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Form **990-PF**

Return of Private Foundation

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

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf Open to Public Inspection 2014, and ending For calendar year 2014 or tax year beginning A Employer identification number Name of foundation BLOOMFIELD FAMILY FOUNDATION 97354890 93-1307278 Number and street (or PO box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 503-464-3580 PO BOX 0634 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here MILWAUKEE, WI 53201-0634 Initial return of a former public charity G Check all that apply: Initial return D 1 Foreign organizations, check here -Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Name change Address change computation H Check type of organization: | X | Section 501(c)(3) exempt private foundation If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A) check here -J Accounting method: X Cash Fair market value of all assets at If the foundation is in a 60-month termination end of year (from Part II, col. (c), line Other (specify) under section 507(b)(1)(B), check here . > (Part I, column (d) must be on cash basis) 16) ▶ \$ 1,669,028 (d) Disbursements Part | Analysis of Revenue and Expenses (The (a) Revenue and for charitable (b) Net investment (c) Adjusted net total of amounts in columns (b), (c), and (d) expenses per purposes may not necessarily equal the amounts in income income books (cash basis only) column (a) (see instructions).) 140,000 Contributions, gifts, grants, etc., received (attach schedule) . if the foundation is not required to attach Sch B Interest on savings and temporary cash investments. STMT 29,125 29,125 Dividends and interest from securities Net rental income or (loss) 11,321 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 200,941 assets on line 6a 11,321 Capital gain net income (from Part IV, line 2) . 8 Net short-term capital gain. SCANNED JUN 0 3 2015 Income modifications 1 Z015 10a Gross sales less returns [14 and allowances · · · 1:11 Less Cost of goods sold . Gross profit or (loss) (attach schedule) Other income (attach schedule) 11 180,446 40,446 Total. Add lines 1 through 11 12 14,299 15,888 1.589 13 Compensation of officers, directors, trustees, etc. . . NONE Expenses NONE 14 Other employee salaries and wages NONE NONE 15 Pension plans, employee benefits 16a Legal fees (attach schedule) **b** Accounting fees (attach schedule) inistrative Other professional fees (attach schedule) . . . 17 1.648 872 18 Taxes (attach schedule) (see instructions). . . Admi 19 Depreciation (attach schedule) and depletion. 20 NONE NONE 21 Travel, conferences, and meetings and NONE NONE 22 Printing and publications 2,175 2.125 23 Other expenses (attach schedule) STMT. 2. 24 Total operating and administrative expenses. Opera 19,711 15,171 NONE 3.714 Add lines 13 through 23. 102,700 102,700 25 Contributions, gifts, grants paid 122,411 171 NONE 106,414. 26 Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12 58,0<u>35</u> a Excess of revenue over expenses and disbursements . 25,275 b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-). . JSA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2014)i

93-1307278

D - 4 9	Attached schedules and amounts in the	Beginning of year	End of	year
Part îl	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments	134,248.	202,025.	202,025
3	Accounts receivable ►339.			
"	Less allowance for doubtful accounts ▶	617.	339.	339
4	Pledges receivable			
-	Less allowance for doubtful accounts			
5	Grants receivable			
	Receivables due from officers, directors, trustees, and other			
6	·			
1 _	disqualified persons (attach schedule) (see instructions)			
7	Other notes and loans receivable (attach schedule)			
İ	Less. allowance for doubtful accounts ▶NONE			
\$ S	Inventories for sale or use			
Assets	Prepaid expenses and deferred charges			
▼ 10a	Investments - U.S. and state government obligations (attach schedule)			
b	Investments - corporate stock (attach schedule) . STMT .3	886,077.		1,225,992
11°	Investments - corporate bonds (attach schedule). STMT. 4. Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule)	241,625.	232,164.	240,672
	(attach schedule)			
12	Investments - mortgage loans			
13 14	Investments - other (attach schedule)			
'-				
	equipment basis Less accumulated depreciation (attach schedule)			
15	Other assets (describe			
16	Total assets (to be completed by all filers - see the			
	instructions. Also, see page 1, item I)	1,262,567.	1,320,603.	1,669,028
17	Accounts payable and accrued expenses			
18	Grants payable			
	Deferred revenue			
Liabilities 20 21 22	Loans from officers, directors, trustees, and other disqualified persons			
				
