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

OMB No 1545-0052

**2014**Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).**Open to Public Inspection****For calendar year 2014 or tax year beginning** April 18, **2014, and ending** December 31, **20** 14

|                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                         |                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of foundation<br><b>UMPQUA BANK CHARITABLE FOUNDATION</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                         | <b>A</b> Employer identification number<br>47-1247608                                                                                                                               |
| Number and street (or P O box number if mail is not delivered to street address)<br><b>1 SW COLUMBIA ST</b>                                                                                                                                                                                                                      | Room/suite<br>1200                                                                                                                                      | <b>B</b> Telephone number (see instructions)<br>503-727-4130                                                                                                                        |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>PORTLAND, OR 97258</b>                                                                                                                                                                                                                            |                                                                                                                                                         | <b>C</b> If exemption application is pending, check here <input checked="" type="checkbox"/>                                                                                        |
| <b>G</b> Check all that apply: <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input checked="" type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |                                                                                                                                                         | <b>D</b> 1. Foreign organizations, check here <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| <b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation                                                                         |                                                                                                                                                         | <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>                                                                |
| <b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <b>9,123,414 04</b>                                                                                                                                                                                                                | <b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____ | <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>                                                             |

| <b>Part I Analysis of Revenue and Expenses</b> (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) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| <b>Revenue</b>                                                                                                                                                            | 1 Contributions, gifts, grants, etc., received (attach schedule)                   | 10,000,000 00                      |                           |                         |                                                             |
|                                                                                                                                                                           | 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 3 Interest on savings and temporary cash investments                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 4 Dividends and interest from securities                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 5a Gross rents                                                                     |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | b Net rental income or (loss)                                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 6a Net gain or (loss) from sale of assets not on line 10                           |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | b Gross sales price for all assets on line 6a                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 7 Capital gain net income (from Part IV, line 2)                                   |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 8 Net short-term capital gain                                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 9 Income modifications                                                             |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 10a Gross sales less returns and allowances                                        |                                    |                           |                         |                                                             |
| b Less Cost of goods sold                                                                                                                                                 |                                                                                    |                                    |                           |                         |                                                             |
| c Gross profit or (loss) (attach schedule)                                                                                                                                |                                                                                    |                                    |                           |                         |                                                             |
| 11 Other income (attach schedule)                                                                                                                                         | 35 00                                                                              | 0 00                               |                           |                         |                                                             |
| 12 <b>Total.</b> Add lines 1 through 11                                                                                                                                   | 10,000,035 00                                                                      | 0 00                               |                           |                         |                                                             |
| <b>Operating and Administrative Expenses</b>                                                                                                                              | 13 Compensation of officers, directors, trustees, etc                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 14 Other employee salaries and wages                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 15 Pension plans, employee benefits                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 16a Legal fees (attach schedule)                                                   |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | b Accounting fees (attach schedule)                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | c Other professional fees (attach schedule)                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 17 Interest                                                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 18 Taxes (attach schedule) (see instructions)                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 19 Depreciation (attach schedule) and depletion                                    |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 20 Occupancy                                                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 21 Travel, conferences, and meetings                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 22 Printing and publications                                                       | 532 70                             | 0 00                      |                         | 532 70                                                      |
|                                                                                                                                                                           | 23 Other expenses (attach schedule)                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23     | 532 70                             | 0 00                      |                         | 532 70                                                      |
|                                                                                                                                                                           | 25 Contributions, gifts, grants paid                                               | 993,598 57                         |                           |                         | 876,088 26                                                  |
| 26 <b>Total expenses and disbursements.</b> Add lines 24 and 25                                                                                                           | 994,131 27                                                                         | 0 00                               |                           | 876,620 96              |                                                             |
| 27 Subtract line 26 from line 12:                                                                                                                                         |                                                                                    |                                    |                           |                         |                                                             |
| a <b>Excess of revenue over expenses and disbursements</b>                                                                                                                | 9,005,903 73                                                                       |                                    |                           |                         |                                                             |
| b <b>Net investment income</b> (if negative, enter -0-)                                                                                                                   |                                                                                    | 0 00                               |                           |                         |                                                             |
| c <b>Adjusted net income</b> (if negative, enter -0-)                                                                                                                     |                                                                                    |                                    |                           |                         |                                                             |

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form **990-PF** (2014)

AMENDED

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| <b>Part II Balance Sheets</b>      |                                                                                                                           | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) |                |                       |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|
|                                    |                                                                                                                           | Beginning of year                                                                                                  | End of year    |                       |
|                                    |                                                                                                                           | (a) Book Value                                                                                                     | (b) Book Value | (c) Fair Market Value |
| <b>Assets</b>                      | 1 Cash—non-interest-bearing . . . . .                                                                                     | 0 00                                                                                                               | 9,123,414 04   | 9,123,414 04          |
|                                    | 2 Savings and temporary cash investments . . . . .                                                                        |                                                                                                                    |                |                       |
|                                    | 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 ▶ . . . . .                                                                         |                                                                                                                    |                |                       |
|                                    | 8 Inventories for sale or use . . . . .                                                                                   |                                                                                                                    |                |                       |
|                                    | 9 Prepaid expenses and deferred charges . . . . .                                                                         |                                                                                                                    |                |                       |
|                                    | 10a Investments—U S and state government obligations (attach schedule)                                                    |                                                                                                                    |                |                       |
|                                    | b Investments—corporate stock (attach schedule)                                                                           |                                                                                                                    |                |                       |
|                                    | c Investments—corporate bonds (attach schedule) . . . . .                                                                 |                                                                                                                    |                |                       |
|                                    | 11 Investments—land, buildings, and equipment: basis ▶ . . . . .                                                          |                                                                                                                    |                |                       |
| <b>Liabilities</b>                 | Less: accumulated depreciation (attach schedule) ▶ . . . . .                                                              |                                                                                                                    |                |                       |
|                                    | 12 Investments—mortgage loans . . . . .                                                                                   |                                                                                                                    |                |                       |
|                                    | 13 Investments—other (attach schedule) . . . . .                                                                          |                                                                                                                    |                |                       |
|                                    | 14 Land, buildings, and equipment: basis ▶ . . . . .                                                                      |                                                                                                                    |                |                       |
|                                    | Less: accumulated depreciation (attach schedule) ▶ . . . . .                                                              |                                                                                                                    |                |                       |
|                                    | 15 Other assets (describe ▶ . . . . . )                                                                                   |                                                                                                                    |                |                       |
|                                    | 16 <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I) . . . . .            | 0 00                                                                                                               | 9,123,414 04   | 9,123,414 04          |
|                                    | 17 Accounts payable and accrued expenses . . . . .                                                                        |                                                                                                                    |                |                       |
|                                    | 18 Grants payable . . . . .                                                                                               | 0 00                                                                                                               | 117,510 31     |                       |
|                                    | 19 Deferred revenue . . . . .                                                                                             |                                                                                                                    |                |                       |
| <b>Net Assets or Fund Balances</b> | 20 Loans from officers, directors, trustees, and other disqualified persons                                               |                                                                                                                    |                |                       |
|                                    | 21 Mortgages and other notes payable (attach schedule)                                                                    |                                                                                                                    |                |                       |
|                                    | 22 Other liabilities (describe ▶ . . . . . )                                                                              |                                                                                                                    |                |                       |
|                                    | 23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                           | 0 00                                                                                                               | 117,510 31     |                       |
|                                    | <b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/>                                            |                                                                                                                    |                |                       |
|                                    | <b>and complete lines 24 through 26 and lines 30 and 31.</b>                                                              |                                                                                                                    |                |                       |
|                                    | 24 Unrestricted . . . . .                                                                                                 |                                                                                                                    |                |                       |
|                                    | 25 Temporarily restricted . . . . .                                                                                       |                                                                                                                    |                |                       |
|                                    | 26 Permanently restricted . . . . .                                                                                       |                                                                                                                    |                |                       |
|                                    | <b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/>                          |                                                                                                                    |                |                       |
|                                    | <b>and complete lines 27 through 31.</b>                                                                                  |                                                                                                                    |                |                       |
| <b>Net Assets or Fund Balances</b> | 27 Capital stock, trust principal, or current funds . . . . .                                                             | 0 00                                                                                                               | 10,000,000 00  |                       |
|                                    | 28 Paid-in or capital surplus, or land, bldg, and equipment fund . . . . .                                                |                                                                                                                    |                |                       |
|                                    | 29 Retained earnings, accumulated income, endowment, or other funds . . . . .                                             | 0 00                                                                                                               | (994,096 27)   |                       |
|                                    | 30 <b>Total net assets or fund balances</b> (see instructions) . . . . .                                                  | 0 00                                                                                                               | 9,005,903 73   |                       |
|                                    | 31 <b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .                                     | 0 00                                                                                                               | 9,123,414 04   |                       |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|                                                                                                                                                                      |          |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|
| 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . . | <b>1</b> | 0 00         |
| 2 Enter amount from Part I, line 27a . . . . .                                                                                                                       | <b>2</b> | 9,005,903 73 |
| 3 Other increases not included in line 2 (itemize) ▶ . . . . .                                                                                                       | <b>3</b> | 0 00         |
| 4 Add lines 1, 2, and 3 . . . . .                                                                                                                                    | <b>4</b> | 9,005,903 73 |
| 5 Decreases not included in line 2 (itemize) ▶ . . . . .                                                                                                             | <b>5</b> | 0 00         |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .                                                      | <b>6</b> | 9,005,903 73 |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)                                                                          |                                                                                                                                                                                                                                                                          | (b) How acquired<br>P—Purchase<br>D—Donation    | (c) Date acquired<br>(mo., day, yr.)                                                            | (d) Date sold<br>(mo., day, yr.) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------|
| <b>1a</b>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                          |                                                 |                                                                                                 |                                  |
| <b>b</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                          |                                                 |                                                                                                 |                                  |
| <b>c</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                          |                                                 |                                                                                                 |                                  |
| <b>d</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                          |                                                 |                                                                                                 |                                  |
| <b>e</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                          |                                                 |                                                                                                 |                                  |
| (e) Gross sales price                                                                                                                                                                                     | (f) Depreciation allowed<br>(or allowable)                                                                                                                                                                                                                               | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g)                                                    |                                  |
| <b>a</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                          |                                                 |                                                                                                 |                                  |
| <b>b</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                          |                                                 |                                                                                                 |                                  |
| <b>c</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                          |                                                 |                                                                                                 |                                  |
| <b>d</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                          |                                                 |                                                                                                 |                                  |
| <b>e</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                          |                                                 |                                                                                                 |                                  |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69                                                                                                               |                                                                                                                                                                                                                                                                          |                                                 | (i) Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col. (h)) |                                  |
| (j) F.M.V. as of 12/31/69                                                                                                                                                                                 | (k) Adjusted basis<br>as of 12/31/69                                                                                                                                                                                                                                     | (l) Excess of col. (i)<br>over col. (j), if any |                                                                                                 |                                  |
| <b>a</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                          |                                                 |                                                                                                 |                                  |
| <b>b</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                          |                                                 |                                                                                                 |                                  |
| <b>c</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                          |                                                 |                                                                                                 |                                  |
| <b>d</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                          |                                                 |                                                                                                 |                                  |
| <b>e</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                          |                                                 |                                                                                                 |                                  |
| <b>2</b> Capital gain net income or (net capital loss)                                                                                                                                                    | <div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;">           If gain, also enter in Part I, line 7<br/>           If (loss), enter -0- in Part I, line 7         </div> </div> |                                                 | <b>2</b>                                                                                        |                                  |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6).<br>If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in<br>Part I, line 8 |                                                                                                                                                                                                                                                                          |                                                 | <b>3</b>                                                                                        |                                  |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

