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DLN: 93491314006584

OMB No 1545-0052

Department of the Treasury

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. By law, the IRS cannot redact the information on the form.

Return of Private Foundation

▶ Information about Form 990-PF and its instructions is at $\underline{www.irs.gov/form990pf}$.

Open to Public

| IIILEIIIA | i Revenue | - Service | | | | | Inspection |
|--------------------|-----------|--|--|-------|--------------------------|--|--|
| For | cale | ndar year 2013, or tax year beginning 07 | -01-2013 , and | d end | ding 06-30- | 2014 | |
| | e of fou | | | | A Employer id | entification numb | er |
| GC | KDON E | ELWOOD FOUNDATION | | | 93-1267972 | | |
| Num | ber and | street (or P O box number if mail is not delivered to street addre | ss) Room/suite | | B Telephone nu | ımber (see ınstructioi | าร) |
| 67 | 0 SUPER | RIOR CT | | | (541) 282-0643 | 3 | |
| | | , state or province, country, and ZIP or foreign postal code | | | C If exemption | application is pendin | g, check here 🕨 🗍 |
| MED | FURD, U | PR 97504 | | | | | |
| G C | heck a | | of a former public cha | rıty | D 1. Foreign oi | rganızatıons, check h | ere ▶ 「 |
| | | Final return A mended ret | | | | rganizations meeting | |
| Ш.С. | | pe of organization Section 501(c)(3) exempt priv | | | | e and attach comput undation status was f | |
| _ | - | 4947(a)(1) nonexempt charitable trust Cother tax | | on | under sectio | n 507(b)(1)(A), ched | ck here |
| | | et value of all assets at end J Accounting method | | | F If the founda | ation is in a 60-mont | |
| | | rom Part II, col. (c), Other (specify) | | | under sectio | n 507(b)(1)(B), ched | ck here |
| | | \$ 8,243,294 (Part I, column (d) mus | st be on cash basıs.) | | | | Langa . |
| Pa | rt I | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) | (a) Revenue and expenses per books | (b) I | Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc , received (attach schedule) | 28,134 | | | | |
| | l _ | Check ► ☐ If the foundation is not required to attach | | | | | |
| | 3 | Sch B Interest on savings and temporary cash investments | 7,143 | | 7,143 | | |
| | 1 | Dividends and interest from securities | 160,623 | | 160,623 | | |
| | 5a | Gross rents | | | | | |
| | ь | Net rental income or (loss) | | | | | |
| Revenue | 6a | Net gain or (loss) from sale of assets not on line 10 | 238,376 | | | | |
| | b | Gross sales price for all assets on line 6a | | | | | |
| | 7 | Capital gain net income (from Part IV, line 2) | | | 0 | | |
| | 8 | Net short-term capital gain | - | | | | |
| | 9 | Income modifications | · | | | | |
| | 10a | Gross sales less returns and allowances | | | | | |
| | ь | Less Cost of goods sold | | | | | |
| | c | Gross profit or (loss) (attach schedule) | • | | | | |
| | 11 | Other income (attach schedule) | . 📆 494 | | 494 | | |
| | 12 | Total. Add lines 1 through 11 | . 434,770 | | 168,260 | | |
| | 13 | Compensation of officers, directors, trustees, etc | 92,844 | | 0 | | 92,844 |
| | | Other employee salaries and wages | | | 0 | | 28,02 |
| Š | | Pension plans, employee benefits | | | 0 | | 29,464 |
| Expenses | | Legal fees (attach schedule) | | | 0 | | 3,089 |
| Ë | | Other professional fees (attach schedule) | | | 46,611 | | 6,830 |
| and Administrative | | Interest | | | , 0 . 1 | | 3,330 |
| rat | | Taxes (attach schedule) (see instructions) | 16,380 | | 1,547 | | 14,833 |
| 2 | 1 | Depreciation (attach schedule) and depletion | <u> </u> | | 0 | | |
| <u>Ē</u> | 20 | Occupancy | | | | | |
| Ă | 21 | Travel, conferences, and meetings | 3,756 | | 0 | | 3,756 |
| and | 22 | Printing and publications | | | | | |
| Ę | 23 | Other expenses (attach schedule) | . 9,293 | | 0 | | 79,368 |
| atıı | 1 | Total operating and administrative expenses. | | | | | |
| Operating | | Add lines 13 through 23 | | | 48,158 | | 258,21 |
| 0 | l | Contributions, gifts, grants paid | | | 40.450 | | 178,01 |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 | 498,715 | | 48,158 | | 436,226 |
| | 27 | Subtract line 26 from line 12 | | | | | |
| | a | Excess of revenue over expenses and disbursements | -63,945 | | 120 102 | | |
| | | Net investment income (If negative, enter -0-) Adjusted net income (If negative, enter -0-) | | | 120,102 | | |
| | С | najusted net income (ii negative, eliter -0-) | • | I | | | I |

| Pa | rt II | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | Beginning of year | End of | |
|-----------|-------|---|--------------------------|---------------------------------|------------------------------|
| _ | 1 | Cash—non-interest-bearing | (a) Book Value 37,728 | (b) Book Value 63,826 | (c) Fair Market Value 63,826 |
| | | Savings and temporary cash investments | 37,720 | 03,020 | |
| | 2 | - · · · · · · · · · · · · · · · · · · · | | | |
| | 3 | Accounts receivable | | | |
| | _ | Less allowance for doubtful accounts - | | | |
| | 4 | Pledges receivable | | | |
| | | Less allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) | | | |
| | | Less allowance for doubtful accounts 🟲 | | | _ |
| ۲ | 8 | Inventories for sale or use | | | |
| Sets | 9 | Prepaid expenses and deferred charges | 1,000 | 1,240 | 1,240 |
| 4 | 10a | Investments—U S and state government obligations (attach schedule) | | | |
| | ь | Investments—corporate stock (attach schedule) | | _ | |
| | С | Investments—corporate bonds (attach schedule) | | | |
| | 11 | Investments—land, buildings, and equipment basis ▶ | | | |
| | | Less accumulated depreciation (attach schedule) | | | |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | 7,067,047 | 7,792,878 | 7,792,878 |
| | 14 | Land, buildings, and equipment basis 🕨507,285 | | | _ |
| | | Less accumulated depreciation (attach schedule) 121,935 | 399,225 | 385,350 | 385,350 |
| | 15 | Other assets (describe | | | |
| | 16 | Total assets (to be completed by all filers—see the | | | _ |
| | | instructions Also, see page 1, item I) | 7,505,000 | 8,243,294 | 8,243,294 |
| | 17 | Accounts payable and accrued expenses | 4,987 | | |
| w | 18 | Grants payable | ., | ., | |
| | 19 | Deferred revenue | | | |
| abilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| 喜 | | Mortgages and other notes payable (attach schedule) | | | |
| ි | 21 | | | | |
| _ | 22 | Other liabilities (describe) | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 4,987 | 4,328 | |
| | | Foundations that follow SFAS 117, check here | • | · | |
| | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| e S | 24 | Unrestricted | 7,500,013 | 8,238,966 | |
| Balances | 25 | Temporarily restricted | .,,. | 3,233,533 | |
| <u>ප</u> | 26 | Permanently restricted | | | |
| <u>~</u> | 26 | Foundations that do not follow SFAS 117, check here | | | |
| Fund | | , | | | |
| Ī | | and complete lines 27 through 31. | | | |
| ŏ | 27 | Capital stock, trust principal, or current funds | | | |
| Assets | 28 | Paid-in or capital surplus, or land, bldg , and equipment fund | | | |
| ر د | 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| | 30 | Total net assets or fund balances (see page 17 of the | 7.500.040 | | |
| ₹ | | Instructions) | 7,500,013 | 8,238,966 | |
| | 31 | Total liabilities and net assets/fund balances (see page 17 of | | | |
| _ | | the instructions) | 7,505,000 | 8,243,294 | |
| Pa | rt II | 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 a | gree | |
| | | with end-of-year figure reported on prior year's return) | | 1 | 7,500,013 |
| 2 | | Enter amount from Part I, line 27a | | 2 | -63,945 |
| 3 | | Other increases not included in line 2 (itemize) | % 3 | 802,898 | |
| 4 | | Add lines 1, 2, and 3 | | 4 | 8,238,966 |
| 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)—P | art II, column (b). l | ine 30 . 6 | 8,238,966 |
| | | , , , , | | l I | , ,= = = |