발 21	Mortgages and other notes payable (attach schedule)			
22	Other habilities (describe			
23	Total liabilities (add lines 17 through 22)		NONE	
23			NOINE	
İ	Foundations that follow SFAS 117, check here .			
တ္က	and complete lines 24 through 26 and lines 30 and 31.			
일 24	Unrestricted			
<u>ዌ</u> 25	Temporarily restricted			
26	Permanently restricted			
Net Assets or Fund Balances 0 6 8 2 2 9 5 7 7 0 0 6 8 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Foundations that do not follow SFAS 117, ▶ X			
<u>.</u>	check here and complete lines 27 through 31.			
° 27	Capital stock, trust principal, or current funds	1,262,567.	1,320,603.	
28	Paid-in or capital surplus, or land, bldg, and equipment fund			
S 29	Retained earnings, accumulated income, endowment, or other funds			
a 30	Total net assets or fund balances (see instructions)	1,262,567.	1,320,603.	
31	Total liabilities and net assets/fund balances (see			
	instructions)	1,262,567.	1,320,603.	
Part II	Analysis of Changes in Net Assets or Fund Balar		1520,005.	
	al net assets or fund balances at beginning of year - Part I		ist agree with	
	of year figure reported on prior year's return).			1,262,567.
2 04	er amount from Part I, line 27a	D DOMINITAR		58,035.
	er increases not included in line 2 (itemize) ADJUSTMENT FO			1 200 602
4 Add	l lines 1, 2, and 3			1,320,603.
	reases not included in line 2 (itemize) ▶		5	
6 Tota	al net assets or fund balances at end of year (line 4 minus li	ne 5) - Part II, column (b),	line 30 6	1,320,603. Form 990-PF (2014)

Pa	TENTAL Canital Gains	s and Losses for Tax on Inv	actment Income			
	rt IV Capital Gains	Sand Losses for Tax on the	estilient income	1 /61//		,
		d describe the kind(s) of property sold	-	(b) How	(c) Date acquired	(d) Date sold
	2-story b	rick warehouse; or common stock, 200) shs. MLC Co.)	P - Purchase D - Donation	(mo , day, yr)	(mo , day, yr.)
1a	PUBLICLY TRADED	SECURITIES				
_b						
c						· <u>-</u>
ď						
_ <u>=</u>						
Ť		(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	eel
	(e) Gross sales price	(or allowable)	plus expense of sale]	(e) plus (f) minu	
_	200,941.		189,620.			11,321.
_ <u>a</u>	200,341.		189,020.			11,321.
<u> </u>		·				
<u> </u>				<u> </u>		
<u>d</u>						
<u>e</u>			<u> </u>			
	Complete only for assets s	showing gain in column (h) and owned	by the foundation on 12/31/69		Gains (Col (h) ga	
	(i) F.M V as of 12/31/69	(j) Adjusted basis	(k) Excess of col (i)	col	(k), but not less t	
	(1) 1.101 0 83 01 12/31/03	as of 12/31/69	over col (j), if any		Losses (from co	i (n))
а						11,321.
ь				l		
c						
d						
_ <u>_</u>						
		· 1	gain, also enter in Part I, line 7			
2	Capital gain net income of	or (not conital loce)	f (loss), enter -0- in Part I, line 7	2		11,321.
_	National and the same and the land	•	,	-		11,341.
3		in or (loss) as defined in sections	•	}		
	•		structions). If (loss), enter -0- in			
	Domition 0		j	1 2		
_	rt V Qualification U	Inder Section 4940(e) for Rec	luced Tax on Net Investment Inves		ne.)	
(Fo	rt V Qualification U	Inder Section 4940(e) for Rec private foundations subject to the	luced Tax on Net Investment li		me.)	
(Fo If s Wa	rt V Qualification Ur optional use by domestic ection 4940(d)(2) applies, s the foundation liable for	Inder Section 4940(e) for Recommendations subject to the leave this part blank. the section 4942 tax on the distri	luced Tax on Net Investment lies section 4940(a) tax on net investment butable amount of any year in the b	nent Incol		Yes X No
(Fo If s Wa If "	rt V Qualification Ur optional use by domestic ection 4940(d)(2) applies, s the foundation liable for Yes," the foundation does r	Inder Section 4940(e) for Recomprised foundations subject to the leave this part blank. the section 4942 tax on the distript qualify under section 4940(e).	butable amount of any year in the b	nent incoi	d?	Yes X No
(Fo If s Wa If "	rt V Qualification Ur optional use by domestic ection 4940(d)(2) applies, s the foundation liable for fes," the foundation does return the appropriate am	Inder Section 4940(e) for Recommendations subject to the private foundations subject to the leave this part blank. The section 4942 tax on the distript qualify under section 4940(e). Industrial to the section 4940(e).	butable amount of any year in the b	nent incoi	d?	Yes X No
(Fo If s Wa If "\	rt V Qualification Ur optional use by domestic ection 4940(d)(2) applies, s the foundation liable for Yes," the foundation does renter the appropriate am (a) Base penod years	Inder Section 4940(e) for Recomprise foundations subject to the leave this part blank. the section 4942 tax on the district of qualify under section 4940(e). Sound in each column for each year (b)	butable amount of any year in the b Do not complete this part. r; see the instructions before making	ase period	d? Ties (d) Distribution ra	tio
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Form 990-PF (2014)

