIN		
Paid	l l					000		Cueck [" " "	1114		
Prepa	PAP	BECKY NORLAN		1 Becky	7 111	lam		self-employed			
Use C	<u> </u>		S BANK O BOX 3168		J		Firm	's EIN 🕨			
~3E (-···y '	3 00001033 PP	O DOV 2100	J			I				

Form **990-PF** (2013)

Phone no

PORTLAND, OR

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs gov/form990

OMB No 1545-0047

2013

Employer identification number Name of the organization BLOOMFIELD FAMILY FOUNDATION 97354890 93-1307278 Organization type (check one): Filers of: Section: 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusivelyreligious, charitable, etc., contributions of \$5,000 or more during the year > \$_____ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization
BLOOMFIELD FAMILY FOUNDATION 97354890

Employer identification number 93 - 1307278

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	MARGERY BLOOMFIELD NONGRANTOR CLAT C/O US BANK, PO BOX 3168 PORTLAND, OR 97208	\$140,000.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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STATEMENT

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

NET INVESTMENT INCOME	1,636. 1,636. 2,393. 1,999. 5,459. 66. 4,499. 1,662. 10,421. 232.	11 11 11 11 11 11 11 11 11 11
REVENUE AND EXPENSES PER BOOKS	1,636. 2,393. 1,999. 5,459. 5,459. 1,662. 1,662. 10,421.	
DESCRIPTION	ABERDEEN FDS EMRGN AMERICAN EUROPACIFIC GRTH F2 FIRST AMERICAN PRIME OBLIG FUND CL Y HIGHLAND LONG SHORT EQUITY Z ISHARES MSCI EMERGING MARKETS ETF NUVEEN HIGH INCOME BOND FD CL I OPPENHEIMER DEVELOPING MARKETS Y P I M C O FDS TOTAL RETURN FD T ROWE PRICE MID CAP GROWTH FD #64 SCOUT INTERNATIONAL FUND TFS MARKET NEUTRAL FUND VANGUARD 500 IDX FD #1340	

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97354890

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	1,500.
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	NONE
REVENUE AND EXPENSES PER BOOKS	1,500. 1,500.
DESCRIPTION	TAX PREPARATION FEE (NON-ALLOC TOTALS

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TAXES	!
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FORM	
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NET INVESTMENT INCOME	725. 67. 792.
REVENUE AND EXPENSES PER BOOKS	13. 293. 725. 67. 1,098.
DESCRIPTION	FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - PRINCIPAL FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED TOTALS

97354890

STATEMENT

97354890

EXPENSES	
- OTHER	
L I	##
, PAF	
990PF	
FORM	

CH7		
REVENUE AND EXPENSES PER BOOKS	196. 160. 619.	975.
		TOTALS
DESCRIPTION	STATE FILING FEE GRANTMAKERS OF OR & SW WA CONFERENCE CALL.COM	

HARITABLE PURPOSES

196. 160. 619. 975.

·.

BLOOMFIELD FAMILY FOUNDATION 97354890

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING FMV
VANGUARD 500 IDX AMERICAN EUROPACIFIC GRTH F2 IPATH DOW JONES UBS COMMODITY ISHARES MSCI EMERGING MKTS ROWE T PRICE MID-CAP GROWTH FD SCOUT INTERNATIONAL FUND ABERDEEN FDS EMRGN MKT OPPENHEIMER DEVEL MKTS PYXIS LONG SHORT EQUITY Z TFS MKT NEUTRAL FUND HIGHLAND LONG SHORT EQUITY	321,122. 100,000. 79,217. 91,737. 114,000. 100,000. 10,000. 30,000. 30,000.	321 100 1100 1100 1100 100 100 100 100 10	566,855 120,078 66,150 83,590 119,884 10,388 12,112 30,278 32,916
	11 41 11 11 11 11 11 11 11 11		

