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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Information about Form 990-PF and its instructions is at *www.irs.gov/form990pf*.**

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

Name of foundation
BLANCHE FISCHER FOUNDATION

A Employer identification number
93-0790099

Number and street (or P O box number if mail is not delivered to street address)
1509 SW SUNSET BLVD NO 1-B

Room/suite

B Telephone number (see instructions)
(503) 246-4941

City or town, state or province, country, and ZIP or foreign postal code
PORTLAND, OR 97239

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year *(from Part II, col. (c), line 16)* ▶$ 1,889,648

J Accounting method ☑ Cash ☐ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)				
	2	Check ▶ ☑ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	37,117	37,117	37,117	
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	150,193			
	b	Gross sales price for all assets on line 6a 487,333				
	7	Capital gain net income (from Part IV, line 2)		150,193		
	8	Net short-term capital gain			63	
	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)	40,387	40,387	40,387	
	12	**Total.** Add lines 1 through 11	227,697	227,697	77,567	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	0	0	0	0
	14	Other employee salaries and wages	19,915	0	19,915	19,915
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	2,462	820	1,642	1,642
	c	Other professional fees (attach schedule)	21,749	20,704	1,045	1,045
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	6,477	4,601	1,876	1,876
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy	7,294	0	7,294	7,294
	21	Travel, conferences, and meetings	3,534	0	3,534	3,534
	22	Printing and publications				
	23	Other expenses (attach schedule)	4,614	0	4,614	4,614
	24	**Total operating and administrative expenses.** Add lines 13 through 23	66,045	26,125	39,920	39,920
	25	Contributions, gifts, grants paid	46,714			46,714
	26	**Total expenses and disbursements.** Add lines 24 and 25	112,759	26,125	39,920	86,634
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	114,938			
	b	**Net investment income** (if negative, enter -0-)		201,572		
	c	**Adjusted net income** (if negative, enter -0-)			37,647	

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

			Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	675	24,247	24,247
	2	Savings and temporary cash investments	62,427	40,016	40,016
	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)	1,368,406	1,483,915	1,594,918
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	227,700	227,700	227,700
	14	Land, buildings, and equipment basis ▶ 9,611			
		Less accumulated depreciation (attach schedule) ▶ 9,611			
	15	Other assets (describe ▶)	2,767	2,767	2,767
	16	**Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	1,661,975	1,778,645	1,889,648
Liabilities	17	Accounts payable and accrued expenses	2,985	4,717	
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	**Total liabilities** (add lines 17 through 22)	2,985	4,717	
Net Assets or Fund Balances		**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24	Unrestricted	1,658,990	1,773,928	
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	**Total net assets or fund balances** (see instructions)	1,658,990	1,773,928	
	31	**Total liabilities and net assets/fund balances** (see instructions)	1,661,975	1,778,645	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,658,990
2	Enter amount from Part I, line 27a	2	114,938
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	1,773,928
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	1,773,928

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 P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	See Additional Data Table			
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	See Additional Data Table			
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a	See Additional Data Table			
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	150,193
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	63

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

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	72,862	1,763,828	0 041309
2012	69,054	1,615,055	0 042756
2011	84,614	1,603,146	0 052780
2010	55,032	1,477,644	0 037243
2009	74,052	1,359,129	0 054485

2	**Total** of line 1, column (d)	2	0 228573
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 045715
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	1,890,761
5	Multiply line 4 by line 3	5	86,436
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	2,016
7	Add lines 5 and 6	7	88,452
8	Enter qualifying distributions from Part XII, line 4	8	86,634

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 Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	4,031
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2	3	4,031
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	4,031
6	Credits/Payments		
a	2014 estimated tax payments and 2013 overpayment credited to 2014 — 6a: 2,480		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 1,551		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments Add lines 6a through 6d	7	4,031
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	0
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be **Credited to 2015 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	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?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	*If the answer is "Yes" to **1a** or **1b,** attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ OR			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation .*	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9	Yes	
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

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

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ WWW BFF ORG

14 The books are in care of ▶ MICHAEL BRADEN Telephone no ▶ (503) 246-4941

Located at ▶ 1509 SW SUNSET BLVD 1-B PORTLAND OR ZIP+4 ▶ 97239

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —Check here . . . . . ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ 15

16	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?		Yes	No
		16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶			

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
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☑ Yes ☐ 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)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here. ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	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? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
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.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

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**		**No**
	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 Additional Data Table				

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		
Total 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
1 CHARITABLE ACTIVITIES CONSIST SOLELY OF GIVING MONEY TO OR FOR DISABLED OR PHYSICALLY HANDICAPPED PEOPLE SHOWING FINANCIAL NEED IN THE STATE OF OREGON	39,920
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions **3**	
Total. Add lines 1 through 3 ▶	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	1,625,246
b	Average of monthly cash balances	1b	63,661
c	Fair market value of all other assets (see instructions)	1c	230,647
d	**Total** (add lines 1a, b, and c)	1d	1,919,554
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	1,919,554
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	28,793
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,890,761
6	**Minimum investment return.** Enter 5% of line 5	6	94,538

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.)