| ` , | e the kınd(s) of property sold (e g , re house, or common stock, 200 shs M | ' I P—Piirchasa | (6) | Date acquired mo , day, yr) | (d) Date sold (mo , day, yr) |
|--|--|--|---|--|----------------------------------|
| 1a | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | d (g) Cost or other basis plus expense of sale | | | or (loss)) mınus (g) |
| a | (of allowable) | plus expelise of sale | | (e) plus (i) | illillus (g) |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | | | | | |
| Complete only for assets | showing gain in column (h) and owne | | | | (h) gaın mınus |
| (i) F M V as of 12/31/6 | 9 (j) Adjusted basis as of 12/31/69 | (k) Excess of col (ı) over col (j), ıf any | (k) Excess of col (ı) col (k), but not over col (j), ıf any Losses (f | | |
| a | | | _ | | |
| b | | | - | | |
| d d | | | + | | |
| e e | | | + | | |
| | r | If gain, also enter in Part I, line 7 | 1 | | |
| 2 Capital gain net inc | ome or (net capital loss) | If (loss), enter -0 - in Part I, line 7 | } . | 2 | |
| 3 Net short-term cap | ت Ital gaın or (loss) as defined in sectio | ns 1222(5) and (6) | ' ⊢ | - | |
| | n Part I, line 8, column (c) (see instru | | n l | | |
| in Part I, line 8 | • • • • • • • • | | 1 1 | 3 | |
| Part V Qualification | Under Section 4940(e) for R | Reduced Tax on Net Investo | ent] | ncome | |
| "Yes," the foundation does | the section 4942 tax on the distributa not qualify under section 4940(e) Do | o not complete this part | | | ┌ Yes ┌ No |
| | ount in each column for each year, se | ee page 18 of the instructions befor | e makı | | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | | (d) Distributior (col (b) divided | |
| 2012 | 372,923 | 6,842,492 | | | 0 054501 |
| 2011 | 370,273 | 5,387,455 | | | 0 068729 |
| 2010 | 359,360 380,946 | 6,815,930 6,512,396 | | | 0 052724 |
| 2008 | 421,016 | 6,320,981 | | | 0 066606 |
| | • | | | | |
| 2 Total of line 1, colu | mn (d) | | 2 | | 0 30105 |
| • | n ratio for the 5-year base period—div | | | | |
| the number of years | the foundation has been in existence | e if less than 5 years | 3 | | 0 06021 |
| 4 Enter the net value | of noncharitable-use assets for 2013 | 3 from Part X, line 5 | 4 | | 7,401,84 |
| 5 Multiply line 4 by lii | ne 3 | | 5 | | 445,67 |
| 6 Enter 1% of net inv | estment income (1% of Part I, line 2) | 7b) | 6 | | 1,20 |
| 7 Add lines 5 and 6. | | | 7 | | 446,87 |
| 8 Enter qualifying dis | tributions from Part XII, line 4 | | 8 | | 436,22 |
| | or greater than line 7, check the box i | | | usıng a 1% tax | |

| | 990-PF (2013) t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst | ructio | | age 4 |
|-----|--|--------|------|--------------|
| 1a | | ructio | 113) | |
| 14 | 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 | | ; | 2,402 |
| | here Fand enter 1% of Part I, line 27b | | | |
| 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-) | | | 0 |
| 3 | Add lines 1 and 2 | | - | 2,402 |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4 | | | 0 |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 | | : | 2,402 |
| 6 | Credits/Payments | | | |
| а | 2013 estimated tax payments and 2012 overpayment credited to 2013 6a 2,240 | | | |
| b | Exempt foreign organizations—tax withheld at source 6b | | | |
| c | Tax paid with application for extension of time to file (Form 8868) | | | |
| d | Backup withholding erroneously withheld 6d | | | |
| 7 | Total credits and payments Add lines 6a through 6d | | 2 | ,240 |
| 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 9 | | | 162 |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 | | | |
| 11 | Enter the amount of line 10 to be Credited to 2014 estimated tax Refunded 11 | | | |
| Par | t VII-A Statements Regarding Activities | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did | | Yes | No |
| | it participate or intervene in any political campaign? | 1a | | No |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of | | | |
| | the instructions for definition)? | 1b | | No_ |
| | If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials | | | |
| | published or distributed by the foundation in connection with the activities. | | | |
| | Did the foundation file Form 1120-POL for this year? | 1c | | No |
| a | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | |
| _ | (1) On the foundation \$\bigs\sum_{\text{\colored}}\$ \$\bigs_{\text{\colored}}\$ (2) On foundation managers \$\bigs_{\text{\colored}}\$ \$\bigs_{\text{\colored}}\$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | |
| e | on foundation managers \blacktriangleright \$0 | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | No |
| 2 | If "Yes," attach a detailed description of the activities. | | | 140 |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles | | | |
| , | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | No |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | No |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | No No |
| _ | If "Yes," attach the statement required by General Instruction T. | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | |
| | By language in the governing instrument, or | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions | | | |
| | that conflict with the state law remain in the governing instrument? | 6 | Yes | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV. | 7 | Yes | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | |
| | ▶ OR | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney | | | |
| | General (or designate) of each state as required by General Instruction G? If "No," attach explanation . | 8b | Yes | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ | | | |
| | or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? | | | |
| | If "Yes," complete Part XIV | 9 | | No |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. | 10 | | No |

| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | | |
|-----|---|------|------|----------|
| | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | No |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had | | | |
| | advisory privileges? If "Yes," attach statement (see instructions) | 12 | | No |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Yes | |
| | Website address ►WWW GORDONELWOODFOUNDATION ORG | | | |
| 14 | The books are in care of ►KATHY BRYON EXECUTIVE DIRECTOR Telephone no ►(541) | 282- | 0643 | |
| | Located at ▶PO BOX 4189 MEDFORD OR ZIP+4 ▶97501 | | | |
| 4.5 | | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here | | ' | |
| | and enter the amount of tax-exempt interest received or accrued during the year | | | |
| 16 | At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over | | Yes | No |
| | a bank, securities, or other financial account in a foreign country? | 16 | | No |
| | See instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the | | | |
| | foreign country 🕨 | | | |
| Pai | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1a | During the year did the foundation (either directly or indirectly) | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes Vo | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V No | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | | |
| | for the benefit or use of a disqualified person)? | | | |
| | (6) A gree to pay money or property to a government official? (Exception. Check "No" | | | |
| | If the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) | | | |
| b | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, | | | |
| _ | that were not corrected before the first day of the tax year beginning in 2013? | 1c | | No |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| а | At the end of tax year 2013, did the foundation have any undistributed income (lines 6d | | | |
| | and 6e, Part XIII) for tax year(s) beginning before 2013? | | | |
| | If "Yes," list the years 🕨 20 , 20 , 20 , 20 | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) | | | |
| | to all years listed, answer "No" and attach statement—see instructions) | 2b | | |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | |
| | ▶ 20, 20, 20 | | | |
| За | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at | | | |
| | any time during the year? | | | |
| b | If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation | | | |
| | or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved | | | |
| | by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) | | | |
| | the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine | | | |
| | If the foundation had excess business holdings in 2013.). | 3b | | <u> </u> |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | No |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | | | . |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013? | 4b | | No |

| 5a | During the year did the foundation p | ay or incurany amount | to | | | | | | | |
|------|---|------------------------------|--------------------|-------------------------|--------|--|-----------------|------------|---------|-------------|
| | (1) Carry on propaganda, or otherw | se attempt to influence | legisl | ation (section 49 | 45(e |))? | No No | | | |
| | (2) Influence the outcome of any sp | ecific public election (s | see se | ction 4955), or to | carr | -y | | | | |
| | on, directly or indirectly, any vo | | | ** | | · | No | | | |
| | (3) Provide a grant to an individual | | | | | ☐ Yes ☐ | No | | | |
| | (4) Provide a grant to an organization | | | | scrib | | | | | |
| | in section 509(a)(1), (2), or (3) | | • | · - | | | No | | | |
| | (5) Provide for any purpose other th | | | | | , | | | | |
| | educational purposes, or for the | | | | | | No | | | |
| b | If any answer is "Yes" to 5a(1)-(5) | | | | | | | | | |
| _ | Regulations section 53 4945 or in | | , l | | | | | | | |
| | Organizations relying on a current r | _ | _ | | | _ | _ | + | -+ | _ |
| c | If the answer is "Yes" to question 5 | | | | | , | | | | |
| Ī | tax because it maintained expendit | | | • | | □ Yes □ | - NO | | | |
| | If "Yes," attach the statement require | | | | • | , .es , | | | | |
| 6a | Did the foundation, during the year, | | | | nren | nuime on | | | | |
| Ju | a personal benefit contract? | | | | | | No | | | |
| h | Did the foundation, during the year, | | | | | • | | . | , | lo |
| | If "Yes" to 6b, file Form 8870. | pa, premiumo, uncerty | o. mu | , on a perso | | James Continues I | · - | + | ——" | _ |
| 7a | At any time during the tax year, was | the foundation a party | to a n | robibited tay chal | tar tı | ransaction? Tyes F | No | | | |
| | If yes, did the foundation receive ar | | | | | | | . | | |
| | Information About | | | | | | | | | — |
| Pai | and Contractors | Difficers, Diffectors | , IIu | stees, rounda | LIOI | i managers, inging | raiu Lii | ıpı | yees | , |
| 1 | List all officers, directors, trustees, | foundation managers a | nd thei | ir compensation (| see i | nstructions). | | | | _ |
| | | b) Title, and average | (c) | Compensation | | (d) Contributions to | (e) Expe | nca | accour | |
| | (a) Name and address | hours per week | (If | not paid, enter -0-) | | nployee benefit plans deferred compensation | | | vances | ις, |
| | Additional Data Table | devoted to position | evoted to position | | | | | | | — |
| ee . | Additional Data Fable | | | | | | | | | |
| | | | | | | | | | | — |
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| 2 | Compensation of five highest-paid e | mployees (other than t | hose ii | ncluded on line 1– | -see | | ter "NON | <u>E."</u> | | |
| (=) | Name and address of each employe | (b) Title, and avera | ige | | | (d) Contributions to employee benefit | (e) Expe | nee | 3000111 | n+ |
| (a) | paid more than \$50,000 | nours per week | | (c) Compensation | n | plans and deferred | | | vances | ιι, |
| | | devoted to positio | on | | | compensation | | | | |
| 10 N | E | | | | | | | | | |
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| | | \dashv | | | | | | | | |
| | I number of other employees hald ove | | | | | <u> </u> | | — | | |