8b

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X

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X

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 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,"

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the managing disection \$12(bit13)? if "vis." statch schedule (see instructions). 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person? 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 14 The blooks are in care of Pusp PANK 15 Section 484/2(ill 1) encereding characteristics from \$90.PF in lieu of Form 1041 Check here and enter the amount of tax-exempt interest received or accrued during the year. 16 At any time during calendar year 2014, did the foundation have an interest in or a significant or over a bank, scortles, or other financial account in a foreign country. 16 At any time during calendar year 2014, did the foundation have an interest in or a significant or over a bank, scortles, or other financial account in a foreign country. 16 At any time during calendar year 2014, did the foundation have an interest in or a significant or other authority or over a bank, scortles, or other financial account in a foreign country. 18 The statements Regarding Activities for Which Form 4720 May Be Required 19 File Form 4720 if any time is checked in the Yes' column, unless an exception applies. 10 Diring the year did the foundation feither directly or indirectly!: 11 Engage in this sallo or exchange, or leasing of property with a disqualified person? 12 Ves No. 13 Fourish goods, services, or facilities to lor accept them from a disqualified person? 14 Ves No. 15 Transfer any incorner or assets to a disqualified person or assets and disqualified person? 16 Agree to pay money or property to a government official? (Exception, Check "No." of the foundation agreed to make a grant to or to employ the official for a period after terminating whiting a second	Par	t VII-A Statements Regarding Activities (continued)			
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N/A 14 The books are in care of V US BANK Located at N 555 SW OAK, PORTIAND OR 270-4 19 2720-3 15 Section 4947(alt1) nonexempt chartable trusts filing form 990-PF in lieu of Form 1041. Check here 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13			f	
14 The books are in care of № US_BANK Located at № 555_SN ONOK, PORTIAND, OR 2Pr4 № 97204 15 Section 4947/al/11 nonexempt charatable trusts filing form 99.0°F in lieu of Form 1041. Check here and enter the amount of tar-exempt interest received or scrued during the year. 16 At any time during clendar 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? See the instructions for exceptions and fling requirements for FinCEN Form 114. (formerly TD F 90.22.1) H 7455, enter the name of the foreign country № 2Part VILBS 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. 1a During the year did the foundation feather 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 reimburise the expenses of, a disqualified person? Yes No (5) Transfer any income or assets to 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).	1.3				<u> </u>
15 Section 4947/a/(1) nonexempt charable trusts filing Form 990-PF in Ileu of Form 1041 · Check here	1.4	The books are up care of N IIS BANK Telephone no N (503) 464	-358	<u></u>	
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over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) If "Yes," either the name of the foreign country! ▶ Part VII.8 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. 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?	16			Yes	No
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File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (letter directly): (1) Engage in the sale or exchange, or lessing of property with a disqualified person?					
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 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?	Par			-	
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?			1	Yes	No
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the benefit or use of a disqualified person)? (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). (b) If any answer is "Yes" to 1a(11-(6), did any of the acts fail to qualify under the exceptions described in Regulations section \$3.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? (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? 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? If "Yes," list the years b 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) a) Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? 3a) Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? 3b) 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 found					•
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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)				1 1	
termination of government service, if terminating within 90 days)					
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. 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? 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 XIIII) for tax year(s) beginning before 2014? If "Yes," list the years At 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) If "Yes," list the years were "No" and attach statement - see instructions) Of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here Decomposition of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here Decomposition of 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) As Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		L_	1		
Section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. © 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? 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? If "Yes," list the years At 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) If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ——————————————————————————————————	Ь		1		
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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?					
6e, Part XIII) for tax year(s) beginning before 2014?	а				
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3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
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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	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or			
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)		disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
foundation had excess business holdings in 2014)		Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a X b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a X b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		foundation had excess business holdings in 2014)	3b		
· · · · · · · · · · · · · · · · · · ·	4a		4a		<u>X</u>
charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014? 4b X	b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
5 000 PE (2011)		charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		<u>X</u>