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

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	86,634
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	86,634
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	86,634

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) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2014				
a From 2009.				
b From 2010.				
c From 2011.				
d From 2012.				
e From 2013.				
f **Total** of lines 3a through e.				
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ $ _____				
a Applied to 2013, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2014 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2014 *(If an amount appears in column (d), the same amount must be shown in column (a).)*				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount —see instructions				
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				
7 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).				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions). . .				
9 **Excess distributions carryover to 2015.** Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2010. . . .				
b Excess from 2011. . . .				
c Excess from 2012. . . .				
d Excess from 2013. . . .				
e Excess from 2014. . . .				

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 organization is a private operating foundation described in section ☑ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	**(a)** 2014	**(b)** 2013	**(c)** 2012	**(d)** 2011	
	37,647	36,952	16,218	5,407	96,224
b 85% of line 2a	32,000	31,409	13,785	4,596	81,790
c Qualifying distributions from Part XII, line 4 for each year listed	86,634	72,862	69,054	90,099	318,649
d Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	0
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	86,634	72,862	69,054	90,099	318,649
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter **(1)** Value of all assets					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	63,025	58,794	53,835	53,438	229,092
c "Support" alternative test—enter **(1)** Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income					0

Part XV Supplementary Information (Complete this part only if the organization 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))

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

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

BLANCHE FISCHER FOUNDATION
1509 SW SUNSET BLVD 1-B
PORTLAND, OR 97239
(503) 246-4941

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

PER APPLICATION - SEE COPY OF APPLICATION ATTACHED

c Any submission deadlines

NONE

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

APPLICANTS MUST HAVE DISABILITIES OF A PHYSICAL NATURE AND DEMONSTRATE FINANCIAL NEED WHILE RESIDING IN THE STATE OF OREGON

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	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
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				46,714
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					37,117
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					40,387
8 Gain or (loss) from sales of assets other than inventory					150,193
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		0	227,697
13 **Total.** Add line 12, columns (b), (d), and (e)					13 227,697

(See worksheet in line 13 instructions to verify calculations)

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

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)
3	THIS ORGANIZATION ENGAGES IN NO SERVICE PER SE, AND SEEKS NO
4	CONTRIBUTIONS IT MAINTAINS ITS INVESTMENTS AND FROM THAT SOURCE
7	OBTAINS THE FUNDS THAT IT PAYS OUT TO OR FOR QUALIFYING APPLICANTS
11	AND CHARITABLE ORGANIZATIONS, WHICH ALSO HAVE 501(C)(3) STATUS

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
1	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?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of		
	(1) Cash	1a(1)		No
	(2) Other assets	1a(2)		No
b	Other transactions		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
	(3) Rental of facilities, equipment, or other assets	1b(3)		No
	(4) Reimbursement arrangements	1b(4)		No
	(5) Loans or loan guarantees	1b(5)		No
	(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d 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

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

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

******	2015-05-15	******
Signature of officer or trustee	Date	Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☑	PTIN
DEAN J ROTHENFLUCH CPA		2015-05-15		P00224781

Firm's name ▶ DEAN J ROTHENFLUCH CPA

Firm's EIN ▶ 93-0876611

Firm's address ▶ 7912 SW 35TH AVE SUITE 2 PORTLAND, OR 972192427

Phone no (503) 245-2254

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(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 P—Purchase D—Donation	**(c)** Date acquired (mo , day, yr)	**(d)** Date sold (mo , day, yr)
2531 915 SH MERGER FUND	P	2012-07-10	2014-08-19
84 065 SH LAZARD EMERGING MARKET	P	2013-07-22	2014-07-17
594 613 SH JANUS GROWTH & INCOME	P	2011-03-07	2014-07-14
2498 498 SH NEUBERGER BERMANREAL ESTATE	P	2011-03-07	2014-07-14
8175 985 SH PIMCO STOCKSPLUS	P	2011-03-07	2014-07-14
114 170 SH THOMAS WHITE INT'L	P	2011-03-07	2014-07-17
129 018 SH WELLS FARGO UTILITY & TELECOM	P	2011-03-07	2014-04-14
2860 020 SH ALLIANZGI NFJ DIVIDEND	P	2011-03-07	2014-07-14
1116 310 SH AMERICAN CENTURY MIDCAP VALUE	P	2011-03-07	2014-12-26
1697 754 SH ARTISAN INT'L INVESTOR	P	2011-03-07	2014-08-19