| Part VIII Information About Officers, Directors, Translation and Contractors (continued) | Paid Employees, | |
|--|---|------------------|
| 3 Five highest-paid independent contractors for professional serv | ices (see instructions). If none, enter "NONE". | |
| (a) Name and address of each person paid more than \$50,000 NONE | (b) Type of service | (c) Compensation |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional servi | ces | 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Inclu organizations and other beneficiaries served, conferences convened, research papers | | Expenses |
| 1IN-KIND SUPPORT COVERING OFFICE SPACE, UTILITIES, CONFERENCE ROOM FOR THREE NON-PROFIT 501 (c)3 TEN SEE WEB PAGES FOR SPECIFIC GOALS/OUTCOMES OF THE www getsmartoregon orgJACKSON COUNTY LITERACY COUNCY HEALTH ALLIANCE www jeffersonregionalhealthalliance org (incoption) of the control of th | ANTS AND THEIR ASSOCIATED PROJECTS, TENANTS SMART CIL www roguelrc orgJEFFERSON REGIONAL cluding CHOOSING OPTIONS, HONORING | 28,134 |
| 2COMMUNITY AND LEADERSHIP DEVELOPMENT PROVIDED CONSULTANTS TO CONVENE, COACH, FACILITATE, TRAIN AND LEVERAGE OPPORTUNITIES TO POSITIVELY IMPACT ORGANIZATIONS AND COMMUNITIES IN ALIGNMENT WITH FOUR COUNTIES | , TRANSCRIBE, ACT AS THINKING PARTNER YOUTH, INDIVIDUALS, FAMILIES, | 110,616 |
| 3CASH SUPPORT AND EXPENSE RELATED TO ORGANIZATIO ONE AND TWO EXPENSES INCLUDE - SUPPORTING MEETI LEADERS AND GROUPS OF LEADERS, AS WELL AS SPEAKER SCHOLARSHIPS FOR SELECTED GRANTEES TO ATTEND TRA | NGS (EXPENSES), WITH COMMUNITY S, EDUCATIONAL AND RESEARCH FEES - | 6,592 |
| Part IX-B Summary of Program-Related Investmen | nts (see instructions) | |
| Describe the two largest program-related investments made by the foundation d | | A mount |
| 1 | | |
| 2 | | |
| | | |
| All other program-related investments See page 24 of the instruct 3 | ctions | |
| | | |
| Total. Add lines 1 through 3 | | 0 |

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 7,437,370 1a 1h 77,188 Fair market value of all other assets (see instructions). **1c** 1d 7,514,558 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 3 7,514,558 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 112,718 5 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 7,401,840 370.092 **Distributable Amount** (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and Part XI certain foreign organizations check here \(\backslash \) and do not complete this part.) 1 370.092 2.402 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). . . Add lines 2a and 2b. 2c 2,402 3 367,690 3 4 4 5 367,690 5 6 6 0 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, 7 367,690 Part XII **Qualifying Distributions** (see instructions) 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. 1a 436,226 1b 0 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 3 Amounts set aside for specific charitable projects that satisfy the За 3b Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 4 436,226 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 5 436.226

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

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

| P | art XIII Undistributed Income (see inst | ructions) | | | |
|-----|---|---------------|----------------------------|--------------------|---------------------|
| | | (a) Corpus | (b) Years prior to 2012 | (c) 2012 | (d) 2013 |
| 1 | Distributable amount for 2013 from Part XI, line 7 | | | | 367,690 |
| 2 | Undistributed income, if any, as of the end of 2013 | | | | |
| а | Enter amount for 2012 only | | | 88,772 | |
| | Total for prior years 20, 20, 20 | | 0 | | |
| 3 | Excess distributions carryover, if any, to 2013 | | | | |
| а | From 2008 | | | | |
| ь | From 2009 | 1 | | | |
| c | From 2010 | 1 | | | |
| d | From 2011 | 1 | | | |
| е | From 2012 | 1 | | | |
| | Total of lines 3a through e | 1 0 | | | |
| | Qualifying distributions for 2013 from Part | | | | |
| | XII, line 4 🕨 \$ 436,226 | | | | |
| а | Applied to 2012, but not more than line 2a | | | 88,772 | |
| ь | 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 | | | | 347,454 |
| | Remaining amount distributed out of corpus | 0 | | | |
| | Excess distributions carryover applied to 2013 | 0 | | | (|
| | (If an amount appears in column (d), the | | | | |
| | same amount must be shown in column (a).) | | | | |
| 6 | Enter the net total of each column as indicated below: | | | | |
| а | Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0 | | | |
| | Prior years' undistributed income Subtract | | | | |
| | 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) | | o | | |
| الم | tax has been previously assessed Subtract line 6c from line 6b Taxable amount | | | | |
| a | —see instructions | | 0 | | |
| e | Undistributed income for 2012 Subtract line | | | | |
| _ | 4a from line 2a Taxable amount—see | | | | |
| | Instructions | | | 0 | |
| f | Undistributed income for 2013 Subtract | | | | |
| | lines 4d and 5 from line 1 This amount must | | | | 20,236 |
| _ | be distributed in 2014 | | | | 20,230 |
| / | Amounts treated as distributions out of corpus to satisfy requirements imposed by | | | | |
| | section 170(b)(1)(F) or 4942(g)(3) (see | | | | |
| | instructions) | 0 | | | |
| 8 | Excess distributions carryover from 2008 not | | | | |
| | applied on line 5 or line 7 (see instructions) | 0 | | | |
| 9 | Excess distributions carryover to 2014. | 0 | | | |
| | Subtract lines 7 and 8 from line 6a | | | | |
| | Analysis of line 9 | | | | |
| | Excess from 2009 | - | | | |
| | Excess from 2010 | 4 | | | |
| | Excess from 2011 | - | | | |
| | Excess from 2012 | - | | | |
| е | Excess from 2013 | 1 | | | |

| 1a | If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling. | | | | | | | | | |
|----|--|----------------------|----------------------|-----------------------|--------------------------|--------------|--|--|--|--|
| ь | Check box to indicate whether the organiza | | | | n Г 4942(1)(3) oi | 4942(1)(5) | | | | |
| | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | [| | | | | |
| | income from Part I or the minimum investment return from Part X for each | (a) 2013 | (b) 2012 | (c) 2011 | (d) 2010 | (e) Total | | | | |
| | year listed | | | | | | | | | |
| | 85% of line 2a | | | | | | | | | |
| С | Qualifying distributions from Part XII, line 4 for each year listed | | | | | | | | | |
| d | Amounts included in line 2c not used | | | | | | | | | |
| • | directly for active conduct of exempt | | | | | | | | | |
| e | Qualifying distributions made directly | | | | | | | | | |
| | for active conduct of exempt activities Subtract line 2d from line 2c | | | | | | | | | |
| 3 | Complete 3a, b, or c for the | | | | | | | | | |
| | alternative test relied upon | | | | | | | | | |
| а | "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) | | | | | | | | | |
| | (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 | | | | | | | | | |
| Da | (4) Gross investment income rt XV Supplementary Informatio | n (Complete th | ic nort only if | the examination | n had \$5 000 a | r moro in | | | | |
| ĿĊ | assets at any time during | | | the organization | ni nau \$5,000 0 | i illore ili | | | | |
| 1 | Information Regarding Foundation Manage | ers: | | | | | | | | |
| а | List any managers of the foundation who ha | | | | | lation | | | | |
| | before the close of any tax year (but only if | they have contribu | ited more than \$5,0 | 000) (See section : | 507(d)(2)) | | | | | |
| | | | | | | | | | | |
| ь | List any managers of the foundation who ov | vn 10% or more of | the stock of a corp | oration (or an equall | y large portion of th | e | | | | |
| | ownership of a partnership or other entity) | of which the founda | tion has a 10% or | greater interest | | | | | | |
| | | | | | | | | | | |
| 2 | Information Regarding Contribution, Grant | . Gift. Loan. Schola | rship, etc., Program | ns: | | | | | | |
| | Check here ► if the foundation only make | | | | and door not accon | + | | | | |
| | unsolicited requests for funds. If the found | | | | | | | | | |
| | other conditions, complete items 2a, b, c, | | , , , | , | . | | | | | |
| | | | | | | | | | | |
| а | The name, address, and telephone number | or e-mail address | of the person to wh | nom applications sho | ould be addressed | | | | | |
| | KATHY BRYON EXECUTIVE DIRECTOR | GORD | | | | | | | | |
| | PO BOX 4189 | | | | | | | | | |
| | MEDFORD,OR 97501 (541) 282-0643 | | | | | | | | | |
| | office@gordonelwoodfoun | | | | | | | | | |
| — | The form in which applications should be s | ubmitted and inforr | mation and materia | Is they should inclu | de | | | | | |
| | GRANT APPLICATIONS MUST BE RECE | | | • | | VAILABLE BY | | | | |
| | WRITING TO THE ADDRESS ABOVE OR | | | | | | | | | |
| c | Any submission deadlines | | | | | | | | | |
| | GRANT DEADLINES ARE MARCH 1 AND | | | | | | | | | |
| d | Any restrictions or limitations on awards, s | such as by geograp | hical areas, charita | able fields, kinds of | institutions, or othe | r | | | | |
| | DISTRIBUTION OF FUNDS LIMITED FO | R EDUCATIONAL. | HUMAN SERVICE | S, AND OTHER CH | ARITABLE PURPO | SES TO | | | | |
| | QUALIFIED NON-PROFIT, TAX-EXEMPT | | | | | | | | | |
| | KLAMATH, COOS & CURRY COUNTIES, | OREGON | | | | | | | | |