NONE Form **990-PF** (2014)

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

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	oyees,
3 Five hi	ghest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		NONE
		
Total number	r of others receiving over \$50,000 for professional services	NONE
Part IX-A	Summary of Direct Charitable Activities	
I alt IAM	Summary of Direct Chartable Activities	
	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of sand other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE		
2		
		<u> </u>
3		
4		
Part IX-B	Summary of Program-Related Investments (see instructions) two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1NONE	two largest programme lated investments made by the roundation during the tax year on lines 1 and 2	
2		
All other pro	gram-related investments. See instructions	
3NONE		
		i
Total, Add lu	nes 1 through 3	

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	1,473,093.
b	Average of monthly cash balances	1b	143,335.
C	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	1,616,428.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)]	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	1,616,428.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	24,246.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,592,182.
6	Minimum investment return. Enter 5% of line 5	6	79,609.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun and certain foreign organizations check here ▶ and do not complete this part.)	dations	
1	Minimum investment return from Part X, line 6	1	79,609.
2a			
b]	
c	Add lines 2a and 2b	2c	506.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	79,103.
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4.		79,103.
6	Deduction from distributable amount (see instructions).		NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
•	line 1	7	79,103.
Do			
r eiu	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	106,414.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE_
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	106,414.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		<u> </u>
	Enter 1% of Part I, line 27b (see instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	106,414.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when concluding a qualifier for the section 4940(e) reduction of tax in those years.	alculating	

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Page 9

	rt XIII Undistributed Income (see instruc	tions)			Page 3
		(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1	Distributable amount for 2014 from Part XI, line 7	Corpus	Tears prior to 2013	2013	79,103
2	Undistributed income, if any, as of the end of 2014				
а	Enter amount for 2013 only			NONE	· · · · · · · · · · · · · · · · ·
b	Total for prior years: 20 12 ,20,20		NONE		
3	Excess distributions carryover, if any, to 2014				
а	From 2009				
b	From 2010				
C	From 2011				
đ	From 2012				
е	From 2013	200 005			
	Total of lines 3a through e	200,805.	· · · · · · · · · · · · · · · · · · ·		
4	Qualifying distributions for 2014 from Part XII, line 4 > \$ 106,414.				
а	Applied to 2013, but not more than line 2a			NONE	
Ь	Applied to undistributed income of prior years (Election required - see instructions)		NONE		
c	Treated as distributions out of corpus (Election				
•	required - see instructions)	NONE			
d	Applied to 2014 distributable amount	_			79,103.
	Remaining amount distributed out of corpus	27,311.			
5	Excess distributions carryover applied to 2014	NONE			NONE
6	(If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	228,116.			
	Prior years' undistributed income. Subtract	•			
	line 4b from line 2b		NONE		
С	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		NONE		
	· ' '				
a	Subtract line 6c from line 6b. Taxable amount - see instructions		NONE		
е	Undistributed income for 2013. Subtract line 4a from line 2a Taxable amount - see			NONE	
f	Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				NONE
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			1	
	required - see instructions)	NONE			
8	Excess distributions carryover from 2009 not				
	applied on line 5 or line 7 (see instructions)	29,354.			
9	Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	198,762.			
10	Analysis of line 9:				
	Excess from 2010				
ь	Excess from 2011 39,607.			ŀ	
c	Excess from 2012 48,883.				
	Excess from 2013 43,930.	1			
е	Excess from 2014 27, 311.				
					Form 990-PF (2014)