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	**(f)** Depreciation allowed (or allowable)	**(g)** Cost or other basis plus expense of sale	**(h)** Gain or (loss) (e) plus (f) minus (g)
41,650		40,202	1,448
976		913	63
27,741		19,155	8,586
36,101		29,317	6,784
88,125		65,615	22,510
2,248		2,013	235
2,272		1,606	666
49,197		33,996	15,201
18,537		14,448	4,089
52,444		37,678	14,766

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			**(l)** Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
(i) F M V as of 12/31/69	**(j)** Adjusted basis as of 12/31/69	**(k)** Excess of col (i) over col (j), if any	
			1,448
			63
			8,586
			6,784
			22,510
			235
			666
			15,201
			4,089
			14,766

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(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 P—Purchase D—Donation	**(c)** Date acquired (mo , day, yr)	**(d)** Date sold (mo , day, yr)
2018 881 SH GATEWAY FUND	P	2011-03-07	2014-08-19
1234 550 SH INVESCO SMALL CAP GROWTH	P	2011-03-07	2014-08-19
CAPITAL GAINS DIVIDENDS	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	**(f)** Depreciation allowed (or allowable)	**(g)** Cost or other basis plus expense of sale	**(h)** Gain or (loss) (e) plus (f) minus (g)
59,880		53,367	6,513
51,823		38,830	12,993
56,339			56,339

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			**(l)** Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
(i) F M V as of 12/31/69	**(j)** Adjusted basis as of 12/31/69	**(k)** Excess of col (i) over col (j), if any	
			6,513
			12,993
			56,339

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

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
AARON JOINER C/O BLANCHE FISCHER FDN 1509 SW SUNSET BLVD 1-B PORTLAND,OR 97239	PRESIDENT 2 00	0	0	0
MICHAEL BRADEN C/O BLANCHE FISCHER FDN 1509 SW SUNSET BLVD 1-B PORTLAND,OR 97239	TREASURER 4 00	0	0	0
GINNY BAYNES C/O BLANCHE FISCHER FDN 1509 SW SUNSET BLVD 1-B PORTLAND,OR 97239	SECRETARY 2 00	0	0	0
CATHY SANDERS C/O BLANCHE FISCHER FDN 1509 SW SUNSET BLVD 1-B PORTLAND,OR 97239	GRANT CHAIR 2 00	0	0	0
AARON JOINER C/O BLANCHE FISCHER FDN 1509 SW SUNSET BLVD 1-B PORTLAND,OR 97239	DIRECTOR 1 00	0	0	0
STACEY HASSEL C/O BLANCHE FISCHER FDN 1509 SW SUNSET BLVD 1-B PORTLAND,OR 97239	DIRECTOR 1 00	0	0	0

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
ACEVES JOSEPHINE 891 ARROW LEAF PL HARRISBURG,OR 97446	NONE	N/A	COMPRESSION GARMENTS	1,000
ADOW QASSIM 280 SE 12TH AVE 102 HILLSBORO,OR 97123	NONE	N/A	BUS PASS	440
APONTE NOEL 20726 ALAN A DALE CT BEND,OR 97702	NONE	N/A	COMPUTER	957
APSEL NISI 1040 NW 10TH AVE 533 PORTLAND,OR 97209	NONE	N/A	COMPRESSION GARMENTS	893
APSEL NISI 1040 NW 10TH AVE 533 PORTLAND,OR 97209	NONE	N/A	COMPRESSION GARMENTS	108
BECKERLE JACKSON 360 E FAIRFIELD ST GLADSTONE,OR 97027	NONE	N/A	HIPPOTHERAPY	1,000
BRADFORD ART 865 NE JARRETT ST PORTLAND,OR 97211	NONE	N/A	PORTABLE RAMP	319
BRADLEY CHARLES 95194 N BANK RD GOLD BEACG,OR 97444	NONE	N/A	HAND CONTROLS	1,000
CARTER LINDA 7412 SE HARMONY DR MILWAUKIE,OR 97222	NONE	N/A	ORTHOPEDIC SHOES	574
COPE AIDEN 1122 W 8TH ST MEDFORD,OR 97501	NONE	N/A	COMPUTER FOR SCHOOL	544
COPE AIDEN 1122 W 8TH ST MEDFORD,OR 97501	NONE	N/A	DRAGON APP	40
COVERSTONE TYANNE 12631 SE BOISE ST PORTLAND,OR 97236	NONE	N/A	BRAILLE CONVERTER	715
DESANA JOHN 19705 SW BOONES FY RD 21 TUALATIN,OR 97062	NONE	N/A	ORTHOPEDIC SHOES	900
ENGE ALICIA 446 BEEBE RD MEDFORD,OR 97502	NONE	N/A	HAND CONTROLS	1,000
FIGGENS TERYL 221 SE CURRIN ST ESTACADA,OR 97023	NONE	N/A	IPAD	960
Total . . . . . ▶ **3a**				46,714