| Part XV Supplementary Inform 3 Grants and Contributions Paid | l During the Year or Ani | proved for F | uture Pavment | |
|---|--|--------------------------------------|----------------------------------|--------------|
| | If recipient is an individual, | | | |
| Recipient Name and address (home or business) | show any relationship to any foundation manager | Foundation status of recipient | Purpose of grant or contribution | A mount |
| a Paid during the year | or substantial contributor | | | |
| See Additional Data Table | | | | |
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| Total | | | ▶ 3a | 178,01 |
| b Approved for future payment | | | | |
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| | | | line on | |

| Form 990-F | PF (2013) -A Analysis of Income-Produci | na Activitie | | | | Page 12 |
|-----------------------|--|-------------------------|----------------|-----------------------|--------------------|---|
| | amounts unless otherwise indicated | | usiness income | Excluded by section | n 512, 513, or 514 | (e) |
| | ı service revenue | (a) Business code | (b) A mount | (c) Exclusion code | (d) A mount | Related or exempt function income (See instructions) |
| | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
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| | | | | | | |
| f | | | | | | |
| 2 Member 3 Interes | and contracts from government agencies rship dues and assessmentst on savings and temporary cash ments | | | | 7.110 | |
| | ds and interest from securities | | | 14 14 | 7,143 160,623 | |
| | tal income or (loss) from real estate financed property. | | | | | |
| b Not de | ebt-financed property | | | | | |
| | tal income or (loss) from personal | | | | | |
| | nvestment income | | | 14 | 494 | |
| | (loss) from sales of assets other than | | | 18 | 238,376 | |
| | ome or (loss) from special events profit or (loss) from sales of inventory | | | | | |
| 11 Other re | evenue a | | | | | |
| | | | | | | |
| d | | | | | | |
| | I Add columns (b), (d), and (e). | | (| | 406,636 | (|
| 13 Total. A | dd line 12, columns (b), (d), and (e) | | | 1 | .3 | 406,636 |
| | orksheet in line 13 instructions to verify ca B Relationship of Activities to | | plishment of E | xempt Purpos | es | |
| Line No. | Explain below how each activity for whic the accomplishment of the foundation's instructions) | | | | | |
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| Part | XVII | Noncharitable | | | | | actions | s and F | ceiationsnips | with | | | |
|--------------|--|---|------------------------|-------------------|--------------------------|--------------------------|----------------------|-------------------------|------------------------------|--------------------------|---------------------------|-----------|---------|
| | | rganization directly or i | ndırectly (| engage | ın any of t | he following wit | | | | | | Yes | No |
| org | anızat | ions? | | | | | | | | | | | |
| | | from the reporting four | | | | | | | | | | | |
| (1) | Cash | 1 | | | | | | | | | 1a(1) | | No |
| (2) | Othe | erassets | | | | | | | | | 1a(2) | | No |
| b Otl | ner tra | nsactions | | | | | | | | | | | |
| (1) | Sale | s of assets to a noncha | rıtable ex | empt o | rganızatıon | | | | | | 1b(1) | | No |
| (2) | Purc | hases of assets from a | noncharit | able ex | cempt orga | nızatıon | | | | | 1b(2) | | No |
| (3) | Rent | al of facilities, equipme | nt, or othe | erasse | ts | | | | | | 1b(3) | | No |
| (4) | Reim | bursement arrangemer | nts | | | | | | | | 1b(4) | | No |
| (5) | Loan | s or loan guarantees. | | | | | | | | | 1b(5) | | No |
| (6) | Perfo | rmance of services or n | nembershi | ıp or fui | ndraising s | olicitations | | | | | 1b(6) | | No |
| c Sha | arıng o | f facilities, equipment, | mailing lis | ts, oth | er assets, | or paid employe | es | | | | 1c | | No |
| of t | he god iny tra | wer to any of the above ods, other assets, or se nsaction or sharing arr (b) Amount involved | rvices giv angement | en by t , show | he reportir in column | ng foundation It | the foun the good | idation re ls, other | eceived less than | fair marke es receive | et value d | ! | nte. |
| (a) Line | . NO | (b) Amount involved | (c) Name | OI HOHEI | nantable exci | mpt organization | (u) D | escription | or transfers, transacti | ons, and sna | illig alla | rigerrier | 11.5 |
| | | | | | | | | | | | | | |
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| des | cribed | indation directly or indiding section 501(c) of the complete the following (a) Name of organization | ne Code (d schedule | | nan section | | n sectio | | | tion of relation | .FY€ | s F | No |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| Sign | the bas | ler penalties of perjury, best of my knowledge a ed on all information of | and belief, | ıt ıs tru | ue, correct | , and complete wledge | Declara | tion of pr | | n taxpayeı | or fidu | ciary) | IS |
| Here | 18 | ***** | | | | 2014-11-07 | — b . | ***** | | with the p | RS discuss preparer sh | nown belo | ow |
| | <u> </u> | Signature of officer or t | rustee | | | Date | <u> </u> | Title | | (see instr | ·) ⁷ | sj No | <u></u> |
| Paid Prep | arer | Print/Type preparer's MONTE WILLIAMS | | Prepa | arer's Sıgna | ature | Date | | Check if self- employed ▶ | PTIN P(| 00338 | 326 | |
| Use Only | | Firm's name 🕨 | | | ORD LLC | | | | Firm's EIN ▶ 20 | -474936 | 3 | | |
| y | | Fırm's address 🕨 | 839 A | LDER | CREEK DR | MEDFORD, C | R 9750 |) 4 | Phone no (541 | 779-764 | - 1 | | |

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---------------------------------|---|---|--|--|
| MICHAEL R HEVERLY | TRUSTEE | 0 | 0 | 0 |
| PO BOX 4189 MEDFORD,OR 97501 | 1 00 | | | |
| JANET J MURPHY | TRUSTEE | 0 | 0 | 0 |
| PO BOX 4189 MEDFORD,OR 97501 | 1 00 | | | |
| KATHY BRYON | EXECUTIVE | 92,844 | 19,942 | 0 |
| PO BOX 4189 MEDFORD,OR 97501 | DIRECTOR 40 00 | | | |
| DANIEL KOSMATKA | TRUSTEE | 0 | 0 | 0 |
| PO BOX 4189 MEDFORD,OR 97501 | 1 00 | | | |
| STEPHANIE JOHNSON | TRUSTEE | 0 | 0 | 0 |
| PO BOX 4189 MEDFORD,OR 97501 | 1 00 | | | |
| BURKE RAYMOND | PRESIDENT | 0 | 0 | 0 |
| PO BOX 4189 MEDFORD,OR 97501 | 2 00 | | | |
| ANNETTE BATZER | SECRETARY | 0 | 0 | 0 |
| PO BOX 4189 MEDFORD,OR 97501 | 1 00 | | | |
| JOHN DUKE | VICE PRESIDENT | 0 | 0 | 0 |
| PO BOX 4189 MEDFORD,OR 97501 | 2 00 | | | |
| JULIA BEATTIE | TRUSTEE | 0 | 0 | 0 |
| PO BOX 4189 MEDFORD,OR 97501 | 1 00 | | | |
| STEVE BOYARSKY | TRUSTEE | 0 | 0 | 0 |
| PO BOX 4189 MEDFORD,OR 97501 | 1 00 | | | |

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

| Recipient | If recipient is an individual, | Foundation | Purpose of grant or | A mount |
|--|--|------------------------|---------------------|---------|
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | status of recipient | contribution | |
| a Paid during the year | | | | |
| ACCESS INC 3630 AVIATION WAY MEDFORD, OR 97504 | | NON PROFIT | GRANT 766 | 3,250 |
| CASA OF KLAMATH 403 PINE STREET KLAMATH FALLS,OR 97601 | | NON PROFIT | GRANT 737 | 6,500 |
| CASA OF CURRY COUNTY 1000 SE STEPHENS STREET ROSEBURG, OR 97470 | | NON PROFIT | GRANT 780 | 5,000 |
| CASA OF JACKSON COUNTY 613 MARKET ST MEDFORD,OR 97504 | | NON PROFIT | GRANT 761 | 8,000 |
| CHILDRENS ADVOCACY CENTER 816 W 10TH STREET MEDFORD,OR 97501 | | NON PROFIT | GRANT 756 | 1,500 |
| COLLEGE DREAMS PO BOX 1407 GRANTS PASS,OR 97526 | | NON PROFIT | GRANT 741 | 10,000 |
| COMMUNITY FOUNDATION OF THE KLAMATH BASIN PO BOX 1903 KLAMATH FALLS,OR 97601 | | NON PROFIT | GRANT 718 | 5,000 |
| COMMUNITY HEALTH CENTER INC 19 MYRTLE STREET MEDFORD,OR 97504 | | NON PROFIT | GRANT 713 | 5,000 |
| COMPASS HOUSE 1032 W MAIN STREET MEDFORD,OR 97501 | | NON PROFIT | GRANT 773 | 1,500 |
| FAMILY NURTURING CENTER 212 N OAKDALE MEDFORD,OR 97501 | | NON PROFIT | GRANT 763 | 10,000 |
| HEART OF OREGON CORPS PO BOX 279 BEND,OR 97709 | | NON PROFIT | GRANT 767 | 5,000 |
| JOSEPHINE COMMUNITY LIBRARIES 200 NW C STREET GRANTS PASS,OR 97526 | | NON PROFIT | GRANT 739 | 1,000 |
| KAIROS 715 SW RAMSEY AVE GRANTS PASS,OR 97527 | | NON PROFIT | GRANT 707 | 5,000 |
| KID TIME DISCOVERY EXPERIENCE 106 N CENTRAL MEDFORD,OR 97501 | | NON PROFIT | GRANT 755 | 8,000 |
| KLAMATH-LAKE CARES 2220 ELDORADO BLVD KLAMATH FALLS,OR 97601 | | NON PROFIT | GRANT 731 | 9,700 |
| Total | | | | 178,015 |