| (a) Base period years<br>Calendar year (or tax year beginning in)                                                                                                                                                             | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio<br>(col. (b) divided by col. (c)) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|----------------------------------------------------------|
| 2013                                                                                                                                                                                                                          |                                       |                                           |                                                          |
| 2012                                                                                                                                                                                                                          |                                       |                                           |                                                          |
| 2011                                                                                                                                                                                                                          |                                       |                                           |                                                          |
| 2010                                                                                                                                                                                                                          |                                       |                                           |                                                          |
| 2009                                                                                                                                                                                                                          |                                       |                                           |                                                          |
| <b>2</b> Total of line 1, column (d)                                                                                                                                                                                          |                                       |                                           | <b>2</b>                                                 |
| <b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the<br>number of years the foundation has been in existence if less than 5 years                                        |                                       |                                           | <b>3</b>                                                 |
| <b>4</b> Enter the net value of noncharitable-use assets for 2014 from Part X, line 5                                                                                                                                         |                                       |                                           | <b>4</b>                                                 |
| <b>5</b> Multiply line 4 by line 3                                                                                                                                                                                            |                                       |                                           | <b>5</b>                                                 |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                                                           |                                       |                                           | <b>6</b>                                                 |
| <b>7</b> Add lines 5 and 6                                                                                                                                                                                                    |                                       |                                           | <b>7</b>                                                 |
| <b>8</b> Enter qualifying distributions from Part XII, line 4<br>If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the<br>Part VI instructions |                                       |                                           | <b>8</b>                                                 |

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

|           |                                                                                                                                                                                                                                   |           |   |    |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|----|
| <b>1a</b> | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1<br>Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions) |           |   |    |
| <b>b</b>  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b                                                                        | <b>1</b>  | 0 | 00 |
| <b>c</b>  | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)                                                                                                            |           |   |    |
| <b>2</b>  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                         | <b>2</b>  | 0 | 00 |
| <b>3</b>  | Add lines 1 and 2                                                                                                                                                                                                                 | <b>3</b>  | 0 | 00 |
| <b>4</b>  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                       | <b>4</b>  | 0 | 00 |
| <b>5</b>  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-                                                                                                                                    | <b>5</b>  | 0 | 00 |
| <b>6</b>  | <b>Credits/Payments</b>                                                                                                                                                                                                           |           |   |    |
| <b>a</b>  | 2014 estimated tax payments and 2013 overpayment credited to 2014                                                                                                                                                                 | <b>6a</b> |   |    |
| <b>b</b>  | Exempt foreign organizations—tax withheld at source                                                                                                                                                                               | <b>6b</b> |   |    |
| <b>c</b>  | Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                               | <b>6c</b> |   |    |
| <b>d</b>  | Backup withholding erroneously withheld                                                                                                                                                                                           | <b>6d</b> |   |    |
| <b>7</b>  | Total credits and payments. Add lines 6a through 6d                                                                                                                                                                               | <b>7</b>  | 0 | 00 |
| <b>8</b>  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached                                                                                                          | <b>8</b>  | 0 | 00 |
| <b>9</b>  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>                                                                                                                                       | <b>9</b>  | 0 | 00 |
| <b>10</b> | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>                                                                                                                           | <b>10</b> | 0 | 00 |
| <b>11</b> | Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b> <b>Refunded</b>                                                                                                                                           | <b>11</b> |   |    |

**Part VII-A Statements Regarding Activities**

|           |                                                                                                                                                                                                                                                                                                                                    |            |           |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>1a</b> | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?                                                                                                                                                               | <b>Yes</b> | <b>No</b> |
| <b>1a</b> |                                                                                                                                                                                                                                                                                                                                    |            | ✓         |
| <b>b</b>  | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?                                                                                                                                                                                         |            | ✓         |
|           | <i>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</i>                                                                                                                                |            |           |
| <b>c</b>  | Did the foundation file <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                        | <b>1c</b>  | ✓         |
| <b>d</b>  | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br>(1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____                                                                                                                                                       |            |           |
| <b>e</b>  | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____                                                                                                                                                                                   |            |           |
| <b>2</b>  | Has the foundation engaged in any activities that have not previously been reported to the IRS?<br><i>If "Yes," attach a detailed description of the activities.</i>                                                                                                                                                               | <b>2</b>   | ✓         |
| <b>3</b>  | 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? <i>If "Yes," attach a conformed copy of the changes</i>                                                                                                  | <b>3</b>   | ✓         |
| <b>4a</b> | Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                        | <b>4a</b>  | ✓         |
| <b>b</b>  | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?                                                                                                                                                                                                                                                            | <b>4b</b>  |           |
| <b>5</b>  | Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br><i>If "Yes," attach the statement required by General Instruction T</i>                                                                                                                                                          | <b>5</b>   | ✓         |
| <b>6</b>  | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• 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? | <b>6</b>   | ✓         |
| <b>7</b>  | Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>                                                                                                                                                                                            | <b>7</b>   | ✓         |
| <b>8a</b> | Enter the states to which the foundation reports or with which it is registered (see instructions) ▶<br>OREGON                                                                                                                                                                                                                     |            |           |
| <b>b</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? <i>If "No," attach explanation</i>                                                                                                                 | <b>8b</b>  | ✓         |
| <b>9</b>  | 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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>                                                                        | <b>9</b>   | ✓         |
| <b>10</b> | Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>                                                                                                                                                                                          | <b>10</b>  | ✓         |