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
FOLDEN NORMAN 1040 NW 10TH AVE 527 PORTLAND,OR 97209	NONE	N/A	MOVING EXP	1,000
GAINES LOGAN 41087 SE FALL CREEK RD ESTACADA,OR 97023	NONE	N/A	HIPPOTHERAPY	1,000
HANSEN KAREN 13007 NE GLISAN 350 PORTLAND,OR 97230	NONE	N/A	ZOOM TEXT & MAGNIFIER	848
HATCHER JANETTE 21843 SW SHERWOOD BLVD 212 SHERWOOD,OR 97140	NONE	N/A	IPAD	499
HATCHER JANETTE 21843 SW SHERWOOD BLVD 212 SHERWOOD,OR 97140	NONE	N/A	PRINTER	110
HATCHER JANETTE 21843 SW SHERWOOD BLVD 212 SHERWOOD,OR 97140	NONE	N/A	MAGNIFIER	231
HILL BARBARA 76571 WALKER ST OAKRIDGE,OR 97463	NONE	N/A	ORTHOPEDIC SHOES	446
HILL FRANCES 3514 NE 74TH PORTLAND,OR 97213	NONE	N/A	ORTHOPEDIC BED	1,011
HOOPER DENNIS R PO BOX 2054 ROGUE RIVER,OR 97537	NONE	N/A	WHEELCHAIR BLADES	299
JOINER ANNIE 1354 NE ALEX WAY 245 HILLSBORO,OR 97124	NONE	N/A	RENT	880
JORDAN WYATT 5712 NE 60TH AVE PORTLAND,OR 97218	NONE	N/A	IPAD	824
KEPLER PATRICIA 1839 NE COUCH PORTLAND,OR 97232	NONE	N/A	CAR REPAIRS	1,000
KESTIN RHONDA J 7120 NE KILLINGSWORTH 35 PORTLAND,OR 97218	NONE	N/A	SCOOTER SHIELD	510
KESTIN RHONDA J 7120 NE KILLINGSWORTH 35 PORTLAND,OR 97218	NONE	N/A	EMP COUNSEL	490
LANE SHERYL 1709 W ISLAND RD ONTARIO,OR 97914	NONE	N/A	WELL PUMP	494
Total . . . . . ▶ **3a**				46,714

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
LEONE WAYNE 502 CHARLEY 10 CHILOQUIN,OR 97624	NONE	N/A	WHEELCHAIR TIRES	175
LUCAS THOMAS 1050 KOALA ST KEIZER,OR 97303	NONE	N/A	BICYCLE	1,000
MASAT MONICA 565 35TH ST SPRINGFIELD,OR 97478	NONE	N/A	WASHER/DRYER	740
MCCOY KAREN 1712 TALENT AVE TALENT,OR 97540	NONE	N/A	STAIRLIFT	1,000
MELO-REYES BRIANNA 808 NE MEADOWLARKE LN 7 MADRAS,OR 97741	NONE	N/A	COMPRESSION VEST	84
MELO-REYES BRIANNA 808 NE MEADOWLARKE LN 7 MADRAS,OR 97741	NONE	N/A	HEADPHONES	21
MILLER MIKE 414 72ND ST SPRINGFIELD,OR 97478	NONE	N/A	COMPRESSION GARMENTS	597
MILLER DARVIN D 363 LINDALE DR P-1 SPRINGFIELD,OR 97477	NONE	N/A	TRAILER HITCH	222
MIMS JEREMY 363 LINDALE DR P-1 SPRINGFIELD,OR 97477	NONE	N/A	MOVING EXP	128
MIMS JEREMY 363 LINDALE DR P-1 SPRINGFIELD,OR 97477	NONE	N/A	MOVING EXP	525
NEILL KRISTINA 1021 RESORT ST BAKER CITY,OR 97814	NONE	N/A	IL AIDS	325
OWEN LESLIE 3660 ROOSEVELT DR CORVALLIS,OR 97330	NONE	N/A	IPAD	958
PAGE BRANDI PO BOX 861 CLATSKANIE,OR 97016	NONE	N/A	BRACES	625
PARROTT ROXINE 1839 NE 14TH 310 PORTLAND,OR 97212	NONE	N/A	COUNSELING	1,000
PELLEY LEE PO BOX 1196 CANYONVILLE,OR 97417	NONE	N/A	CART TIRES	52
Total . . . . . ▶ **3a**				46,714