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

| MEDIATION WORKS 33 NORTH CENTRAL MEDIATION WORKS 33 NORTH CENTRAL MEDORD, OR 97501 NON PROFIT SW G STREET GRANTS PASS, OR 97526 NON PROFIT ORGON CHILDRINS FOUNDATION 101 SW MARKET STREET PORTLAND, OR 97201 PHILANTHROPY NORTHWEST 2101 FOURTH AVE STE 650 SEATTLE, WA 98121 PHOENIX COUNSELING CENTER PO BOX 1257 PHOENIX, OR 97526 NON PROFIT GRANT 740 8,200 ROGUE FARM CORP PO BOX 533 ASHLAND, OR 97520 ROGUE FARM CORP PO BOX 533 ROSUE FOR STREET ROFORD, OR 97520 ROGUE WORKFORCE PARTNERSHIP FORD, OR 97501 ROSUE WORKFORCE PARTNERSHIP FOOR JOE STREET REPORD, OR 97501 ROSUE WORKFORCE PARTNERSHIP FOOR JOE STREET REPORD, OR 97501 ROSUE WORKFORCE PARTNERSHIP FORD ROSUE PARTNER | | | | | |
|--|------------------------------|----------------------------|------------|-----------|---------|
| A Paid during the year | | show any relationship to | status of | | A mount |
| LA CLINICA 3617 S PACIFIC HWY MEDFORD, OR 97501 MEDFORD, OR 97501 NON PROFIT GRANT 758 9,000 PROFIT GRANT 743 5,000 PROFIT GRANT 743 5,000 REGON CHILDRENS FOUNDATION 101 SW MARKET STREET PORTLAND, OR 97526 NON PROFIT PORTLAND, OR 97501 NON PROFIT PORTLAND, OR 97501 NON PROFIT PORTLAND, OR 97501 NON PROFIT GRANT 750 2,865 SEATILE, WA 98121 PHOENIX COUNSELING CENTER POBOX 1257 PHOENIX, OR 97535 ROGUE FARM CORP PO BOX 533 ASHLAND, OR 97530 ROGUE FALLEY FAMILLY YMCA 322 WEST SIXTH STREET MEDFORD, OR 97501 ROGUE WORKFORCE PARTNERSHIP SOR STORE MARKET STREET PORTLAND, OR 97500 ROGUE WORKFORCE PARTNERSHIP SOR STORE MARKET STREET PORTLAND, OR 97500 SOLITHERN OREGON CHILD & FAMILY COUNCIL POBOX 3697 CENTRAL POINT, OR 97500 SOLITHERN OREGON CHILD & FAMILY COUNCIL POBOX 3697 CENTRAL POINT, OR 97501 SOLITHERN OREGON CHILD & FAMILY COUNCIL POBOX 3697 CENTRAL POINT, OR 97501 SOLITHERN OREGON CHILD & FAMILY COUNCIL POBOX 3697 CENTRAL POINT, OR 97501 SOLITHERN OREGON MIND-BODY OUTREACH PO BOX 66 3 ACKSONVILLE, OR 97501 SOLITHERN OREGON MIND-BODY OUTREACH PO BOX 66 3 ACKSONVILLE, OR 97501 NON PROFIT GRANT 736 2,500 NON PROFIT GRANT 736 2,500 SOLITHERN OREGON MIND-BODY OUTREACH PO BOX 66 3 ACKSONVILLE, OR 97501 NON PROFIT GRANT 736 2,500 NON PROFIT GRANT 736 2,500 SOLITHERN OREGON MIND-BODY OUTREACH PO BOX 66 3 ACKSONVILLE, OR 97501 | , | or substantial contributor | | | |
| MEDIATION WORKS 33 NORTH CENTRAL MEDIATION WORKS 33 NORTH CENTRAL MEDIATION WORKS 33 NORTH MEDIATION WORKS 33 NORTH MEDIATION WORKS 33 NORTH MEDIATION WORKS 33 NORTH MEDIATION STREET MON PROFIT MEDIATION MON MON MON PROFIT MEDIATION MON MON MON PROFIT MEDIATION MON MON MON MON PROFIT MEDIATION MON MON MON MON MON MON MON MON MON M | a Paid during the year | | | | |
| CENTRAL MEDFORD, OR 97501 SUPPLIES SOND PROFIT GRANT 743 S.000 | | | NON PROFIT | GRANT 687 | 5,000 |
| SWG STREET OREGON CHILDRENS FOUNDATION 101 SW MARKET STREET PORTLAND, QN 87201 PHILANTHROPY NORTHWEST 2101 PORTLAND, QN 87201 PHOENIX COUNSELING CENTER PO BOX 1257 ROGUE FARM CORP PO BOX 533 ASHLAND, QN 97520 ROGUE FARM CORP PO BOX 533 ASHLAND, QN 97520 ROGUE FARM CORP PO BOX 533 ASHLAND, QN 97520 ROGUE FARM CORP PO BOX 533 ASHLAND, QN 97520 ROGUE FARM CORP PO BOX 533 ASHLAND, QN 97520 ROGUE FARM CORP PO BOX 533 ASHLAND, QN 97520 ROGUE FARM CORP PO BOX 533 ASHLAND, QN 97520 ROGUE FARM CORP PO BOX 533 ASHLAND, QN 97520 ROGUE FARM CORP PO BOX 533 ASHLAND, QN 97501 ROGUE WALLEY FAMILY YNCA 522 WEST SIXTH STREET MEDFORD, QN 97501 ROGUE WALLEY FAMILY SHEET MEDFORD, QN 97501 ROGUE WALLEY TO THE POR CHRIST 529 EDWARDS STREET MEDFORD, QN 97501 ROGUE WALLEY TO THE POR CHRIST 529 EDWARDS STREET MEDFORD, QN 97501 ROUNDATION 1250 SISKIYOU BLVD BLVD BLVD BLVD SOUTHERN OREGON CHILD & FAMILY COUNCIL DO BOX 3697 CENTRAL POINT, QN 97502 SOUTHERN OREGON LATINO SOUTHERN OREGON LATINO SOUTHERN OREGON LATINO SOUTHERN OREGON MIND-BODY OUTREACH PO BOX 56 JACKSONVILLE, QN 97530 ST VINCENT DE PAUL SOCIETY PO BOX 1663 BMEDFORD, QN 97501 NON PROFIT GRANT 736 2,500 BMEDFORD, QN 97501 | CENTRAL | | NON PROFIT | GRANT 758 | 9,000 |
| 101 SW MARKET STREET PORTLAND, OR 97201 PHILANTHROPY NORTHWEST 2101 FOURTH AVE STE 650 SEATTLE, WA 98121 PHOENIX COUNSELING CENTER PO BOX 1257 PHOENIX, OR 97535 ROGUE FARM CORP PO BOX 533 ASHLAND, OR 97520 ROGUE FYALLEY FAMILY YMCA S22 WEST SIXTH STREET MEDFORD, OR 97501 ROGUE VALLEY YOUTH FOR CHRIST 529 EDWARDS STREET MEDFORD, OR 97501 ROGUE WORKFORCE PARTNERSHIP SORS 100 E MAIN STE 8 MEDFORD, OR 97501 SOU FOUNDATION 1250 SISKIYOU BLVD ASHLAND, OR 97520 SOUTHERN OREGON CHILD 8 FAMILY COUNCIL PO BOX 3697 CENTRAL POINT, OR 97502 SOUTHERN OREGON LATINO SCHOLARSHIP FUND PO BOX 1087 MEDFORD, OR 97501 SOUTHERN OREGON LATINO SCHOLARSHIP FUND PO BOX 1087 MEDFORD, OR 97501 SOUTHERN OREGON LATINO SCHOLARSHIP FUND PO BOX 1087 MEDFORD, OR 97501 SOUTHERN OREGON LATINO SCHOLARSHIP FUND PO BOX 1087 MEDFORD, OR 97501 SOUTHERN OREGON MIND-BODY OUTREACH PO BOX 66 JACKSONVILLE, OR 97530 ST VINCENT DE PAUL SOCIETY PO BOX 1663 MEDFORD, OR 97501 NON PROFIT GRANT 736 2,500 NON PROFIT GRANT 736 2,500 SOUTHERN OREGON MIND-BODY OUTREACH PO BOX 66 JACKSONVILLE, OR 97530 ST VINCENT DE PAUL SOCIETY PO BOX 1663 MEDFORD, OR 97501 | SW G STREET | | NON PROFIT | GRANT 743 | 5,000 |
| FOURTH AVE STE 650 SEATTLE, WA 98121 PHOENIX COUNSELING CENTER PO BOX 1257 PHOENIX, OR 97535 ROGUE FARM CORP PO BOX 533 ASHLAND, OR 97520 ROGUE FARM CORP PO BOX 533 ASHLAND, OR 97520 ROGUE FVALLEY FAMILY YMCA 522 WEST SIXTH STREET MEDFORD, OR 97501 ROGUE VALLEY YOUTH FOR CHRIST 529 EDWARDS STREET MEDFORD, OR 97501 ROGUE WORKFORCE PARTNERSHIP SORS 100 E MAIN STE 8 MEDFORD, OR 97501 SOUTHERN OREGON CHILD & FAMILY COUNCIL PO BOX 3697 CENTRAL POINT, OR 97502 SOUTHERN OREGON LATINO SCHOLANSHIP FUND A PO BOX 1087 MEDFORD, OR 97501 SOUTHERN OREGON MIND-BODY OUTREACH PO BOX 66 JACKSONVILLE DR 97530 ST VINCENT DE PAUL SOCIETY PO BOX 1663 MEDFORD, OR 97501 NON PROFIT GRANT 736 RON PROFIT GRANT 736 SOUTHERN OREGON MIND-BODY OUTREACH PO BOX 66 JACKSONVILLE DR 97530 ST VINCENT DE PAUL SOCIETY PO BOX 1663 MEDFORD, OR 97501 | 101 SW MARKET STREET | | NON PROFIT | GRANT 745 | 5,000 |
| PO BOX 1257 PHOENIX,OR 97535 ROGUE FARM CORP PO BOX 533 ASHLAND,OR 97520 ROGUE FVALLEY FAMILY YMCA 522 WEST SIXTH STREET MEDFORD,OR 97501 ROGUE VALLEY YOUTH FOR CHRIST 529 EDWARDS STREET MEDFORD,OR 97501 ROGUE WORKFORCE PARTNERSHIP SORS 100 E MAIN STE 8 MEDFORD,OR 97501 SOU FOUNDATION 1250 SISKIYOU BLVD ASHLAND,OR 97520 SOUTHERN OREGON CHILD & FAMILY COUNCIL PO BOX 3697 CENTRAL POINT, OR 97502 SOUTHERN OREGON LATINO SCHOLARSHIP FUND PO BOX 1087 MEDFORD,OR 97530 SOUTHERN OREGON MIND-BODY OUTREACH PO BOX 66 JACKSONVILLE, OR 97530 ST VINCENT DE PAUL SOCIETY PO BOX 1663 MEDFORD,OR 97501 NON PROFIT GRANT 736 ROND PROFIT GRANT 765 2,500 NON PROFIT GRANT 765 2,500 NON PROFIT GRANT 765 2,500 NON PROFIT GRANT 765 2,500 | FOURTH AVE STE 650 | | NON PROFIT | GRANT 750 | 2,865 |
| ASHLAND,OR 97520 ROGUE FVALLEY FAMILY YMCA 522 WEST SIXTH STREET MEDFORD,OR 97501 ROGUE VALLEY YOUTH FOR CHRIST 529 EDWARDS STREET MEDFORD,OR 97501 ROGUE WORKFORCE PARTNERSHIP SORS 100 E MAIN STE 8 MEDFORD,OR 97501 SOU FOUNDATION 1250 SISKIYOU BLVD BLVD ASHLAND,OR 97520 SOUTHERN OREGON CHILD & FAMILY COUNCIL PO BOX 3697 CENTRAL POINT, OR 97502 SOUTHERN OREGON LATINO SCHOLARSHIP FUND PO BOX 1087 MEDFORD,OR 97501 SOUTHERN OREGON MIND-BODY OUTREACH PO BOX 66 JACKSONVILLE, OR 97530 ST VINCENT DE PAUL SOCIETY PO BOX 1663 MEDFORD,OR 97501 SOUTHERN OREGON 97501 SOUTHERN OREGON MIND-BODY OUTREACH PO BOX 66 JACKSONVILLE, OR 97530 ST VINCENT DE PAUL SOCIETY PO BOX 1663 MEDFORD, OR 97501 | PO BOX 1257 | | NON PROFIT | GRANT 740 | 8,200 |
| S22 WEST SIXTH STREET MEDFORD, OR 97501 | | | NON PROFIT | GRANT 734 | 8,000 |
| CHRIST 529 EDWARDS STREET MEDFORD, OR 97501 ROGUE WORKFORCE PARTNERSHIP - SORS 100 E MAIN STE 8 MEDFORD, OR 97501 SOU FOUNDATION 1250 SISKIYOU BLVD ASHLAND, OR 97520 SOUTHERN OREGON CHILD & FAMILY COUNCIL PO BOX 3697 CENTRAL POINT, OR 97502 SOUTHERN OREGON LATINO SCHOLARSHIP FUND PO BOX 1087 MEDFORD, OR 97501 SOUTHERN OREGON MIND-BODY OUTREACH PO BOX 66 JACKSONVILLE, OR 97530 ST VINCENT DE PAUL SOCIETY PO BOX 1663 MEDFORD, OR 97501 NON PROFIT GRANT 736 RON PROFIT GRANT 736 2,500 | 522 WEST SIXTH STREET | | NON PROFIT | GRANT 757 | 2,500 |
| - SORS 100 E MAIN STE 8 MEDFORD, OR 97501 SOU FOUNDATION 1250 SISKIYOU BLVD ASHLAND, OR 97520 SOUTHERN OREGON CHILD & FAMILY COUNCIL PO BOX 3697 CENTRAL POINT, OR 97502 SOUTHERN OREGON LATINO SCHOLARSHIP FUND PO BOX 1087 MEDFORD, OR 97501 SOUTHERN OREGON MIND-BODY OUTREACH PO BOX 66 JACKSONVILLE, OR 97530 ST VINCENT DE PAUL SOCIETY PO BOX 1663 MEDFORD, OR 97501 NON PROFIT GRANT 736 2,500 | CHRIST 529 EDWARDS STREET | | NON PROFIT | GRANT 768 | 4,000 |
| BLVD ASHLAND,OR 97520 SOUTHERN OREGON CHILD & FAMILY COUNCIL PO BOX 3697 CENTRAL POINT,OR 97502 SOUTHERN OREGON LATINO SCHOLARSHIP FUND PO BOX 1087 MEDFORD,OR 97501 SOUTHERN OREGON MIND-BODY OUTREACH PO BOX 66 JACKSONVILLE,OR 97530 ST VINCENT DE PAUL SOCIETY PO BOX 1663 MEDFORD,OR 97501 NON PROFIT GRANT 747 7,500 RON PROFIT GRANT 782 5,281 ST VINCENT DE PAUL SOCIETY PO BOX 1663 MEDFORD,OR 97501 | - SORS 100 E MAIN STE 8 | | NON PROFIT | GRANT 777 | 10,000 |
| FAMILY COUNCIL PO BOX 3697 CENTRAL POINT, OR 97502 SOUTHERN OREGON LATINO SCHOLARSHIP FUND PO BOX 1087 MEDFORD, OR 97501 SOUTHERN OREGON MIND-BODY OUTREACH PO BOX 66 JACKSONVILLE, OR 97530 ST VINCENT DE PAUL SOCIETY PO BOX 1663 MEDFORD, OR 97501 NON PROFIT GRANT 736 2,500 | BLVD | | NON PROFIT | GRANT 779 | 5,000 |
| SCHOLARSHIP FUND PO BOX 1087 MEDFORD, OR 97501 SOUTHERN OREGON MIND-BODY OUTREACH PO BOX 66 JACKSONVILLE, OR 97530 ST VINCENT DE PAUL SOCIETY PO BOX 1663 MEDFORD, OR 97501 NON PROFIT GRANT 736 2,500 | FAMILY COUNCIL PO BOX 3697 | | NON PROFIT | GRANT 747 | 7,500 |
| OUTREACH PO BOX 66 JACKSONVILLE, OR 97530 ST VINCENT DE PAUL SOCIETY PO BOX 1663 MEDFORD, OR 97501 NON PROFIT GRANT 736 2,500 | SCHOLARSHIP FUND PO BOX 1087 | | NON PROFIT | GRANT 782 | 5,281 |
| BOX 1663 MEDFORD, OR 97501 | OUTREACH PO BOX 66 | | NON PROFIT | GRANT 765 | 2,000 |
| Total | BOX 1663 | | NON PROFIT | GRANT 736 | 2,500 |
| , I | Total | | | | 178,015 |