**Part VII-A Statements Regarding Activities (continued)**

|                                                             |                                                                                                                                                                                                                                                                                                                                                         |                |                     |    |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------|----|
| <b>11</b>                                                   | 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)                                                                                                                                                                 | <b>11</b>      |                     | ✓  |
| <b>12</b>                                                   | 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)                                                                                                                                                                | <b>12</b>      |                     | ✓  |
| <b>13</b>                                                   | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?                                                                                                                                                                                                                                     | <b>13</b>      | ✓                   |    |
| Website address ▶ <u>www.umpquabank.com/communitygiving</u> |                                                                                                                                                                                                                                                                                                                                                         |                |                     |    |
| <b>14</b>                                                   | The books are in care of ▶ <u>ACCOUNTING DEPARTMENT</u>                                                                                                                                                                                                                                                                                                 | Telephone no ▶ | <u>503-268-6673</u> |    |
|                                                             | Located at ▶ <u>20085 NW TANASBOURNE DRIVE, HILLSBORO, OR</u>                                                                                                                                                                                                                                                                                           | ZIP+4 ▶        | <u>97124</u>        |    |
| <b>15</b>                                                   | 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 . . . ▶ <b>15</b>                                                                                                                                                     |                |                     |    |
| <b>16</b>                                                   | At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?<br>See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) If "Yes," enter the name of the foreign country ▶ | <b>16</b>      | Yes                 | No |
|                                                             |                                                                                                                                                                                                                                                                                                                                                         |                |                     | ✓  |

**Part 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 |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1a</b> | 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? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                      |           |    |
|           | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                              |           |    |
|           | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                  |           |    |
|           | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                               |           |    |
|           | (6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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) . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                      |           |    |
| <b>b</b>  | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?<br>Organizations relying on a current notice regarding disaster assistance check here . . . ▶ <input type="checkbox"/>                                                                                                                                                    | <b>1b</b> |    |
| <b>c</b>  | 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 2014?                                                                                                                                                                                                                                                                                                               | <b>1c</b> | ✓  |
| <b>2</b>  | 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)):                                                                                                                                                                                                                                                                                                                        |           |    |
| <b>a</b>  | At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?<br>If "Yes," list the years ▶ 20____, 20____, 20____, 20____ <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                               |           |    |
| <b>b</b>  | Are there any years listed in 2a for which the foundation is <b>not</b> 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) . . .                                                                                                                                                                                   | <b>2b</b> | ✓  |
| <b>c</b>  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here<br>▶ 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                            |           |    |
| <b>3a</b> | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                  |           |    |
| <b>b</b>  | If "Yes," did it have excess business holdings in 2014 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 2014.) . . . | <b>3b</b> |    |
| <b>4a</b> | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                       | <b>4a</b> | ✓  |
| <b>b</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 2014?                                                                                                                                                                                                                                                                     | <b>4b</b> | ✓  |

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

- 5a** During the year did the foundation pay or incur any amount to
- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No
- b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? **5b**
- Organizations relying on a current notice regarding disaster assistance check here ☒
- c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No
- If "Yes," attach the statement required by Regulations section 53.4945–5(d)
- 6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b** ☒
- If "Yes" to 6b, file Form 8870
- 7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No
- b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **7b**

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

| (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 |
|-----------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| SEE ATTACHED SCHEDULE |                                                           |                                           |                                                                       |                                       |
|                       |                                                           |                                           |                                                                       |                                       |
|                       |                                                           |                                           |                                                                       |                                       |
|                       |                                                           |                                           |                                                                       |                                       |
|                       |                                                           |                                           |                                                                       |                                       |

**2** Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---------------------------------------------------------------|-----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| NONE                                                          |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |

Total number of other employees paid over \$50,000 **0**

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***3** Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."

| (a) Name and address of each person paid more than \$50,000                     | (b) Type of service | (c) Compensation |
|---------------------------------------------------------------------------------|---------------------|------------------|
| NONE                                                                            |                     |                  |
|                                                                                 |                     |                  |
|                                                                                 |                     |                  |
|                                                                                 |                     |                  |
|                                                                                 |                     |                  |
|                                                                                 |                     |                  |
| <b>Total</b> number of others receiving over \$50,000 for professional services |                     | 0                |

**Part IX-A** Summary of Direct Charitable Activities

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>1</b> NONE                                                                                                                                                                                                                                          | 0 00     |
| <b>2</b> NONE                                                                                                                                                                                                                                          | 0 00     |
| <b>3</b> NONE                                                                                                                                                                                                                                          | 0 00     |
| <b>4</b> NONE                                                                                                                                                                                                                                          | 0 00     |

**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 and 2 | Amount |
|------------------------------------------------------------------------------------------------------------------|--------|
| <b>1</b> NONE                                                                                                    | 0 00   |
| <b>2</b> NONE                                                                                                    | 0 00   |
| All other program-related investments. See instructions.                                                         |        |
| <b>3</b> NONE                                                                                                    | 0 00   |
| <b>Total.</b> Add lines 1 through 3                                                                              | 0 00   |



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|          |                                                                                                             |           |              |
|----------|-------------------------------------------------------------------------------------------------------------|-----------|--------------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: |           |              |
| <b>a</b> | Average monthly fair market value of securities                                                             | <b>1a</b> | 0 00         |
| <b>b</b> | Average of monthly cash balances                                                                            | <b>1b</b> | 9,610,324 17 |
| <b>c</b> | Fair market value of all other assets (see instructions)                                                    | <b>1c</b> | 0 00         |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c)                                                                       | <b>1d</b> | 9,610,324 17 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)   | <b>1e</b> | 0 00         |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets                                                        | <b>2</b>  | 0 00         |
| <b>3</b> | Subtract line 2 from line 1d                                                                                | <b>3</b>  | 9,610,324 17 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions)  | <b>4</b>  | 144,155 00   |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 | <b>5</b>  | 9,466,169 17 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5                                                        | <b>6</b>  | 473,308 00   |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part )

|           |                                                                                                           |           |            |
|-----------|-----------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b>  | Minimum investment return from Part X, line 6                                                             | <b>1</b>  | 473,308 00 |
| <b>2a</b> | Tax on investment income for 2014 from Part VI, line 5                                                    | <b>2a</b> | 0 00       |
| <b>b</b>  | Income tax for 2014. (This does not include the tax from Part VI)                                         | <b>2b</b> | 0 00       |
| <b>c</b>  | Add lines 2a and 2b                                                                                       | <b>2c</b> | 0 00       |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1                                     | <b>3</b>  | 473,308 00 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions                                                 | <b>4</b>  | 0 00       |
| <b>5</b>  | Add lines 3 and 4                                                                                         | <b>5</b>  | 473,308 00 |
| <b>6</b>  | Deduction from distributable amount (see instructions)                                                    | <b>6</b>  | 0 00       |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | <b>7</b>  | 473,308 00 |

**Part XII Qualifying Distributions** (see instructions)

|          |                                                                                                                                                      |           |            |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                                           |           |            |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26                                                                          | <b>1a</b> | 876,620 96 |
| <b>b</b> | Program-related investments—total from Part IX-B                                                                                                     | <b>1b</b> | 0 00       |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes                                            | <b>2</b>  | 0 00       |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the:                                                                                 |           |            |
| <b>a</b> | Suitability test (prior IRS approval required)                                                                                                       | <b>3a</b> | 0 00       |
| <b>b</b> | Cash distribution test (attach the required schedule)                                                                                                | <b>3b</b> | 0 00       |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                                    | <b>4</b>  | 876,620 96 |
| <b>5</b> | 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) | <b>5</b>  | 0 00       |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4                                                                                | <b>6</b>  | 876,620 96 |