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
PELLEY LEE PO BOX 1196 CANYONVILLE,OR 97417	NONE	N/A	CART BATTERIES	690
PRICE MARIE 2283 SW STURGES LN 157 TROUTDALE,OR 97060	NONE	N/A	AIR CONDITIONAL	333
PROPHET KAREN 20545 BUILDERS CT BEND,OR 97701	NONE	N/A	VOICE AMP	285
PUMPHREY JOHN 4598 WARD DR NE SALEM,OR 97305	NONE	N/A	CAR REPAIRS	800
QUINTERO ALBERT 418 ADAMS AVE SILVERTON,OR 97381	NONE	N/A	GLASSES	489
RAY SEAN 13465 WESTLAWN TERR PORTLAND,OR 97229	NONE	N/A	IPAD	598
REBA SHERRY 5989 SE HARMONY RD 10 MILWAUKIE,OR 97222	NONE	N/A	IPAD & APPS	984
REED SUNNIE 200 W FAIRVIEW SPRINGFIELD,OR 97477	NONE	N/A	SERVICE DOG TRAINING	1,000
RIGGS SADI 1350 EVERGREEN LN SWEET HOME,OR 97386	NONE	N/A	CAR SEAT	1,000
ROBBINS SHIRLEY 3344 NE 76TH PORTLAND,OR 97213	NONE	N/A	COUNSELING	986
SCHWERIN SUSAN 360 E 46TH AVE EUGENE,OR 97405	NONE	N/A	SCOOTER	816
SETH JUDITH 16812 SE POWELL BLVD 104 PORTLAND,OR 97236	NONE	N/A	WIRELESS BRAILLE DISPLAY	769
SHUM SHARRON 250 BRINK CT NE SALEM,OR 97317	NONE	N/A	LIGHT THERAPY	400
SMITH CHRISTOPHER 20145 NE HALSEY FAIRVIEW,OR 97024	NONE	N/A	ROOM HEATER	126
STICKLEY PAMELA 12680 NW OLD RAILROAD GRADE RD YAMHILL,OR 97148	NONE	N/A	WATER HEATER	989
Total . . . . . ▶ **3a**				46,714

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
SUHR LINDY 21345 MILES DR WEST LINN,OR 97068	NONE	N/A	COPAY ON VAN	1,000
TALBERT LINDA 281 N 14TH ST COOS BAY,OR 97420	NONE	N/A	DENTURES	1,000
THOMPSON KENDRA 5353 NW FRANK WAY REDMOND,OR 97756	NONE	N/A	COMPRESSION GARMENTS	1,000
TOMA JOSEPH 2075 MISTLETOE RD DALLAS,OR 97338	NONE	N/A	LISTENING DEVICE	761
VAN GORDER NAOMI 1110 E HARRISON AVE COTTAGE GROVE,OR 97424	NONE	N/A	CHAIR REPAIR	125
VASQUEZ HEBER 87936 8TH ST VENETA,OR 97487	NONE	N/A	WHEELCHAIR COPAY	1,000
WEILAND SUSAN 1008 VILLARD AVE COTTAGE GROVE,OR 97424	NONE	N/A	SCOOTER REPAIR	476
WESTFALL MICHAEL 1101 WOODROW LANE 12 MEDFORD,OR 97504	NONE	N/A	HOUSE PMT	750
WESTFALL MICHAEL 1101 WOODROW LANE 12 MEDFORD,OR 97504	NONE	N/A	INS PMT	208
WYSS WILLIAM 1746 LOGAN ST KFALLS,OR 97603	NONE	N/A	SHOES	150
YOUNGS DAWN MARIE 1009 N BLANDENA ST 1009 PORTLAND,OR 97217	NONE	N/A	SCOOTER	789
ZUVUYA SHANTI MALIKA 55473 MCKENZIE RIVER RD BLUE RIVER,OR 97413	NONE	N/A	BED	646
ZVOZDETSKAYA ALINA 3865 SE 154TH AVE PORTLAND,OR 97236	NONE	N/A	HIPPOTHERAPY	1,000
Total . . . . . ▶ **3a**				46,714

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491135025015

TY 2014 Accounting Fees Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	2,462	820	1,642	1,642