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

| . Ollin proll i alterte Ellio b | into ana contributions i | ara baring c | ile real of Approved for i | atare raymen |
|---|---|-------------------------|----------------------------------|--------------|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | A mount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| SUNNY WOLF YOUTH SERVICES PO BOX 233 WOLF CREEK,OR 97497 | | NON PROFIT | GRANT 732 | 4,000 |
| SUSTAINABLE VALLEY TECHNOLOGY GROUP PO BOX 1075 MEDFORD,OR 97501 | | NON PROFIT | GRANT 769 | 1,000 |
| THE NEIGHBORHOOD FOOD PROJECT PO BOX 1089 ASLAND,OR 97520 | | NON PROFIT | GRANT 774 | 5,000 |
| WOMEN'S CRISIS SUPPORT CENTER 560 NE F STREET PMB 430 GRANTS PASS,OR 97526 | | NON PROFIT | GRANT 764 | 7,000 |
| ROGUE COMMUNITY COLLEGE (GRANT RETURNED) 3345 REDWOOD HWY GRANTS PASS,OR 97527 | | NON PROFIT | GRANT RETURNED | -5,281 |
| Total | | | | 178.015 |

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As Filed Data -

DLN: 93491314006584 OMB No 1545-0047

Schedule B **Schedule of Contributors** (Form 990, 990-EZ,

► Attach to Form 990, 990-EZ, or 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at

www.irs.gov/form990.