**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.

**Part XIII Undistributed Income** (see instructions)

|                                                                                                                                                                                   | (a)<br>Corpus | (b)<br>Years prior to 2013 | (c)<br>2013 | (d)<br>2014 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2014 from Part XI, line 7                                                                                                                       |               |                            |             | 473,308 00  |
| <b>2</b> Undistributed income, if any, as of the end of 2014:                                                                                                                     |               |                            |             |             |
| <b>a</b> Enter amount for 2013 only                                                                                                                                               |               |                            | 0 00        |             |
| <b>b</b> Total for prior years: 20____, 20____, 20____                                                                                                                            |               | 0 00                       |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2014:                                                                                                                         |               |                            |             |             |
| <b>a</b> From 2009                                                                                                                                                                |               |                            |             |             |
| <b>b</b> From 2010                                                                                                                                                                |               |                            |             |             |
| <b>c</b> From 2011                                                                                                                                                                |               |                            |             |             |
| <b>d</b> From 2012                                                                                                                                                                |               |                            |             |             |
| <b>e</b> From 2013                                                                                                                                                                |               |                            |             |             |
| <b>f</b> <b>Total</b> of lines 3a through e                                                                                                                                       | 0 00          |                            |             |             |
| <b>4</b> Qualifying distributions for 2014 from Part XII, line 4: ► \$ <u>876,620 96</u>                                                                                          |               |                            |             |             |
| <b>a</b> Applied to 2013, but not more than line 2a                                                                                                                               |               |                            | 0 00        |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions)                                                                                      |               | 0 00                       |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions)                                                                                              | 0 00          |                            |             |             |
| <b>d</b> Applied to 2014 distributable amount                                                                                                                                     |               |                            |             | 473,308 00  |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                               | 403,312 96    |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)                                        | 0 00          |                            |             | 0 00        |
| <b>6</b> Enter the net total of each column as indicated below:                                                                                                                   |               |                            |             |             |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                          | 403,312 96    |                            |             |             |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b                                                                                                          |               | 0 00                       |             |             |
| <b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |               | 0 00                       |             |             |
| <b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions                                                                                                            |               | 0 00                       |             |             |
| <b>e</b> Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions                                                                              |               |                            | 0 00        |             |
| <b>f</b> Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015                                                                |               |                            |             | 0 00        |
| <b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)         | 0 00          |                            |             |             |
| <b>8</b> Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)                                                                              | 0 00          |                            |             |             |
| <b>9</b> <b>Excess distributions carryover to 2015.</b> Subtract lines 7 and 8 from line 6a                                                                                       | 403,312 96    |                            |             |             |
| <b>10</b> Analysis of line 9                                                                                                                                                      |               |                            |             |             |
| <b>a</b> Excess from 2010                                                                                                                                                         |               |                            |             |             |
| <b>b</b> Excess from 2011                                                                                                                                                         |               |                            |             |             |
| <b>c</b> Excess from 2012                                                                                                                                                         |               |                            |             |             |
| <b>d</b> Excess from 2013                                                                                                                                                         |               |                            |             |             |
| <b>e</b> Excess from 2014                                                                                                                                                         | 403,312 96    |                            |             |             |

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

| Tax year                                                                                                                                                 | Prior 3 years |          |          | (e) Total |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------|----------|-----------|
| (a) 2014                                                                                                                                                 | (b) 2013      | (c) 2012 | (d) 2011 |           |
| <b>b</b> 85% of line 2a                                                                                                                                  |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed                                                                             |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities                                                           |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c                                   |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon                                                                                       |               |          |          |           |
| <b>a</b> "Assets" alternative test—enter                                                                                                                 |               |          |          |           |
| <b>(1)</b> Value of all assets                                                                                                                           |               |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                     |               |          |          |           |
| <b>b</b> "Endowment" alternative test—enter $\frac{2}{3}$ of minimum investment return shown in Part X, line 6 for each year listed                      |               |          |          |           |
| <b>c</b> "Support" alternative test—enter.                                                                                                               |               |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) |               |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)                                      |               |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization                                                                                         |               |          |          |           |
| <b>(4)</b> Gross investment income                                                                                                                       |               |          |          |           |

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**1 Information Regarding Foundation Managers:**

- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

NONE

- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

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

NICOLE STEIN, 1 SW COLUMBIA ST, STE 1200, PORTLAND, OR 97258 503-727-4130

- b** The form in which applications should be submitted and information and materials they should include.

WEB APPLICATION AT [www.umpquabank.com/communitygiving](http://www.umpquabank.com/communitygiving) PLEASE PROVIDE A PROJECT DESCRIPTION, FINANCIAL INFORMATION, TAX STATUS VERIFICATION AND CONTACT INFORMATION

- c** Any submission deadlines

MARCH 31ST, JUNE 30TH, SEPTEMBER 30, DECEMBER 31ST

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

LIMITED TO OR, WA, NV, ID, CA, INSTITUTIONS ARE REQUIRED TO BE 501(C)(3), FIELDS ARE EDUCATION, YOUTH DEV, ECONOMIC DEV

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| <div>Recipient</div> <div>Name and address (home or business)</div>     | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount               |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|----------------------|
| <b>a</b> <i>Paid during the year</i><br><br>SEE ATTACHED LISTING        |                                                                                                           |                                |                                  |                      |
| <b>Total</b>                                                            |                                                                                                           |                                |                                  | <b>3a</b> 993,598 57 |
| <b>b</b> <i>Approved for future payment</i><br><br>SEE ATTACHED LISTING |                                                                                                           |                                |                                  |                      |
| <b>Total</b>                                                            |                                                                                                           |                                |                                  | <b>3b</b> 484,000 00 |

Form **990-PF** (2014)

A M E N D E D

|                   |                                                |
|-------------------|------------------------------------------------|
| <b>Part XVI-A</b> | <b>Analysis of Income-Producing Activities</b> |
|-------------------|------------------------------------------------|

Enter gross amounts unless otherwise indicated

| Enter gross amounts unless otherwise indicated |                                                          | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income<br>(See instructions ) |
|------------------------------------------------|----------------------------------------------------------|---------------------------|---------------|--------------------------------------|---------------|--------------------------------------------------------------------|
|                                                |                                                          | (a)<br>Business code      | (b)<br>Amount | (c)<br>Exclusion code                | (d)<br>Amount |                                                                    |
| <b>1</b>                                       | Program service revenue                                  |                           |               |                                      |               |                                                                    |
| <b>a</b>                                       | _____                                                    |                           |               |                                      |               |                                                                    |
| <b>b</b>                                       | _____                                                    |                           |               |                                      |               |                                                                    |
| <b>c</b>                                       | _____                                                    |                           |               |                                      |               |                                                                    |
| <b>d</b>                                       | _____                                                    |                           |               |                                      |               |                                                                    |
| <b>e</b>                                       | _____                                                    |                           |               |                                      |               |                                                                    |
| <b>f</b>                                       | _____                                                    |                           |               |                                      |               |                                                                    |
| <b>g</b>                                       | Fees and contracts from government agencies              |                           |               |                                      |               |                                                                    |
| <b>2</b>                                       | Membership dues and assessments                          |                           |               |                                      |               |                                                                    |
| <b>3</b>                                       | Interest on savings and temporary cash investments       |                           |               |                                      |               |                                                                    |
| <b>4</b>                                       | Dividends and interest from securities                   |                           |               |                                      |               |                                                                    |
| <b>5</b>                                       | Net rental income or (loss) from real estate:            |                           |               |                                      |               |                                                                    |
| <b>a</b>                                       | Debt-financed property                                   |                           |               |                                      |               |                                                                    |
| <b>b</b>                                       | Not debt-financed property                               |                           |               |                                      |               |                                                                    |
| <b>6</b>                                       | Net rental income or (loss) from personal property       |                           |               |                                      |               |                                                                    |
| <b>7</b>                                       | Other investment income                                  |                           |               |                                      |               |                                                                    |
| <b>8</b>                                       | Gain or (loss) from sales of assets other than inventory |                           |               |                                      |               |                                                                    |
| <b>9</b>                                       | Net income or (loss) from special events                 |                           |               |                                      |               |                                                                    |
| <b>10</b>                                      | Gross profit or (loss) from sales of inventory           |                           |               |                                      |               |                                                                    |
| <b>11</b>                                      | Other revenue: <b>a</b> _____                            |                           |               |                                      |               |                                                                    |
| <b>b</b>                                       | _____                                                    |                           |               |                                      |               |                                                                    |
| <b>c</b>                                       | _____                                                    |                           |               |                                      |               |                                                                    |
| <b>d</b>                                       | _____                                                    |                           |               |                                      |               |                                                                    |
| <b>e</b>                                       | _____                                                    |                           |               |                                      |               |                                                                    |
| <b>12</b>                                      | Subtotal. Add columns (b), (d), and (e)                  |                           | 0 00          |                                      | 0 00          | 0 00                                                               |
| <b>13</b>                                      | Total. Add line 12, columns (b), (d), and (e)            |                           |               |                                      |               | 13 0 00                                                            |

(See worksheet in line 13 instructions to verify calculations )