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491135025015

TY 2014 General Explanation Attachment

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Identifier	Return Reference	Explanation
INVESTMENTS IN CORPORATE STOCK	FORM 990-PF PART II LINE 10B	FORM 990-PF - BLANCHE FISCHER FOUNDATIONFID # 93-0790099 2013SCHEDULE A BEG OF YEAR END OF YEARPART II LINE 10B, INVESTMENTS IN CORPORATE STOCK BOOK VALUE BOOK VALUE MKT VALUE 9340 845 ALLIANZ NFJ DIVIDEND VALUE FD 126573 31 111707 44 149360 117282 613 AMERICAN CENTURY MID CAP VALUE 106656 24 95516 84 114555 505082 443 ARTISAN INTERNATIONAL INVESTOR 88040 58 118879 10 154912 865862 843 CREDIT SUISSE COMMD RTRN STRTGY 57146 71 57146 71 42388 354381 671 GATEWAY FUND 97276 83 117406 90 127068 462131 218 INVESCO SMALL CAP GROWTH 80508 01 67690 59 87316 003794 849 JANUS GROWTH AND INCOME 167457 74 122937 99 168756 948855 206 LAZARD EMERG MRKT EQUITY BLEND 0 00 92636 06 96678 656842 737 MERGER FUND 72143 42 108650 71 109552 225981 431 NEUBERGER BERMAN REAL ESTATE 68635 74 70862 05 75545 4725250 693 PIMCO STOCKSPLUS TOTAL RETURN 247214 49 210368 37 252506 932481 965 SSGA EMERGING MARKETS 55391 54 0 00 0 007582 53 THOMAS WHITE INTERNATIONL 107638 96 134971 04 148010 994742 837 WELLS FARGO UTILITY & TELECOMM 66299 15 59632 64 78541 38 340982 72 1368406 44 1605193 86

Identifier	Return Reference	Explanation
INVESTMENTS IN CORPORATE STOCK	FORM 990-PF PART II LINE 10B	FORM 990-PF - BLANCHE FISCHER FOUNDATIONFID # 93-0790099 2014SCHEDULE A BEG OF YEAR END OF YEARPART II LINE 10B, INVESTMENTS IN CORPORATE STOCK BOOK VALUE BOOK VALUE MKT VALUE 6621 090 ALLIANZ NFJ DIVIDEND VALUE FD 111707 44 80089 80 114081 386939 063 AMERICAN CENTURY MID CAP VALUE 95516 84 93773 43 114147 594485 987 ARTISAN INTERNATIONAL INVESTOR 118879 10 115697 00 134400 1715975 293 CREDIT SUISSE COMMD RTRN STRTGY 57146 71 132686 71 96011 512408 504 GATEWAY FUND 117406 90 65377 15 71243 551059 323 INVESCO SMALL CAP GROWTH 67690 59 34740 53 39555 123291 717 JANUS GROWTH AND INCOME 122937 99 108056 64 158298 6710282 345 LAZARD EMERG MRKT EQUITY BLEND 92636 06 111485 43 102720 634478 631 MERGER FUND 108650 71 71074 54 70001 003730 224 NEUBERGER BERMAN REAL ESTATE 70862 05 45048 39 54834 2920708 821 PIMCO STOCKSPLUS TOTAL RETURN 210368 37 179468 81 194662 9210257 108 THOMAS WHITE INTERNATIONL 134971 04 185203 61 164729 1539766 410 WELLS FARGO UTILITY & TELECOMM 59632 64 59554 28 88815 376898 874 LOOMIS SAYLES BOND RETAIL SHARES 0 00 108769 47 101822 951617 937 TEMPLETON GLOBAL BOND 0 00 21592 59 20159 506657 185 WESTERN ASSET TOTAL RETURN 0 00 71296 36 69434 44 _____ _____ _____ 1368406 44 1483914 74 1594918 24