2013

Name of the organization GORDON ELWOOD FOUNDATION

or 990-PF)

Department of the Treasury

Internal Revenue Service

Employer identification number

93-1267972

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| Filers of: | Section: |
|--|--|
| 111010 011 | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |
| | |
| | covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions |
| | |
| General Rule | |
| | ling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or ne contributor Complete Parts I and II |
| Special Rules | |
| under sections 509(a | 3) organization filing Form 990 or 990-EZ that met the 33 ¹ ½% support test of the regulations ()(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the 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 |
| during the year, total | 7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and |
| during the year, continot total more than \$1 the year for an excluapplies to this organization. | 7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, ributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did 1,000. If this box is checked, enter here the total contributions that where received during sively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule traction because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or more |

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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization GORDON ELWOOD FOUNDATION

Employer identification number

93-1267972

| 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_ | JEFFERSON REGIONAL HEALTH ALLIANCE 670 SUPERIOR COURT MEDFORD, OR97504 | \$ <u>5,265</u> | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 LITERACY COUNCIL OF JACKSON COUNTY | (c) Total contributions | (d) Type of contribution |
| _2_ | 670 SUPERIOR COURT MEDFORD, OR 97504 | \$ <u>2,619</u> | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _3_ | START MAKING A READER TODAY (SMART) 670 SUPERIOR COURT MEDFORD, OR97504 | \$ | 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) |

Name of organization GORDON ELWOOD FOUNDATION **Employer identification number**

93-1267972

| Part II | Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed | | |
|---------------------------|---|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| _1_ | IN-KIND SUPPORT FOR OFFICE SPACE, UTILITIES, OFFICE MACHINES AND CONFERENCE ROOM | \$ 5,265 | 2014-06-30 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| _2_ | IN-KIND SUPPORT FOR OFFICE SPACE, UTILITIES, OFFICE MACHINES AND CONFERENCE ROOM | \$2,619 | 2014-06-30 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| _3_ | IN-KIND SUPPORT FOR OFFICE SPACE, UTILITIES, OFFICE MACHINES AND CONFERENCE ROOM | \$ | 2014-06-30 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |

| chedule | B (Form 990, 990-EZ, or 990-PF) (2013) | | | Page Page |
|-------------------------|---|---|---|---------------------------------------|
| me of o | organization WOOD FOUNDATION | | | Employer identification number |
| DON EE | | | | 93-1267972 |
| rt III | Exclusively religious, charitable, etc., individual that total more than \$1,000 for the year. Of For organizations completing Part III, enter the tocontributions of \$1,000 or less for the year (EUse duplicate copies of Part III if additional space | omplete colum otal of <i>exclus</i> Enter this info | nns (a) through (e) and <i>rvely</i> religious, charitat | d the following line entry ole, etc., |
|) No. rom Part I | (b) Purpose of gift | | Use of gift | (d) Description of how gift is held |
| | | | | |
| | Transferee's name, address, and Z | | Transfer of gift Relatio | onship of transferor to transferee |
| n) No. rom Part I | (b) Purpose of gift | (c) | Use of gift | (d) Description of how gift is held |
| _ | Transferee's name, address, and Z | | Transfer of gift Relatio | onship of transferor to transferee |
| No. | | | | |
| om art I — | (b) Purpose of gift | (c) | Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, and Z | | Transfer of gift Relatio | onship of transferor to transferee |
|) No. rom artl | (b) Purpose of gift | (c) | Use of gift | (d) Description of how gift is held |
| _ | | | Transfer of gift | |
| | Transferee's name, address, and Z | | | onship of transferor to tra |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491314006584 OMB No 1545-0172 Depreciation and Amortization (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** Form 990-PF Page 1 Name(s) shown on return GORDON ELWOOD FOUNDATION 93-1267972 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 . | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during 14 Property subject to section 168(f)(1) election 15 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2013 · · · · · · 14.433 If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property 617 5 0 НΥ S/L **b** 5-year property 62 c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ММ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs Summary (see instructions.) Part IV 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 22 14,495 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

| Section A—Depre | ciation a | <u>nd Other I</u> | <u>nforma</u> | tion (C | aution | : See | the i | <u>instruc</u> | tions i | for lin | nits i | or pa | isseng | er au | tomol | oiles.) |
|---|---|---|---------------|-----------------------------|-----------------|---|---------------------|--------------------------|-----------------|---------------------------------|----------|-----------------------------|----------|--------------------------|----------------------------------|-----------------|
| 24a Doyou have evider | nce to support | the business/in | vestment ι | ise claime | d? F Yes | Гио | | 2 | 4b If "Y | es," is t | the ev | ıdence | written? | Гүе | s F N | 0 |
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | Cost o | i) r other sıs | (busines | (e) r depreca ss/investr e only) | | (f) Recover period | y Me | (g) thod/ /ention | | (h Deprec dedu | iation/ | | (i) Electe section cost | 179 |
| 25 Special depreciation allo 50% in a qualified busi | • | | erty placed | in service (| during the | tax year | and u | ısed mor | e than | 25 | | | | | | |
| 6 Property used more | e than 50% | ın a qualıfıed | business | use | | | | | | - | • | | | <u> </u> | | |
| | | % | | | | | | | | | | | | | | |
| | | % | | | | | | | | | + | | | | | |
| 7 Property used 50% | orless in a | | siness us | <u> </u> | <u>I</u> | | | l | | | <u> </u> | | | | | |
| , , | | % | | | | | | | S/L - | | | | | | | |
| | | % | | | | | | | S/L - S/L - | | - | | | | | |
| 28 Add amounts in co | ı olumn (h), lır | | jh 27 En | ter here a | and on li | ne 21, | page | 1 | 28 | | | | | | | |
| 29 Add amounts in c | olumn (ı), lın | e 26 Enterh | ere and c | n line 7, | page 1 | | | | | | | | 29 | | | |
| | | Se | ction B | —Infor | matior | on U | se d | of Vel | icles | | | | · | | | |
| omplete this section | | | | | | | | | | | | | | | laa. | |
| you provided vehicles to | your employee | es, first answer | tne questio | | a) | | neet a b) | in excep | (c) | ompietir | ig this | | _ | e) | | f) |
| 30 Total business/in year (do not inclu | | | ring the • | Vehi | • | Vehi | | V | ehicle | 3 ' | Vehi | - | Vehi | - | | icle 6 |
| 31 Total commuting | mıles drıven | during the ye | ear . | | | | | | | | | | | | | |
| 32 Total other persor | nal(noncomn | nuting) miles | drıven | | | | | | | | | | | | | |
| 33 Total miles driven | during the y | ear Add line | s 30 | | | | | | | | | | | | | |
| 34 Was the vehicle a | vailable for p | ersonal use | • | Yes | No | Yes | No | Yes | s N | lo Y | es/ | No | Yes | No | Yes | No |
| during off-duty ho | | | | | | | | | | | | | | | | |
| 35 Was the vehicle u owner or related p | sed primarily | y by a more t | han 5% | | | | | | | | | | | | | |
| 36 Is another vehicle | | r personal us | se? . | | | | | | | | | | | | | 1 |
| Section | on C—Que | stions for | Emplo | yers W | ho Pro | vide \ | vehi | cles 1 | or Us | e by | The | ir Er | nploy | ees | <u>I</u> | |
| nswer these questio % owners or related | | | | eption to | comple | tıng Se | ction | B for v | ehicles | s used | by e | mploy | ees wh | o are | not mo | re thar |
| 37 Do you maintain a employees? | written poli | y statement | that prof | nibits all | personal | use of | vehi | cles, ın | cluding | comn | nutın | g, by | your | Y | es | No |
| | | | | | | | | | | | | | | | | |
| 38 Do you maintain a employees? See t | | | | | | | | | | | | your • | | | | |
| 39 Do you treat all us | se of vehicle | s by employe | es as pe | rsonal us | e? | | | | | | | | | | | |
| 40 Do you provide movehicles, and reta | | | | oyees, o | btaın ınfo | ormatio | n froi | m your | employ | ees al | bout | the us | se of | | | |
| 41 Do you meet the r | | | | automobi | le demoi | nstratio | n us | e? (See | ınstru | ctions |) . | | | | | |
| Note: If your answ | ver to 37, 38 | , 39, 40, or 4 | l1 ıs "Ye | s," do no | t comple | te Sect | tion E | 3 for the | e cover | ed veh | nicles | 5 | | | | |
| Part VI Amo | rtization | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | | | | |
| (a) Description of c | osts | (b) Date amortizatio | n | (A mort a mo | ızable | | | (d) Code ection | | (e) nortiza period | | | | (f) rtızatı hıs ye | | |
| | | begins | | | | | | | pe | ercenta | age | | | , | | |
| 42 A mortization of co | sts that beg | jins during yo | ur 2013 | tax year | (see ins | truction | ns) | | - 1 | | | | | | | |
| | | | | | | | | | - | | | | | | | |
| | | | | | | | | | | - 1 | | | | | | |
| 43 A mortization of co | _ | | | - | | | • | | | — | 43 | | | | | |
| 44 Total Add amoun | ts in column | (f) See the i | nstructio | ns for wh | ere to re | nort | | | | I . | 44 I | | | | | |

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TY 2013 Accounting Fees Schedule

Name: GORDON ELWOOD FOUNDATION

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-----------------|--------|--------------------------|------------------------|---|
| ACCOUNTING FEES | 3,000 | 0 | | 3,089 |