	rt XIV Private Op	erating Foundations	(see instructions a		tion 9)	NOT APPLICABL
	If the foundation has					
	foundation, and the ruling				. .	
b	Check box to indicate				in section 4942	2(j)(3) or 4942(j)(5)
		Tax year		Prior 3 years		(-) T-4-1
za	Enter the lesser of the ad- justed net income from Part	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
	or the minimum investment					
	return from Part X for each year listed	İ				
.	85% of line 2a					
				<u> </u>		
C	Qualifying distributions from Part XII, line 4 for each year listed .					
d	Amounts included in line 2c not				 	
-	used directly for active conduct					
	of exempt activities					
e	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c					
•	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets				 	
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i).			<u> </u>		
Đ	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					r:
	line 6 for each year listed		·- <u></u>		 	
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,					
	payments on securities loans (section 512(a)(5)),					
	or royalties)		·			
	(2) Support from general public and 5 or more					
	exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup-					
	port from an exempt organization		·			
	(4) Gross investment income .			<u> </u>	<u> </u>	
Par				t only if the foun	dation had \$5,000	or more in assets
		during the year - s			· · · · · · · · · · · · · · · · · · ·	
	Information Regarding	•				
а	List any managers of before the close of any					ived by the foundation
	before the close of any	tax year (but offig if the	ley have contributed in	nore man \$5,000). (3	see section 507(a)(2).	1
		HED DETAIL				-
b						lly large portion of the
	ownership of a partner	ship or other entity) of	which the foundation	has a 10% or greate	r interest.	
_	SEE ATTACI	HED DETAIL				
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarshi	p, etc., Programs:		
						and does not accept
				ants, etc. (see instru	ctions) to individuals	or organizations under
	other conditions, comp					
a	The name, address, an		r e-mail address of the	person to whom ap	plications should be a	ddressed:
	SEE STATEMENT					
b	The form in which app			on and materials they	should include:	
	SEE ATTACHED ST	PATEMENT FOR LI	NE 2			
	-	· · · · · · · · · · · · · · · · · · ·				
C	Any submission deadling					
	SEE ATTACHED ST	TATEMENT FOR LI	NE 2			
			· · · · · · · · · · · · · · · · · · ·			
d	Any restrictions or lifectors:	mitations on awards,	such as by geogra	phical areas, charita	able fields, kinds of	institutions, or other
	SEE ATTACHED ST	ATEMENT FOR LI	NE 2			

Supplementary Information (continued)

Recipient Name and address (home or business)	g the Year or Appro	oved for F	uture Payment	T
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
SEE STATEMENT 11				102,700.
SEE STATEMENT II				102,700.
	1			
				}
!				
			•	
Total			▶ 3a	102,700.
b Approved for future payment				
•				
i				
		,		
				,
Total			▶ 3b	

ter gross amounts unless otherwise indicated.	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a					·
b		·			
c	 				
d		<u> </u>			
e					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments					<u></u>
Dividends and interest from securities			14	29,125.	
Net rental income or (loss) from real estate:			ļ.—		
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property				=	
Other investment income			1.	11 201	
Gain or (loss) from sales of assets other than inventory			18	11,321.	
Net income or (loss) from special events			- 		
Gross profit or (loss) from sales of inventory	<u> </u>				
Other revenue. a			<u> </u>		
b					·
c	<u> </u>		<u> </u>		
d					
e					
0.1				10 116	
				40,446.	40 446
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcu	ulations)			13	40,446
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities	ulations)	complishment of E		oses	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities	ulations) to the Ac	complishment of Ex	cempt Purp	oses a) of Part XVI-A contribu	ited importantly to the
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activity	ulations) to the Ac	complishment of Ex	cempt Purp	oses a) of Part XVI-A contribu	ited importantly to t
Total. Add line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	cempt Purp	oses a) of Part XVI-A contribu	ited importantly to the
Total. Add line 12, columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	cempt Purp	oses a) of Part XVI-A contribu	ited importantly to the
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities ne No. Explain below how each activity	ulations) to the Ac	complishment of Ex	cempt Purp	oses a) of Part XVI-A contribu	ited importantly to t
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activity	ulations) to the Ac	complishment of Ex	cempt Purp	oses a) of Part XVI-A contribu	ited importantly to t
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities ne No. Explain below how each activity	ulations) to the Ac	complishment of Ex	cempt Purp	oses a) of Part XVI-A contribu	ited importantly to t
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities ne No. Explain below how each activity	ulations) to the Ac	complishment of Ex	cempt Purp	oses a) of Part XVI-A contribu	ited importantly to t
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activity	ulations) to the Ac	complishment of Ex	cempt Purp	oses a) of Part XVI-A contribu	ited importantly to t
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ine No. Explain below how each activit	ulations) to the Ac	complishment of Exported to purposes (other than	kempt Purp in column (e by providing	oses a) of Part XVI-A contribu	ited importantly to the