Identifier	Return Reference	Explanation
SUPPLEMENTARY INFORMATION - COPY OF APPLICATION	FORM 990-PF PART XV LINE 2B	BLANCHEFISCHERFOUNDATION1509 S W SUNSET BLVD , SUITE 1-BPORTLAND, OR 97239PHONE 503 819 8205E-MAIL BFF@BFF ORG WEB WWW BFF ORGTHE BLANCHE FISCHER FOUNDATION IS A PRIVATE, NONPROFIT CHARITABLE INSTITUTION FOUNDED IN 1981 FOR THE PURPOSE OF ASSISTING PERSONS WHO HAVE A DISABILITY THAT CHALLENGES THEM PHYSICALLY AND WHO HAVE FINANCIAL NEED THERE ARE THREE CRITERIA FOR CONSIDERATION FOR A GRANT FROM THE FOUNDATION 1 YOU MUST BE AN OREGON RESIDENT,2 YOU MUST HAVE A DISABILITY OF A PHYSICAL NATURE, AND3 YOU MUST DEMONSTRATE FINANCIAL NEED APPLICANTS MAY APPLY FOR FINANCIAL AID FOR EDUCATION, SPECIAL EQUIPMENT OR FOR SUCH OTHER PURPOSES AS THE FOUNDATION FINDS APPROPRIATE PLEASE NOTE THE APPLICATION MUST BE FILLED OUT COMPLETELY AND SIGNED BY THE APPLICANT OR APPLICANT'S LEGAL GUARDIAN MEDICAL OR OTHER SATISFACTORY VERIFICATION OF DISABILITY (LETTER FROM PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL) IS REQUIRED WE DO NOT ACCEPT FAXED APPLICATIONS YOU MUST MAIL THE ORIGINAL, ALONG WITH DOCUMENTATION, TO THE FOUNDATION THIS IS NECESSARY FOR THE FOUNDATION TO COMPLY WITH STATE AND FEDERAL REQUIREMENTS GRANT APPLICATIONNAME OF APPLICANT (PERSON FOR WHOM ASSISTANCE IS REQUESTED) ADDRESS STREET NO APT /UNIT CITY ZIPTELEPHONE/TTY ( ) E-MAIL AP090102 DOC PAGE 1 OF 4I INFORMATION ABOUT YOUR DISABILITY1 BRIEFLY DESCRIBE YOUR DISABILITY 2 HOW LONG HAS THIS CONDITION EXISTED?3 IS YOUR CONDITION PERMANENT? YES NOIF NO, EXPECTED DURATION 4 HOW DOES THIS AFFECT YOUR DAILY LIFE AND INDEPENDENCE?5 FOR WHAT PURPOSE ARE YOU REQUESTING FUNDING?6 HOW MUCH DOES IT COST? $7 HOW MUCH DO YOU NEED THE BLANCHE FISCHER FOUNDATION TO CONTRIBUTE? $8 HOW WILL THIS GRANT IMPROVE YOUR QUALITY OF LIFE?9 NAME AND ADDRESS OF VENDOR OR SUPPLIER (ATTACH COPY OF PRICE QUOTE OR ORDER INFORMATION) YES, IT'S ATTACHED!10 HAVE YOU APPLIED FOR GRANTS FROM ANY OTHER SOURCE (S)? YES NOFROM WHOM? HOW MUCH? $11 HAVE ANY BEEN APPROVED? YES NOBY WHOM? IN WHAT AMOUNT(S)? $12 HAVE YOU EVER RECEIVED VOCATIONAL TRAINING? YES NO13 FROM WHOM (STATE AGENCY, FEDERAL, PRIVATE ORGANIZATION)?WHEN?DID THIS TRAINING RESULT IN EMPLOYMENT? YES NO14 ATTACH A LETTER OR REPORT FROM YOUR DOCTOR OR OTHER LICENSED HEALTH CARE PROFESSIONAL (SOCIAL WORKER, CASE MANAGER, ETC) VERIFYING YOUR DISABILITY YES, IT'S ATTACHED! AP090102 DOC PAGE 2 OF 4II APPLICATION FOR BENEFITNOTE ALL HOUSEHOLD MEMBERS MUST BE CONSIDERED IN REPLYING TO INCOME-RELATED QUESTIONS GENERAL INFORMATIONAPPLICANT'S BIRTH DATEIF A MINOR, NAME OF PARENT(S) OR GUARDIAN(S) AGE OF EACH CHILD IN HOUSEHOLD NUMBER AND RELATIONSHIP (PARENT, SPOUSE, CAREGIVER, ETC) OF ADULTS IN HOUSEHOLD NUMBER OF WAGE EARNERS IN HOUSEHOLD OCCUPATION(S) EMPLOYER(S) NAME (S) WORK PHONE (IF APPLICABLE) ( )INCOME AND EXPENSESA MONTHLY INCOME SALARY AND WAGES 1 PRIMARY WAGE-EARNER GROSS MONTHLY SALARY $MONTHLY TAKE-HOME PAY $2 SECOND WAGE-EARNER GROSS MONTHLY SALARY $MONTHLY TAKE-HOME PAY $B MONTHLY INCOME OTHERSOCIAL SECURITY $CHILD SUPPORT $FOOD STAMPS/OREGON TRAIL $OTHER (DESCRIBE) $C MONTHLY EXPENSESCATEGORY MONTHLY PAYMENT BALANCE OWEDFOOD $CLOTHING $UTILITIES $HEALTH CARE (MEDICAL, DENTAL,VISION, PRESCRIPTIONS, ETC) $ $INSURANCE $PAYMENTS (CREDIT CARDS,CAR PAYMENTS, LOANS, ETC) $ $OTHER (DESCRIBE) $ $D WHAT KIND OF MEDICAL INSURANCE, IF ANY, DO YOU HAVE? CHECK ALL