97354890

STATEMENT

- CORPORATE BONDS FORM 990PF, PART II

VEEN HIGH INCOME BOND FD MCO TOTAL RETURN FUND TOTALS ===================================	BEGINNING IPTION BOOK VALUE	BEGINNING ENDING BOOK VALUE	, ;; ; ;; ; ;;
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97354890

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FORM 990PF, PART VII-A - NEW SUBSTANTIAL CONTRIBUTORS

NAME AND ADDRESS

MARGERY BLOOMFIELD NONGRANTOR CLAT C/O US BANK, PO BOX 3168 PORTLAND, OR 97208

AVERAGE MONTHLY FMV - 990PF, PART X, LINES 1a-1c

MONTH	LINE 1a-FMV SECURITIES	LINE 1b-FMV CASH BALANCES	LINE 1c-FMV OTHER ASSETS
JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER NOVEMBER DECEMBER	1,297,107. 1,296,942. 1,319,913. 1,337,104. 1,337,934. 1,303,252. 1,351,588. 1,325,631. 1,370,132. 1,410,859. 1,431,437. 1,433,929.	82,805. 82,396. 84,222. 83,872. 83,232. 84,807. 85,784. 85,321. 87,551. 87,009. 115,787. 134,248.	
TOTAL	16,215,828.	1,097,034.	=======================================
AVERAGE FMV	1,351,319.	91,420. =======	==========

BLOOMFIELD FAMILY FOUNDATION 97354890 FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

US BANK C/O WILLIAM DOLAN

ADDRESS:

PO BOX 3168

PORTLAND, OR 97208

RECIPIENT'S PHONE NUMBER: 503-275-5929

FORM, INFORMATION AND MATERIALS:

CONTACT WILLIAM DOLAN - SEE ATTACHED

SUBMISSION DEADLINES:

OCTOBER 15 - SEE ATTACHED

RESTRICTIONS OR LIMITATIONS ON AWARDS:

501(C)(3) - TO SUPPORT PROJECTS WITH MEASURABLE OUTCOMES AND STARTUP INITIATIVES THAT CAN FORM THE BASIS FOR ONGOING PROGRAMS

SEE ATTACHED

RECIPIENT NAME:
ORE HEALTH SCIENCE UNIV
MAIL CODE L623
ADDRESS:
3181 SW SAM JACKSON PARK RD
PORTLAND, OR 97239
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

RECIPIENT NAME:

ARTISTS REPERTORY THEATRE

ADDRESS:

1515 SW MORRISON PORTLAND, OR 97205

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

AMOUNT OF GRANT PAID 6,500.

RECIPIENT NAME:

PHAME

ADDRESS:

1640 NW 19TH AVENUE PORTLAND, OR 97209

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

BLOOMFIELD FAMILY FOUNDATION 97354890 93-1307278
FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME: CHESS FOR SUCCESS

ADDRESS:

2701 NW VAUGH ST, STE 101

PORTLAND, OR 97210

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

RECIPIENT NAME:

LITERARY ARTS

ADDRESS:

925 SW WASHINGTON ST

PORTLAND, OR 97205

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

RECIPIENT NAME:

ARBOR CENTER FOR TEACHING

ADDRESS:

4201 SW BORLAND RD

TUALATIN, OR 97062

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

SCHOOL

RECIPIENT NAME:

ASTORIA MUSIC FESTIVAL

ADDRESS:

PO BOX 113

ASTORIA, OR 97103

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

RECIPIENT NAME:

FISHTRAP

ADDRESS:

PO BOX 38

ENTERPRISE, OR 97828

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

RECIPIENT NAME:

LIGHTHOUSE WRITER'S WORKSHOP

ADDRESS:

1515 RACE ST

DENVER, CO 80206

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

AMOUNT OF GRANT PAID 9,000.

BLOOMFIELD FAMILY FOUNDATION 97354890 93-1307278 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: MIRACLE THEATER GROUP ADDRESS: 425 SE 6TH AVE PORTLAND, OR 97214 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME: OREGON HUMANITIES ADDRESS: 813 SW ALDER ST., #702 PORTLAND, OR 97205 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: PLAYWRITE, INC. ADDRESS: PO BOX 13420

PORTLAND, OR 97213

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID

RELATIONSHIP:

PURPOSE OF GRANT: GENERAL SUPPORT

NONE

PUBLIC

6,000.