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

|                  |                                                                                                                      |
|------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>Part XVII</b> | <b>Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations</b> |
|------------------|----------------------------------------------------------------------------------------------------------------------|

|          |                                                                                                                                                                                                                                                                                                                                                                                              |       |            |           |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------|-----------|
| <b>1</b> | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?                                                                                                                                          |       | <b>Yes</b> | <b>No</b> |
| <b>a</b> | Transfers from the reporting foundation to a noncharitable exempt organization of                                                                                                                                                                                                                                                                                                            |       |            |           |
|          | (1) Cash                                                                                                                                                                                                                                                                                                                                                                                     | 1a(1) | ✓          |           |
|          | (2) Other assets                                                                                                                                                                                                                                                                                                                                                                             | 1a(2) | ✓          |           |
| <b>b</b> | Other transactions:                                                                                                                                                                                                                                                                                                                                                                          |       |            |           |
|          | (1) Sales of assets to a noncharitable exempt organization                                                                                                                                                                                                                                                                                                                                   | 1b(1) | ✓          |           |
|          | (2) Purchases of assets from a noncharitable exempt organization                                                                                                                                                                                                                                                                                                                             | 1b(2) | ✓          |           |
|          | (3) Rental of facilities, equipment, or other assets                                                                                                                                                                                                                                                                                                                                         | 1b(3) | ✓          |           |
|          | (4) Reimbursement arrangements                                                                                                                                                                                                                                                                                                                                                               | 1b(4) | ✓          |           |
|          | (5) Loans or loan guarantees                                                                                                                                                                                                                                                                                                                                                                 | 1b(5) | ✓          |           |
|          | (6) Performance of services or membership or fundraising solicitations                                                                                                                                                                                                                                                                                                                       | 1b(6) | ✓          |           |
| <b>c</b> | Sharing of facilities, equipment, mailing lists, other assets, or paid employees                                                                                                                                                                                                                                                                                                             | 1c    | ✓          |           |
| <b>d</b> | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. |       |            |           |

| (a) Line no | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|-------------|---------------------|-----------------------------------------------|----------------------------------------------------------------------|
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
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|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

**b** If "Yes," complete the following schedule:

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

**Sign Here**

*[Signature]*

Signature of officer or trustee

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

8/15/16
TAX DIRECTOR

Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☒ No

|                        |                           |                      |      |                                                 |      |
|------------------------|---------------------------|----------------------|------|-------------------------------------------------|------|
| Paid Preparer Use Only | Part/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
|                        | Firm's name ▶             | Firm's EIN ▶         |      |                                                 |      |
|                        | Firm's address ▶          | Phone no             |      |                                                 |      |

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

**2014**▶ **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](http://www.irs.gov/form990).**Name of the organization**

UMPQUA BANK CHARITABLE FOUNDATION

**Employer identification number**

47-1247608

**Organization type (check one)****Filers of:****Section:**

Form 990 or 990-EZ

☐ 501(c)( ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck 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**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 *nonexclusively* religious, charitable, etc., contributions totaling \$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).

|                                                                  |                                                     |
|------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>UMPQUA BANK CHARITABLE FOUNDATION | <b>Employer identification number</b><br>47-1247608 |
|------------------------------------------------------------------|-----------------------------------------------------|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                        |
|------------|------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | UMPQUA BANK<br>20085 NW TANASBOURNE DRIVE<br>HILLSBORO, OR 97124 | \$ 10,000,000.00           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions) |
|            |                                                                  |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |
|            |                                                                  |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |
|            |                                                                  |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |
|            |                                                                  |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |
|            |                                                                  |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |
|            |                                                                  |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |
|            |                                                                  |                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)            |



Name of organization

Employer identification number

UMPQUA BANK CHARITABLE FOUNDATION

47-1247608

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|----------------------------------------------|------------------------------------------------|----------------------|
| -----                     | -----<br>-----<br>-----<br>-----             | \$-----                                        | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----<br>-----             | \$-----                                        | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----<br>-----             | \$-----                                        | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----<br>-----             | \$-----                                        | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----<br>-----             | \$-----                                        | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----<br>-----             | \$-----                                        | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----<br>-----             | \$-----                                        | -----                |

Name of organization

Employer identification number

UMPQUA BANK CHARITABLE FOUNDATION

47-1247608

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions ) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

| (a) No.<br>from<br>Part I | (b) Purpose of gift                     | (c) Use of gift         | (d) Description of how gift is held      |
|---------------------------|-----------------------------------------|-------------------------|------------------------------------------|
| -----                     | -----<br>-----<br>-----                 | -----<br>-----<br>----- | -----<br>-----<br>-----                  |
|                           | (e) Transfer of gift                    |                         |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |
|                           | -----<br>-----<br>-----                 |                         | -----<br>-----<br>-----                  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                     | (c) Use of gift         | (d) Description of how gift is held      |
| -----                     | -----<br>-----<br>-----                 | -----<br>-----<br>----- | -----<br>-----<br>-----                  |
|                           | (e) Transfer of gift                    |                         |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |
|                           | -----<br>-----<br>-----                 |                         | -----<br>-----<br>-----                  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                     | (c) Use of gift         | (d) Description of how gift is held      |
| -----                     | -----<br>-----<br>-----                 | -----<br>-----<br>----- | -----<br>-----<br>-----                  |
|                           | (e) Transfer of gift                    |                         |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |
|                           | -----<br>-----<br>-----                 |                         | -----<br>-----<br>-----                  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                     | (c) Use of gift         | (d) Description of how gift is held      |
| -----                     | -----<br>-----<br>-----                 | -----<br>-----<br>----- | -----<br>-----<br>-----                  |
|                           | (e) Transfer of gift                    |                         |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |
|                           | -----<br>-----<br>-----                 |                         | -----<br>-----<br>-----                  |

AMENDED

Umpqua Bank Charitable Foundation

47-1247608

**Part I, Line 23 - Other Expenses**

| Description                | Amount       |
|----------------------------|--------------|
| CORRESPONDENT/BANK CHARGES | 35 00        |
| LICENSES & REGISTRATIONS   | -            |
|                            | <u>35 00</u> |

AMENDED

STATEMENT 1

Part VIII - Information about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

| Name              | Address                                           | Title                        | Average hours per week | Compensation | Contributions to employee benefit plans and deferred compensation allowances | Expense to the foundation for other |
|-------------------|---------------------------------------------------|------------------------------|------------------------|--------------|------------------------------------------------------------------------------|-------------------------------------|
| Ray Davis         | 1 SW Columbia St, Suite 1200<br>Portland OR 97258 | President                    | 1                      | \$0.00       | \$0.00                                                                       | \$0.00                              |
| Eve Callahan      | 1 SW Columbia St, Suite 1200<br>Portland OR 97258 | Vice President Secretary     | 1                      | \$0.00       | \$0.00                                                                       | \$0.00                              |
| Marilyn Dickinson | 707 W Main Avenue Suite 502<br>Spokane WA 99201   | Treasurer                    | 1                      | \$0.00       | \$0.00                                                                       | \$0.00                              |
| Con O'Haver       | 1 SW Columbia St, Suite 1200<br>Portland OR 97258 | Director                     | 1                      | \$0.00       | \$0.00                                                                       | \$0.00                              |
| Greg Seiby        | 1 SW Columbia St, Suite 1200<br>Portland OR 97258 | Director                     | 1                      | \$0.00       | \$0.00                                                                       | \$0.00                              |
| Ky Fullerton      | 1 SW Columbia St, Suite 1200<br>Portland OR 97258 | Director Assistant Secretary | 1                      | \$0.00       | \$0.00                                                                       | \$0.00                              |
| Nicole Stern      | 1 SW Columbia St, Suite 1200<br>Portland OR 97258 | Director Assistant Vice      | 10                     | \$0.00       | \$0.00                                                                       | \$0.00                              |
| Neil McLaughlin   | 1 SW Columbia St, Suite 1400<br>Portland OR 97258 | Officer Assistant Treasurer  | 1                      | \$0.00       | \$0.00                                                                       | \$0.00                              |