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

TY 2013 Depreciation Schedule

Name: GORDON ELWOOD FOUNDATION

| Description of Property | Date Acquired | Cost or Other Basis | Prior Years' Depreciation | Computation Method | Rate / Life (# of years) | Current Year's Depreciation Expense | Net Investment Income | Adjusted Net Income | Cost of Goods Sold Not Included |
|---|------------------|------------------------|------------------------------|--------------------|-----------------------------|---|--------------------------|------------------------|---------------------------------------|
| FILE CABINET | 2000-01-04 | 600 | 600 | SL | 7 000000000000 | 0 | 0 | | |
| DRY ERASE BOARD | 2001-06-14 | 428 | 428 | SL | 7 000000000000 | 0 | 0 | | |
| FIRST PEARL SOFTWARE | 2002-07-08 | 5,750 | 5,750 | SL | 3 000000000000 | 0 | 0 | | |
| FIREPROOF FILE CABINET | 2005-02-15 | 629 | 629 | SL | 7 000000000000 | 0 | 0 | | |
| 1 MONITORS, FAX | 2006-01-10 | 330 | 330 | SL | 5 000000000000 | 0 | 0 | | |
| COMPUTER | 2006-06-06 | 980 | 980 | SL | 5 000000000000 | 0 | 0 | | |
| 108-208 SUPERIOR COURT OFFICE CONDO | 2006-12-28 | 475,276 | 79,720 | SL | 39 000000000000 | 12,187 | 0 | | |
| SOUNDSTATION CONFERENCE CALL SYSTEM | 2007-08-06 | 520 | 450 | 200DB | 7 000000000000 | 47 | 0 | | |
| HEATING COOLING SYSTEMS (2) | 2007-11-05 | 21,245 | 18,401 | 200DB | 7 000000000000 | 1,896 | 0 | | |
| HP OFFICEJET PRO 8600 | 2012-07-01 | 240 | 40 | SL | 3 000000000000 | 80 | 0 | | |
| IPAD | 2013-01-02 | 670 | 112 | SL | 3 000000000000 | 223 | 0 | | |
| DELL INSPIRON LAPTOP | 2013-11-19 | 617 | | SL | 5 000000000000 | 62 | 0 | | |

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TY 2013 Gain/Loss from Sale of Other Assets Schedule

Name: GORDON ELWOOD FOUNDATION

| Name | Date Acquired | How Acquired | Date Sold | Purchaser Name | Gross Sales Price | Basis | Basis Method | Sales Expenses | Total (net) | Accumulated Depreciation |
|-------------|---------------|--------------|-----------|----------------|-------------------|---------|--------------|----------------|-------------|--------------------------|
| DA DAVIDSON | | Purchased | | | 110,605 | 106,696 | | 0 | 3,909 | |
| DA DAVIDSON | | Purchased | | | 940,294 | 705,827 | | 0 | 234,467 | |

TY 2013 General Explanation Attachment

Name: GORDON ELWOOD FOUNDATION

DLN: 93491314006584

| EIN: 93-1267972 | | | | | | |
|---|------------------------------|---|--|--|--|--|
| ldentifier | Return Reference | Explanation | | | | |
| DIRECT CHARITABLE ACTIVITIES BACKGROUND | FORM 990- PF PART IX-A | BESININS N. 2023 THE POUNDATIONS BOARD OF DRESTORS DECEDED TO INVEST MORE THAN JUST DOLLARS INTO THE FOR THAN FOR COUNTES IN SOUTHERN GRESTORY TO SUFFORT ITS REGIONAL VISION, JACKSON, JOSEPHINE KLAMATH AND CURRY COLUMES ARE HOME TO SUCCESSFUL YOUTH AND NOVIDUALS, THEN IN SCHOOL, AND IN LIFE - INDIVIDUALS AND FAMILES AS BEMONSTRATED BY - YOUTH AND INTEROPEDIATION. THEN IN SCHOOL, AND IN LIFE - INDIVIDUALS AND FAMILES LIVE INDEPNIBENTLY AND INTEROPEDIATION. THEN IN SCHOOL, AND IN LIFE - INDIVIDUALS AND FAMILES LIVE INDEPNIBENTLY AND INTEROPEDIATION. THE WORK AND FLAY IN THESE COMMANITY ES CHAINSE OVER TIME - YOUTH, INDIVIDUALS, FAMILES AND THE ORGANIZATIONS THAT SERVE THEN ARE CONNECTED CREATING A UNDUCLAD AND STATISHABLE COMMANITY FABRIC COMMANITY FABRIC COMMINITY SELES - ARTINER WITH HEALD AND PRIVATE PURDERS FOR INCOMINITY FABRIC COMMINITY FOR GREAT THE MADE ON THE COMPORTANTY FOR GREAT THE MADE HEAD AND AND AND AND AND AND AND AND AND A | | | | |

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TY 2013 Investments - Other Schedule

Name: GORDON ELWOOD FOUNDATION

| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
|-------------------------------------|-----------------------|------------|----------------------------------|
| DA DAVIDSON - VANTAGE | FMV | 1,100,502 | 1,100,502 |
| DA DAVIDSON - ATALANTA SOSNOFF | FMV | 583,978 | 583,978 |
| DA DAVIDSON - NJF | FMV | 912,366 | 912,366 |
| DA DAVIDSON - CLEARBRIDGE MULTI | FMV | 1,060,972 | 1,060,972 |
| DA DAVIDSON - BRANDES ALL CAP VALUE | FMV | 790,904 | 790,904 |
| DA DAVIDSON - WINSLOW | FMV | 842,811 | 842,811 |
| DA DAVIDSON - THORNBURG | FMV | 501,650 | 501,650 |
| DA DAVIDSON - ADVISOR ACCOUNT | FMV | 1,997,925 | 1,997,925 |
| DA DAVIDSON - MGD ASSETS DIA | FMV | 1,770 | 1,770 |

TY 2013 Land, Etc. Schedule

Name: GORDON ELWOOD FOUNDATION

| Category / Item | Cost / Other Basis | Accumulated Depreciation | Book Value | End of Year Fair Market Value |
|--|-----------------------|--------------------------|------------|----------------------------------|
| FILE CABINET | 600 | 600 | 0 | 0 |
| DRY ERASE BOARD | 428 | 428 | 0 | 0 |
| FIRST PEARL SOFTWARE | 5,750 | 5,750 | 0 | 0 |
| FIREPROOF FILE CABINET | 629 | 629 | 0 | 0 |
| 1 MONITORS, FAX | 330 | 330 | 0 | 0 |
| COMPUTER | 980 | 980 | 0 | |
| 108-208 SUPERIOR COURT OFFICE CONDO | 475,276 | 91,907 | 383,369 | 383,369 |
| SOUNDSTATION CONFERENCE CALL SYSTEM | 520 | 497 | 23 | 23 |
| HEATING COOLING SYSTEMS (2) | 21,245 | 20,297 | 948 | 948 |
| HP OFFICEJET PRO 8600 | 240 | 120 | 120 | 120 |
| IPAD | 670 | 335 | 335 | 335 |
| DELL INSPIRON LAPTOP | 617 | 62 | 555 | 555 |

TY 2013 Other Expenses Schedule

Name: GORDON ELWOOD FOUNDATION

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-------------------------------------|--------------------------------|--------------------------|---------------------|--|
| OFFICE SUPPLIES | 3,923 | 0 | | 3,923 |
| POSTAGE | 156 | 0 | | 156 |
| INSURANCE | 2,419 | 0 | | 2,419 |
| TELECOMMUNICATIONS | 3,051 | 0 | | 3,051 |
| BOARD MEETING EXPENSES | 7,534 | 0 | | 7,534 |
| DUES & SUBSCRIPTIONS | 4,488 | 0 | | 4,488 |
| CONTRACT SERVICES | 8,687 | 0 | | 8,687 |
| PROFESSIONAL DEVELOPMENT | 6,875 | 0 | | 6,875 |
| COMMUNITY DEVELOPMENT | 10,592 | 0 | | 10,667 |
| UTILITIES | 2,682 | 0 | | 2,682 |
| IN-KIND EXPENSES | 28,134 | 0 | | 28,134 |
| LIBRARY | 0 | 0 | | 0 |
| EQUIPMENT REPAIR AND MAINTENANCE | 0 | 0 | | 0 |
| PRINTING | 752 | 0 | | 752 |

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TY 2013 Other Income Schedule

Name: GORDON ELWOOD FOUNDATION

| Description | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income |
|-------------------------------|-----------------------------------|--------------------------|---------------------|
| Erısa settlement and Worldcom | 494 | 494 | 494 |

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TY 2013 Other Increases Schedule

Name: GORDON ELWOOD FOUNDATION

| Description | Amount |
|-----------------|---------|
| UNREALIZED GAIN | 802,898 |

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TY 2013 Other Professional Fees Schedule

Name: GORDON ELWOOD FOUNDATION

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|--------------------------|--------|--------------------------|------------------------|---|
| INVESTMENT MANAGEMENT | 46,611 | 46,611 | | 0 |
| PROPERTY MANAGEMENT FEES | 6,836 | 0 | | 6,836 |

TY 2013 Taxes Schedule

Name: GORDON ELWOOD FOUNDATION

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---------------|--------|--------------------------|------------------------|---|
| FEDERAL TAXES | 2,088 | 0 | | 2,088 |
| FOREIGN TAXES | 1,547 | 1,547 | | 0 |
| CORPORATE FEE | 50 | 0 | | 50 |
| PAYROLL TAXES | 11,850 | 0 | | 11,850 |
| STATE TAXES | 845 | 0 | | 845 |