BLOOMFIELD FAMILY FOUNDATION 97354890 93-1307278 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

PORTLAND SUMMERFEST

ADDRESS:

PO BOX 4084

PORTLAND, OR 97208

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME:

RIVERDALE COMMUNITY CTR

ADDRESS:

660 WEST 237TH ST

BRONX, NY 10463

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

RECIPIENT NAME:

WRITE AROUND PORTLAND

ADDRESS:

917 SW OAK ST., SUITE 406

PORTLAND, OR 97205

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

BLOOMFIELD FAMILY FOUNDATION 97354890 93-1307278 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID _______ RECIPIENT NAME: ARCHITECTURE FDN OF OR ADDRESS: PO BOX 40230 PORTLAND, OR 97240 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 4,000. RECIPIENT NAME: COAST COMM RADIO & TILLICUM FDN ADDRESS: PO BOX 269 ASTORIA, OR 97103 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 2,500.

RECIPIENT NAME:

COOS ART MUSEUM

ADDRESS:

235 ANDERSON

COOS BAY, OR 97420

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

BLOOMFIELD FAMILY FOUNDATION 97354890 93-1307278 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: FRIENDS OF THE ALBANY PUBLIC LIBRARY ADDRESS: 2450 14TH AVE SE ALBANY, OR 97322 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 2,800. RECIPIENT NAME: PORTLAND CHILDREN'S MUSEUM ADDRESS: 4015 SW CANYON RD PORTLAND, OR 97221 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 3,750.

TOTAL GRANTS PAID:

110,550.

===========

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses ► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

▶ Information about Schedule D and its separate instructions is at www irs.gov/form1041

OMB No 1545-0092

Name	lame of estate or trust Employer identifie					
	BLOOMFIELD FAMILY FOUNDATION 97354890 93-130			7278	3	
	: Form 5227 filers need to complete only Parts I and II.					
Par	Short-Term Capital Gains and Losses - Asse	ets Held One Year	or Less	γ		
the I This	instructions for how to figure the amounts to enter on ines below. form may be easier to complete if you round off cents hole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss f Form(s) 8949, P line 2, column	rom art I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b			\	, t	
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term capital gain or (loss) from Forms 4684, 625				4	
5 6	Net short-term gain or (loss) from partnerships, S corpo Short-term capital loss carryover. Enter the amoun				5	
	Carryover Worksheet				6	()
7	Net short-term capital gain or (loss). Combine line				7	
Do	line 17, column (3) on the back	ts Held More Tha	n One Year			<u> </u>
the This	instructions for how to figure the amounts to enter on ines below. form may be easier to complete if you round off cents	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss f Form(s) 8949, P line 2, column	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b			\$ * * * * * * * * * * * * * * * * * * *	× ×	
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Long-term capital gain or (loss) from Forms 2439, 468	34, 6252, 6781, and	18824		11	
12	Net long-term gain or (loss) from partnerships, S corpo	orations, and other e	states or trusts		12	
13	Capital gain distributions				13	11,490
14 15	Gain from Form 4797, Part I				14	
16	Carryover Worksheet				15	()
	line 18a, column (3) on the back				16	11,490