Part XV. 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

• Paid during the year

| Recipient                                        | Name                                    | Address                                                                | City                         | State          | Zip                                    | If recipient is an individual show any relationship to any foundation manager or substantial contributor | Purpose of grant or contribution                                            | Amount   |
|--------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------|------------------------------|----------------|----------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------|
| Central Oregon Council on Aging                  | Boys & Girls Clubs of Thurston County   | 373 N Greenwood Ave<br>905 24th Way SW Ste A2<br>Yolo Basin Foundation | Bend<br>Olympia<br>Davis     | OR<br>WA<br>CA | 97701-4605<br>98502-6033<br>98328-0233 |                                                                                                          | Foster Grandparent Program in Support of At-Risk Youth                      | 1,500.00 |
| Yolo Basin Foundation                            | Yolo Basin Community Literacy Coalition | Po Box 233<br>2400 Resort St                                           | Dayton<br>Baker City         | WA<br>OR       | 98502-6033<br>97814-2721               |                                                                                                          | Project Learn                                                               | 3,000.00 |
| Habitat for Humanity Seattle-King County         | Encompass Northwest                     | 560 Naches Ave Sw Ste 110<br>1407 Borch Ave NW<br>180 E Liberty St     | Renton<br>North Bend<br>Reno | WA<br>WA<br>NV | 98057-2219<br>98045-7894<br>98501-2209 |                                                                                                          | Discover the Flyway Outdoor Science Education Program                       | 5,000.00 |
| Seneca Nevada Journeys                           | The Science Factory Inc                 | Po Box 3032<br>1303 Commercial St Ste 6                                | North Bend<br>Eugene         | WA<br>OR       | 98045-7894<br>97440-1518               |                                                                                                          | Children's Book Gateway and Reading Program                                 | 3,000.00 |
| North Central Washington Business Loan Fund      | Kulshan Community Land Trust            | 544 E Providence Ave<br>Po Box 8223                                    | Chelan<br>Spokane            | WA<br>WA       | 98816-3032<br>98225-4349               |                                                                                                          | La Fortune In-Plex                                                          | 2,500.00 |
| Boys & Girls Clubs of Spokane County             | Neighborhood Housing Services Inc       | Po Box 5286<br>300 Jerry Dr                                            | Boise<br>Boise               | WA<br>ID       | 98225-4349<br>83707-6286               |                                                                                                          | Encompass Early Learning Programs                                           | 2,000.00 |
| Life's Kitchen Inc                               | United Way of Spokane County            | 101 SW Market St                                                       | Boise                        | WA             | 83707-6286                             |                                                                                                          | Outdoor Overnight Learning for Low-Income WCSD Students                     | 2,000.00 |
| Family Development Center                        | Oregon Children's Foundation            | 920 N Washington Street                                                | Portland                     | OR             | 97201                                  |                                                                                                          | 2014 15 School Group Visit Program                                          | 2,000.00 |
| Second Harvest Food Bank of the Inland Northwest | Alingdon Koa Nook                       | 1224 E Front Ave                                                       | Spokane                      | WA             | 99207-1874                             |                                                                                                          | Homeownership Program                                                       | 2,000.00 |
| Riverbend Live                                   | Therapist's Public Broadcasting Inc     | 225 N Olympic Ave                                                      | Spokane                      | WA             | 99207-1874                             |                                                                                                          | Be Great Program                                                            | 2,000.00 |
| Therapist's Public Broadcasting Inc              | The Northwest Foundation                | 1830 N Virginia Street                                                 | Spokane                      | WA             | 99207-1874                             |                                                                                                          | Life Skills & Employment Training                                           | 1,500.00 |
| Therapist's Public Broadcasting Inc              | Therapist's Public Broadcasting Inc     | Po Box 1479                                                            | Spokane                      | WA             | 99207-1874                             |                                                                                                          | Family Development Center Program Expansion                                 | 1,500.00 |
| Therapist's Public Broadcasting Inc              | Therapist's Public Broadcasting Inc     | Casa Building 25 No 203                                                | Spokane                      | WA             | 99207-1874                             |                                                                                                          | Douglas County Expansion                                                    | 1,500.00 |
| Therapist's Public Broadcasting Inc              | Therapist's Public Broadcasting Inc     | 370-B S King Rd                                                        | Spokane                      | WA             | 99207-1874                             |                                                                                                          | Excelsior Success Kindergarten Readiness Collaborative Action Network       | 1,500.00 |
| Therapist's Public Broadcasting Inc              | Therapist's Public Broadcasting Inc     | 1260 N Dutton Ave Ste 272                                              | Spokane                      | WA             | 99207-1874                             |                                                                                                          | Second Harvest at Schools Pilot                                             | 1,500.00 |
| Therapist's Public Broadcasting Inc              | Therapist's Public Broadcasting Inc     | Po Box 773                                                             | Spokane                      | WA             | 99207-1874                             |                                                                                                          | Clothing and Hygiene Essentials for Low-income and Homeless Students        | 1,500.00 |
| Therapist's Public Broadcasting Inc              | Therapist's Public Broadcasting Inc     | 1545 W 22nd Ave                                                        | Spokane                      | WA             | 99207-1874                             |                                                                                                          | KN9B PBS KIDS Winter Contest                                                | 1,500.00 |
| Therapist's Public Broadcasting Inc              | Therapist's Public Broadcasting Inc     | 77 S Washington St                                                     | Spokane                      | WA             | 99207-1874                             |                                                                                                          | The Weaver Family Home                                                      | 1,500.00 |
| Therapist's Public Broadcasting Inc              | Therapist's Public Broadcasting Inc     | 918 First Street West                                                  | Spokane                      | WA             | 99207-1874                             |                                                                                                          | Turning Risk into Success A SAGE Entrepreneurship Program                   | 1,500.00 |
| Therapist's Public Broadcasting Inc              | Therapist's Public Broadcasting Inc     | 3909 Bradshaw Rd                                                       | Spokane                      | WA             | 99207-1874                             |                                                                                                          | Mike Hauser Algebra Academy                                                 | 1,500.00 |
| Therapist's Public Broadcasting Inc              | Therapist's Public Broadcasting Inc     | 1520 Kelly Place Suite 140                                             | Spokane                      | WA             | 99207-1874                             |                                                                                                          | Emergency food and shelter for low income families children and individuals | 1,500.00 |
| Therapist's Public Broadcasting Inc              | Therapist's Public Broadcasting Inc     | 8284 Industrial Avenue                                                 | Spokane                      | WA             | 99207-1874                             |                                                                                                          | Teen Program Expansion                                                      | 1,500.00 |
| Therapist's Public Broadcasting Inc              | Therapist's Public Broadcasting Inc     | 1400 Ne 138th Ave Ste 201                                              | Spokane                      | WA             | 99207-1874                             |                                                                                                          | College Success Program                                                     | 1,500.00 |
| Therapist's Public Broadcasting Inc              | Therapist's Public Broadcasting Inc     | 2425 Jefferson Street 103                                              | Spokane                      | WA             | 99207-1874                             |                                                                                                          | Safety Center's J A D E program (Juvenile Alcohol & Drug Education)         | 1,500.00 |
| Therapist's Public Broadcasting Inc              | Therapist's Public Broadcasting Inc     | 121 S 10th St                                                          | Spokane                      | WA             | 99207-1874                             |                                                                                                          | Money Smart Program                                                         | 1,500.00 |
| Therapist's Public Broadcasting Inc              | Therapist's Public Broadcasting Inc     | Po Box 1787                                                            | Spokane                      | WA             | 99207-1874                             |                                                                                                          | Kids Backpack Program                                                       | 1,500.00 |
| Therapist's Public Broadcasting Inc              | Therapist's Public Broadcasting Inc     | 5400 North Pearl Street                                                | Spokane                      | WA             | 99207-1874                             |                                                                                                          | Community Liaison and Para Educational Outreach                             | 1,500.00 |
| Therapist's Public Broadcasting Inc              | Therapist's Public Broadcasting Inc     | Edu One University Blvd                                                | Spokane                      | WA             | 99207-1874                             |                                                                                                          | Academic Success Program - STEM Camp                                        | 1,500.00 |
| Therapist's Public Broadcasting Inc              | Therapist's Public Broadcasting Inc     | 13 Prospect St Ste 201                                                 | Spokane                      | WA             | 99207-1874                             |                                                                                                          | Pomeroy School District After School Program                                | 1,500.00 |
| Therapist's Public Broadcasting Inc              | Therapist's Public Broadcasting Inc     | 801 N 18th Ave                                                         | Spokane                      | WA             | 99207-1874                             |                                                                                                          | Early Childhood Development Plus                                            | 1,500.00 |
| Therapist's Public Broadcasting Inc              | Therapist's Public Broadcasting Inc     |                                                                        | Spokane                      | WA             | 99207-1874                             |                                                                                                          | Low Income School Scholarship Fund                                          | 1,500.00 |
| Therapist's Public Broadcasting Inc              | Therapist's Public Broadcasting Inc     |                                                                        | Spokane                      | WA             | 99207-1874                             |                                                                                                          | Whatcom Dispute Resolution Center Youth Program                             | 1,500.00 |
| Therapist's Public Broadcasting Inc              | Therapist's Public Broadcasting Inc     |                                                                        | Spokane                      | WA             | 99207-1874                             |                                                                                                          | Power Hour Program                                                          | 1,500.00 |