Part	XVII	Information F Exempt Orga		ransfers To and	Transacti	ons and Re	lationships \	With None	hari	table	•
	in sect			engage in any of the section 501(c)(3) of						Yes	No
		<u>-</u>	_	o a noncharitable exe					1a(1)		Х
											X
		transactions:									
				mpt organization							X
				ble exempt organiza							X
				r assets					-		<u>X</u>
								- 4			X
		-		ip or fundraising sol					_		X
				sts, other assets, or p					_		X
d 	If the value o	answer to any of the first the goods, other name transaction of	ne above is "Y assets, or serv r sharing arran	es," complete the for vices given by the re- gement, show in co	ollowing sc eporting fou olumn (d) th	hedule. Colunum undation. If the ne value of the	nn (b) should a e foundation re e goods, other	lways show ceived less assets, or se	the than ervice	fair m s rece	arket eived
_(a) Lir	ne no	(b) Amount involved	(c) Name of	noncharitable exempt org	anization	(d) Description	of transfers, transa	ctions, and shari	ng arra	ingeme	nts
				······································							
											
	-										
			 								
						 					
											
						·					
	describ	ed in section 501(c)	of the Code (d	ffiliated with, or rela other than section 50			· ·			es 📝] No
	n res,	" complete the follow (a) Name of organization		(b) Type of o	rganization		(c) Descrip	tion of relationsl	hip		
		:			. <u></u>			·			
									_		
							<u> </u>				
											
	Unda	manufaca Anamuda I danie	are short I have dis-			hadulas and statem	and to the best	of my language		aliaf a	
	correc	t, and complete Declaration	peparer other than	fined this return, including a sexpayer) is based on all inform	nation of which p	reparer has any knov	ents, and to the best vledge	or my knowledge	ano c	ieliet, it	is true
Sign		MASIA III		S 15/4/18	- 1	OFFICER		May the IRS			
Here	Sign	nature of officer or thussee		Date	<u>'</u> ,	Title		with the pre	parer :	shown Yes	below No
	1	ARLES A BLOOM	FTELD	5010		11110		(see instructions	" <u> </u>] res [
		Print/Type preparer's na		Preparer's signature		Dat	e Ch	eck X if P	TIN		
Paid		DONALD J ROM	AN	Deel	PL	04	/27/2015 sel				
Prep				OUSECOOPERS L	Ρ		Firm's Ell				
Use	Only	1		TREET							
		l PI	TTSBURGH,	PA	152	19	Phone no				
								Form	n 990)-PF (20141