Part	ule D (Form 1041) 2013 Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	Page 2
1 41	Caution: Read the instructions before completing this pa	art.	(see instr.)	or trust's	(3) Total
 17	Net short-term gain or (loss)	17			
 18	Net long-term gain or (loss):	<u> </u>			
	Total for year	18a			11,490.
	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	18b			
	28% rate gain	18c			
	Total net gain or (loss). Combine lines 17 and 18a	19			11,490.
Note	: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4	(or Fo	rm 990-T, Part I, line	4a) If lines 18a and	19, column (2), are no
	, go to Part V, and do not complete Part IV. If line 19, column (3), is a n ssary.	et loss	, complete Part IV a	and the Capital Loss C	arryover Worksheet, a
Par					
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, P	art í, íu	ne 4c, if a trust), the	smaller of:	
a	The loss on line 19, column (3) or b \$3,000			20 (
Note Loss	: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, Carryover Worksheet in the instructions to figure your capital loss carryover	page	1, line 22 (or Form 9	990-T, line 34), is a los	s, complete the Capit a
Par		s			
_	1041 filers. Complete this part only if both lines 18a and 19 in col		2) are gains, or an	amount is entered in	Part I or Part II and
	is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more		•		
Caut	ion: Skip this part and complete the Schedule D Tax Worksheet in the i	nstruc	tions if [.]		
	ther line 18b, col. (2) or line 18c, col. (2) is more than zero, or				
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.			dan da ana tanda da d	:- : :- D4
	990-T trusts. Complete this part only if both lines 18a and 19 a orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part				
	her line 18b, col. (2) or line 18c, col. (2) is more than zero.	and c	omplete the Jonea	die D Tax Workshee	t in the manuchon
21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	24)	. 21	III	
2 I 22	Enter the smaller of line 18a or 19 in column (2)	,4/	•		
22	but not less than zero		[*]		
23	Enter the estate's or trust's qualified dividends		,		
29	from Form 1041, line 2b(2) (or enter the qualified		} }	1 1	
	dividends included in Income in Part I of Form 990-T) 23		[*]		
24	Add lines 22 and 23		_		
25	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g; otherwise, enter -0 ▶ 25			^	
26	Subtract line 25 from line 24. If zero or less, enter -0				
27	Subtract line 26 from line 21. If zero or less, enter -0		. 27		
28	Enter the smaller of the amount on line 21 or \$2,450		. 28		
29	Enter the smaller of the amount on line 27 or line 28		. 29		
30	Subtract line 29 from line 28. If zero or less, enter -0 This amount is	taxed	at 0%	▶ 30	
31	Enter the smaller of line 21 or line 26		. 31		
32	Subtract line 30 from line 26		. 32		
33	Enter the smaller of line 21 or \$11,950				
34	Add lines 27 and 30		, and a second s		
35	Subtract line 34 from line 33. If zero or less, enter -0				
36	Enter the smaller of line 32 or line 35		·		
37	Multiply line 36 by 15%		1 1	▶ 37	
38	Enter the amount from line 31				
39	Add lines 30 and 36				
40	Subtract line 39 from line 38. If zero or less, enter -0				
41	Multiply line 40 by 20%		1 1	▶ 41	
42	Figure the tax on the amount on line 27. Use the 2013 Tax Rate Schedule for		1	-,]	
46	and Trusts (see the Schedule G instructions in the instructions for Form 1041)				
43	Add lines 37, 41, and 42				
44	Figure the tax on the amount on line 21. Use the 2013 Tax Rate Schedule for		1 1	, h	
A E	and Trusts (see the Schedule G instructions in the instructions for Form 1041) Tax on all taxable income. Enter the smaller of line 43 or line 44			Sobodulo ~	
45	G, line 1a (or Form 990-T, line 36)			Schedule 45	
	- Q, mno 10 (O) 1 O(M) 330-1, mio 30/				

Form 8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or print BLOOMFIELD FAMILY FOUNDATION 97354890 93-1307278 File by the Number, street, and room or suite no If a P.O. box, see instructions. Social security number (SSN) due date for P O BOX 3168 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return See instructions. PORTLAND, OR 97208 Enter the Return code for the return that this application is for (file a separate application for each return) Return Application Return Application Code Is For Is For Code Form 990-T (corporation) 07 Form 990 or Form 990-EZ 01 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 05 11 Form 990-T (trust other than above) Form 8870 12 The books are in the care of ► US_BANK Telephone No. \triangleright (503) 464-3580 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 08/15 , 20 $14\,$, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2013 _ or tax year beginning _____, 20 ____, and ending _ If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 533. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 293. 3ь (\$ c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2014)