Uniqua Bank Charitable Foundation

San Francisco Food Bank  
 Parenting Now  
 Part XV.3 Grants and Contributions Paid During the Year or Approved for Future Payment

\$ - Paid during the year

Recipient

San Francisco  
 Eugene  
 CA  
 OR  
 94107-3446  
 97401-7909

Children's Hunger Relief and Nutrition Programs  
 Parenting The First Three Years Program

47 12/7608  
 5 000 00  
 2 500 00

If recipient is an individual who shows any relationship to any individual in management or substantial contributor

| Name                                                               | Address                         | City           | State | Zip        | Foundation status of contributor | Purpose of grant or contribution                                                                                     | Amount   |
|--------------------------------------------------------------------|---------------------------------|----------------|-------|------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|
| Portland Youthbuilders                                             | 4816 S E 92nd Avenue            | Portland       | OR    | 97266-7723 | 501(c)(3)                        | Apprenticeship and College Transitions (ACT) Project                                                                 | 4 000 00 |
| Levander Youth Recreation and Information Center Inc               | 127 Collingwood St              | San Francisco  | CA    | 94114-2411 | 501(c)(3)                        | Sequoia Leadership Institute (SLI)                                                                                   | 2 500 00 |
| Community Youth Resource Center                                    | 103 E 29th Street               | Vancouver      | WA    | 98663-2775 | 501(c)(3)                        | Financial Stability--Because It Matters Program                                                                      | 5 000 00 |
| Kissap Community Resources                                         | 945 8th St                      | Bremerton      | WA    | 98337-1517 | 501(c)(3)                        | Financial Education and Asset-Building in Kitsap County                                                              | 4 500 00 |
| Hilltop Artists Residency Program                                  | PO Box 6829                     | Tacoma         | WA    | 98417      | 501(c)(3)                        | Hilltop Artists General Operating Fund                                                                               | 4 000 00 |
| Boys & Girls Clubs Of East County Inc                              | 8820 Tambrly Way                | Santee         | CA    | 92071-4258 | 501(c)(3)                        | The BGCEC Stream Learning Centers                                                                                    | 5 000 00 |
| Evergreen Habitat for Humanity                                     | PO Box 871570                   | Vancouver      | WA    | 98687-1570 | 501(c)(3)                        | Geometry in Construction Habitat Build                                                                               | 5 000 00 |
| Young Mens Christian Association Of Columbia Willamette            | 11324 NE 51st Circle            | Vancouver      | WA    | 98682      | 501(c)(3)                        | YMCA After School Enrichment                                                                                         | 2 500 00 |
| Forget Me Not Childrens Services                                   | Po Box 1296                     | Santa Rosa     | CA    | 95402-7386 | 501(c)(3)                        | Foster Youth Work-Readiness Mentoring Program                                                                        | 5 000 00 |
| Uniqua Community Development Corporation                           | 605 SE Kane Street              | Roseburg       | OR    | 97470-4906 | 501(c)(3)                        | MMU Homeownership Center                                                                                             | 5 000 00 |
| Community Partners For Affordable Housing                          | P O Box 23206                   | Tigard         | OR    | 97281      | 501(c)(3)                        | Affordable Housing Development and Rehabilitation                                                                    | 5 000 00 |
| Food for Lane County                                               | 770 Bailey Hill Rd              | Eugene         | OR    | 97402-5451 | 501(c)(3)                        | Weekend Snack Pack Program                                                                                           | 4 000 00 |
| Committee On The Shetlandas                                        | Po Box 2744                     | Petaluma       | CA    | 94953-2744 | 501(c)(3)                        | Children's Programming                                                                                               | 2 500 00 |
| Bridge The Gap Ministries                                          | 411 NW 112th St                 | Vancouver      | WA    | 98685-4121 | 501(c)(3)                        | Little Wahnes Enrichment Program                                                                                     | 4 000 00 |
| Healdsburg Education Foundation                                    | PO Box 1668                     | Healdsburg     | CA    | 94448-1668 | 501(c)(3)                        | Headburg High School Academic Internship Program                                                                     | 2 500 00 |
| Innovative Services NW                                             | 9414 NE Fourth Plain Road       | Vancouver      | WA    | 98662-4109 | 501(c)(3)                        | Support Services for All                                                                                             | 4 000 00 |
| YWCA of Spokane                                                    | 930 North Monroe Street         | Spokane        | WA    | 99201-1212 | 501(c)(3)                        | YWCA Vulnerable Children's Care Center                                                                               | 5 000 00 |
| Peaceful Valley Neighborhood Association                           | 310 S Spruce St                 | Spokane        | WA    | 99201-3823 | 501(c)(3)                        | Peaceful Valley Community Center Youth Programs                                                                      | 5 000 00 |
| Rose Community Development Corporation                             | 5215 SE Duke Street             | Portland       | OR    | 97206-6839 | 501(c)(3)                        | Family Services Program                                                                                              | 4 500 00 |
| Lydia Place                                                        | Po Box 29487                    | Bellingham     | WA    | 98228-0487 | 501(c)(3)                        | Family Services Program & Family Intervention Initiative                                                             | 2 000 00 |
| Living Room Center Inc                                             | 636 Cherry Street               | Santa Rosa     | CA    | 95404-4203 | 501(c)(3)                        | Peace and Child Program                                                                                              | 5 000 00 |
| CASA Of Curry County                                               | PO Box 4144                     | Blooming       | OR    | 97415      | 501(c)(3)                        | Peace and Child Program                                                                                              | 5 000 00 |
| Marion-Polk Food Share Inc                                         | 1660 Salem Industrial Drive NE  | Salem          | OR    | 97301-0374 | 501(c)(3)                        | Marion-Polk Food Share Youth Farm Growing Food for Today, Raising Tomorrow's                                         | 3 000 00 |
| Kids Club of Polk County                                           | PO Box 1035                     | Burns          | OR    | 97720-1035 | 501(c)(3)                        | Strengthening the direct services for youth programs                                                                 | 5 000 00 |
| Washing Family Services                                            | 1900 Rancier Ave S              | Burns          | OR    | 97720-1035 | 501(c)(3)                        | Washing Family Services Early Learning Center                                                                        | 3 000 00 |
| Elgin Family Home                                                  | 660 George Washington Way       | Richland       | WA    | 99144-6008 | 501(c)(3)                        | Transition to Success and Rent Support                                                                               | 5 000 00 |
| Solo Haven Ministry Home                                           | Po Box 1822                     | Roseburg       | OR    | 97470-4228 | 501(c)(3)                        | Bed Nights Project                                                                                                   | 5 000 00 |
| Foundation for Private Enterprise Education                        | 33305 ISI Way S Site B212       | Federal Way    | WA    | 98003-4554 | 501(c)(3)                        | Washington Business Week Summer Program 2015                                                                         | 5 000 00 |
| Staradisa County Habitat for Humanity                              | 630 Kearney Ave                 | Modesto        | CA    | 95350-5714 | 501(c)(3)                        | River Vista Phase 2 Build                                                                                            | 5 000 00 |
| Rebuilding Together Petaluma                                       | 402 Petaluma Boulevard North    | Petaluma       | CA    | 94952      | 501(c)(3)                        | Emergency Services Program                                                                                           | 5 000 00 |
| Humboldt Community Access And Resource Center                      | 1707 E Street Suite 4           | Eureka         | CA    | 95501-7621 | 501(c)(3)                        | VITA Program "Earn it, Keep it, Save it"                                                                             | 5 000 00 |
| Firehouse Community Development Corporation                        | 5655 Silver Creek Valley Rd 517 | San Jose       | CA    | 95138-3473 | 501(c)(3)                        | Igniting Youth for Success                                                                                           | 5 000 00 |
| Boys And Girls Clubs Of The Greater Santiam                        | 305 S 5th Street                | Lebanon        | OR    | 97355-2700 | 501(c)(3)                        | Great by 8th Preparing Middle School Youth for Success                                                               | 3 000 00 |
| Eugene Mission                                                     | P O Box 1149                    | Eugene         | OR    | 97440-1149 | 501(c)(3)                        | Operational Support for the Life Change Program                                                                      | 5 000 00 |
| Friends of the Children - Seattle                                  | Po Box 22801                    | Seattle        | WA    | 98122-0801 | 501(c)(3)                        | Enabling vulnerable youth to achieve success in school                                                               | 4 000 00 |
| Project Access Inc                                                 | 3900 Birch Street Suite 113     | Newport Beach  | CA    | 92660-2226 | 501(c)(3)                        | Project Access After School Tutoring and Enrichment Program in Southern California                                   | 2 000 00 |
| Education Alliance Of Wasco County Inc                             | 425 E 9th Street                | Reno           | NV    | 89520-3425 | 501(c)(3)                        | Kids In Motion                                                                                                       | 5 000 00 |
| Boys & Girls Clubs Of Southwest Washington                         | 1111 Main Street, Suite 605     | Vancouver      | WA    | 98660-3970 | 501(c)(3)                        | Be Educated Be Great                                                                                                 | 5 000 00 |
| Sunday Friends Foundation                                          | P O Box 24887                   | San Jose       | CA    | 95154-4887 | 501(c)(3)                        | Classroom Education Program                                                                                          | 5 000 00 |
| Impact NW                                                          | 1955 West Texas Street, No 4    | Fairfield      | CA    | 94533-4482 | 501(c)(3)                        | Expand Outdoor Mentoring for Underserved Youth in Portland OR                                                        | 2 500 00 |
| Youth in Focus                                                     | 10055 E Burnside St             | Portland       | OR    | 97216-3333 | 501(c)(3)                        | Youth Development Photography Program for At-Risk Youth                                                              | 2 500 00 |
| Attain Housing formerly Kirkland Interfaith Transitions in Housing | 2100 24th Ave S Suite 310       | Seattle        | WA    | 98144-4645 | 501(c)(3)                        | Providing transitional housing to homeless family with children including case management and nutritional assistance | 3 000 00 |
| Bethlehem's Place                                                  | 125 State St S                  | Kirkland       | WA    | 98033-6687 | 501(c)(3)                        | Outreach Expansion                                                                                                   | 4 000 00 |
| St Leon Parish                                                     | 1853 SW 23rd St                 | Redmond        | OR    | 97566-0109 | 501(c)(3)                        | The Backpack Project                                                                                                 | 5 000 00 |
| Mi Crea Education Inc                                              | 710 S 13th St                   | Tacoma         | WA    | 98405-4404 | 501(c)(3)                        | Farm about youth become community leaders                                                                            | 5 000 00 |
| Fan Of Albany Incorporated                                         | 385 Ford Ave                    | Grolier        | WA    | 98346-2244 | 501(c)(3)                        | Food Pantry Project for At-Risk                                                                                      | 5 000 00 |
| Junior Achievement of Washington                                   | 1880 SE Hill Street             | Albany         | WA    | 99722-4216 | 501(c)(3)                        | Middle School JA Southern Washington Region                                                                          | 5 000 00 |
| Miracle Theatre Group                                              | 526 S 14th St                   | Kennelworth    | WA    | 98724-1102 | 501(c)(3)                        | Middle School JA Southern Washington Region                                                                          | 5 000 00 |
| Family Ventures                                                    | 1625 5th Ave                    | Spokane        | WA    | 99201-3708 | 501(c)(3)                        | Family Ventures JA Southern Washington Region                                                                        | 5 000 00 |
| Amical Community Services Foundation                               | Po Box 91                       | Spokane        | WA    | 99201-3708 | 501(c)(3)                        | Family Ventures JA Southern Washington Region                                                                        | 5 000 00 |
| Family Community Services Foundation                               | Po Box 147                      | Spokane        | WA    | 99201-3708 | 501(c)(3)                        | Family Ventures JA Southern Washington Region                                                                        | 5 000 00 |
| Arts Bonanza Inc                                                   | 1112 NW Circle Blvd             | Fairfield      | CA    | 94533-0014 | 501(c)(3)                        | Family Ventures JA Southern Washington Region                                                                        | 5 000 00 |
| APA Family Support Services                                        | 991 Teller St Suite 114         | Corvallis      | OR    | 97330-462  | 501(c)(3)                        | Family Ventures JA Southern Washington Region                                                                        | 5 000 00 |
| Boys & Girls Clubs Of The Western Treasure Valley                  | 10 Nottingham Place             | Bend           | OR    | 94510-2914 | 501(c)(3)                        | Family Ventures JA Southern Washington Region                                                                        | 5 000 00 |
| Citizens for Safe Schools                                          | Po Box 22613                    | Portland       | OR    | 97209-2613 | 501(c)(3)                        | Family Ventures JA Southern Washington Region                                                                        | 5 000 00 |
| Pelousee Habitat for Humanity                                      | Po Box 243                      | Portland       | OR    | 97209-2613 | 501(c)(3)                        | Family Ventures JA Southern Washington Region                                                                        | 5 000 00 |
| Communities in Schools of Spokane County                           | 2701 Prospect Park Dr Site 120  | Klamath Falls  | OR    | 97601-1011 | 501(c)(3)                        | Family Ventures JA Southern Washington Region                                                                        | 5 000 00 |
| Boys & Girls Clubs of the Lewis Clark Valley Inc                   | PO Box 3054                     | Rancho Cordova | CA    | 95670-4006 | 501(c)(3)                        | Family Ventures JA Southern Washington Region                                                                        | 5 000 00 |
| Homestead Community Land Trust                                     | 905 W Riverside Ave Site 301    | Spokane        | WA    | 99201-1009 | 501(c)(3)                        | Family Ventures JA Southern Washington Region                                                                        | 5 000 00 |
| CASA of Jackson County                                             | 1021 Burrell Ave                | Lewiston       | ID    | 83501-5467 | 501(c)(3)                        | Family Ventures JA Southern Washington Region                                                                        | 5 000 00 |
|                                                                    | 412 Maynard Ave South Suite 201 | Seattle        | WA    | 98104-2917 | 501(c)(3)                        | Family Ventures JA Southern Washington Region                                                                        | 5 000 00 |
|                                                                    | 3333 3rd Ave                    | Sacramento     | CA    | 95817-2808 | 501(c)(3)                        | Family Ventures JA Southern Washington Region                                                                        | 5 000 00 |
|                                                                    | 613 Market St                   | Medford        | OR    | 97504-4125 | 501(c)(3)                        | Family Ventures JA Southern Washington Region                                                                        | 5 000 00 |