APPLICABLE RESPONSES NONEPRIVATE HEALTH INSURANCE YES NOMEDICARE YES NOOREGON HEALTH PLAN YES NOOTHER (DESCRIBE) YES NOAP090102 DOC PAGE 3 OF 4E ASSETSDO YOU RENT OR OWN YOUR RESIDENCE? RENT OWNWHAT IS YOUR MONTHLY PAYMENT? $DO YOU OWN ANY OTHER REAL PROPERTY? YES NOIF YES, PLEASE DESCRIBE AUTOMOBILE(S) AUTOMOBILE 1MAKE AND YEAR VALUE $AUTOMOBILE 2MAKE AND YEAR VALUE $AMOUNT OF CASH IN BANK ACCOUNTS AND ANY STOCKS, BONDS OR SECURITIES, INCLUDING RETIREMENT PLANS AND LIVING TRUSTS DESCRIBE VALUE $III OTHER INFORMATION YOU MAY WISH US TO CONSIDER (ATTACH LETTER, IF DESIRED) ALL GRANTS MADE ASSUME THE ACCURACY OF THIS APPLICATION I UNDERSTAND THAT IF A GRANT IS AWARDED, PAYMENT CAN BE MADE ONLY TO THE SUPPLIER OF GOODS OR SERVICES I FURTHER UNDERSTAND THAT ALL DECISIONS AS TO ELIGIBILITY AND GRANTS ARE MADE AT THE SOLE DISCRETION OF THE BLANCHE FISCHER FOUNDATION AND THAT ITS DECISIONS ARE FINAL I UNDERSTAND THAT ALL GRANTS AWARDED BY THE BLANCHE FISCHER FOUNDATION MUST BE REPORTED ON THE FOUNDATION'S FEDERAL AND STATE TAX RETURNS, AND AS SUCH, GRANTEES' NAMES, ADDRESSES AND GRANT AMOUNTS ARE A MATTER OF PUBLIC RECORD SIGNATURE(S) APPLICANT PARENT/GUARDIAN (CIRCLE WHICHEVER IS APPROPRIATE)DATE PARENT/GUARDIAN (CIRCLE WHICHEVER IS APPROPRIATE)YOUR RESPONSE TO THE FOLLOWING QUESTION WILL NOT INFLUENCE IN ANY WAY THE OUTCOME OF THIS GRANT APPLICATION WOULD YOU LIKE US TO SEND YOU A VOTER REGISTRATION CARD, ALONG WITH THE NAMES OF YOUR STATE SENATOR, REPRESENTATIVE AND U S CONGRESSIONAL REPRESENTATIVE? YES NOBEFORE MAILING THIS APPLICATION 1 ARE ALL SECTIONS COMPLETE?2 HAVE YOU ATTACHED DOCUMENTATION FROM A MEDICAL OR OTHER PROFESSIONAL VERIFYING DISABILITY?3 HAVE YOU ATTACHED A COPY OF YOUR VENDOR'S PRICE QUOTE?MAIL THE COMPLETED APPLICATION AND DOCUMENTATION TO BLANCHE FISCHER FOUNDATION1509 S W SUNSET BLVD , SUITE 1-BPORTLAND, OR 97239 AP090102 DOC PAGE 4 OF 4

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TY 2014 Investments Corporate Stock Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Name of Stock	End of Year Book Value	End of Year Fair Market Value
VARIOUS MUTUAL FUNDS	1,483,915	1,594,918

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TY 2014 Investments - Other Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ROCK QUARRY	AT COST	227,700	227,700

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TY 2014 Other Assets Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ARTIFACTS AND PAINTINGS, DRIFTWOOD LIBRARY	2,767	2,767	2,767

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TY 2014 Other Expenses Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LICENSES & FEES	50	0	50	50
OFFICE AND TELEPHONE	2,799	0	2,799	2,799
BANK CHARGES & FEES	11	0	11	11
INSURANCE	1,754	0	1,754	1,754

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TY 2014 Other Income Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
SALE OF ROCK IN PLACE FROM QUARRY	39,887	39,887	39,887
GRANT REFUNDS	500	500	500

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TY 2014 Other Professional Fees Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OUTSIDE SERVICES	1,045	0	1,045	1,045
INVESTMENT FESS	20,704	20,704	0	0

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TY 2014 Taxes Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	1,876	0	1,876	1,876
INTERNAL REVENUE SERVICE	3,484	3,484	0	0
OREGON DEPT OF JUSTICE	241	241	0	0
FOREIGN TAXES	876	876	0	0