AMENDED



Unipoua Bank Charitable Foundation

47 1247608

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

b - Approved for future payment

| Recipient                                        |                         | If recipient is an individual show any relationship to any foundation manager or contributor |    | Foundation status of recipient |  | Purpose of grant or contribution                                |  | Amount            |  |
|--------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------|----|--------------------------------|--|-----------------------------------------------------------------|--|-------------------|--|
| Name                                             | Address                 | City                                                                                         | St | Zip                            |  |                                                                 |  |                   |  |
| Oregon Children's Foundation                     | 101 SW Market St        | Portland                                                                                     | OR | 97201                          |  | Douglas County Expansion                                        |  | 33,000 00         |  |
| Second Harvest Food Bank of the Inland Northwest | 101 SW Market St        | Portland                                                                                     | OR | 97201                          |  | Douglas County Expansion                                        |  | 28,000 00         |  |
| Second Harvest Food Bank of the Inland Northwest | 1234 E Front Ave        | Spokane                                                                                      | WA | 99202 2148                     |  | Second Harvest at Schools                                       |  | 75,000 00         |  |
| Family Development Center                        | 1234 E Front Ave        | Spokane                                                                                      | WA | 99202 2148                     |  | Second Harvest at Schools                                       |  | 100,000 00        |  |
| Family Development Center                        | 300 Jerry's Dr          | Roseburg                                                                                     | OR | 97470-1132                     |  | Family Development Center Program Expansion                     |  | 80,000 00         |  |
| Family Development Center                        | 300 Jerry's Dr          | Roseburg                                                                                     | OR | 97470-1132                     |  | Family Development Center Program Expansion                     |  | 95,000 00         |  |
| United Way of Spokane County                     | 920 N Washington Street | Spokane                                                                                      | WA | 99201-2229                     |  | Excellerate Success Kindergarten Readiness Collaborative Action |  | 35,000 00         |  |
| United Way of Spokane County                     | 920 N Washington Street | Spokane                                                                                      | WA | 99201-2229                     |  | Excellerate Success Kindergarten Readiness Collaborative Action |  | 40,000 00         |  |
|                                                  |                         |                                                                                              |    |                                |  |                                                                 |  | <u>484,000 00</u> |  |

AMENDED