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2014

Name of the organization		Employer identification number
DI COMPTEI D. FINITA	DOVENTE AND A DESCRIPTION AND	02 1207270
Organization type (check or	FOUNDATION 97354890	93-1307278
Organization type (check of	ej.	
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	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a pr	ivate foundation
	501(c)(3) taxable private foundation	
	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the Genera	I Rule and a Special Rule. See
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the ye or property) from any one contributor. Complete Parts I and II. S contributions.	
Special Rules		
regulations under 13, 16a, or 16b, a	n described in section 501(c)(3) filing Form 990 or 990-EZ that resections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule And that received from any one contributor, during the year, total of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-	A (Form 990 or 990-EZ), Part II, line contributions of the greater of (1)
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 or 9 the year, total contributions of more than \$1,000 <i>exclusively</i> for onal purposes, or the prevention of cruelty to children or animals	r religious, charitable, scientific,
contributor, during contributions total during the year for General Rule appl	n described in section 501(c)(7), (8), or (10) filing Form 990 or 9 the year, contributions exclusively for religious, charitable, etc., ed more than \$1,000. If this box is checked, enter here the total an exclusively religious, charitable, etc., purpose. Do not completes to this organization because it received nonexclusively religious more during the year.	purposes, but no such contributions that were received ete any of the parts unless the us, charitable, etc., contributions
990-EZ, or 990-PF), but it mi	t is not covered by the General Rule and/or the Special Rules do ust answer "No" on Part IV, line 2, of its Form 990; or check the locertify that it does not meet the filing requirements of Schedule	box on line H of its Form 990-EZ or on its

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization
BLOOMFIELD FAMILY FOUNDATION 97354890

Employer identification number 93-1307278

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

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

STATEMENT

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

NET INVESTMENT INCOME	173. 1,299. 2,133. 1,196. 2,018. 4,392. 1,241. 2,027. 1,241. 2,027. 1,341. 2,027. 1,241. 2,027. 1,241. 2,027.	
REVENUE AND EXPENSES PER BOOKS	173. 1,299. 2,133. 2,133. 1,196. 2,018. 4,392. 115. 2,682. 1,241. 2,027. 132. 8,254. 3,441.	
DESCRIPTION	ABERDEEN FDS EMRGN BAIRD AGGREGATE BOND FD INSTL AMERICAN EUROPACIFIC GRTH F2 FIRST AMERICAN PRIME OBLIG FUND CL Y HIGHLAND LONG SHORT EQUITY Z ISHARES MSCI EMERGING MARKETS ETF NUVEEN HIGH INCOME BOND FD CL I OPPENHEIMER DEVELOPING MARKETS I P I M C O FDS TOTAL RETURN FD T ROWE PRICE MID CAP GROWTH FD #64 SCOUT INTERNATIONAL FUND TFS MARKET NEUTRAL FUND VANGUARD 500 INDEX FUND VANGUARD 500 IDX ADML	

- OTHER EXPENSES FORM 990PF, PART I

REVENUE AND EXPENSES

PER BOOKS

DESCRIPTION

CHARITABLE PURPOSES 201. 1,763. 161.

STATE FILING FEES GRANTMAKERS FEES CONFERENCE CALL.COM

251.

1,763. 161.

2,175.

TOTALS

2,125.

2

STATEMENT

23

97354890

97354890	TE STOCK
FOUNDATION	- CORPORATE
FAMILY F	PART II
BLOOMFIELD	990PF,
BLOOM	FORM

93-1307278

ENDING FMV	631,879. 115,273. 53,838. 78,580. 158,704. 104,858. 9,684. 11,297. 30,198. 31,681.
ENI 1	
ENDING BOOK VALUE	321,122. 100,000. 79,216. 91,737. 114,000. 10,000. 10,000. 30,000. 30,000.
EN BOOK	
BEGINNING BOOK VALUE	321,122. 100,000. 79,218. 91,737. 114,000. 100,000. 10,000. 30,000. 30,000.
BEGIN BOOK	
	TOTALS
	TOTALS
	Y FD T
	Y FD T
DESCRIPTION	VANGUARD 500 IDX AMERICAN EUROPACIFIC GRTH F'2 IPATH DOW JONES UBS COMMODITY ISHARES MSCI EMERGING MKTS ROWE T PRICE MID-CAP GROWTH FD SCOUT INTERNATIONAL FUND ABERDEEN FDS EMRGN MKT OPPENHEIMER DEVEL MKTS TFS MKT NEUTRAL FUND HIGHLAND LONG SHORT EQUITY

97354890	
FOUNDATION	
FAMILY	
BLOOMFIELD	

FORM 990PF, PART II - CORPORATE BONDS

93-1307278

ENDING FMV 	60,838.	240,672.
ENDING BOOK VALUE	52,164.	232,164.
BEGINNING BOOK VALUE	51,625. 190,000.	241,625.
		TOTALS
DESCRIPTION	NUVEEN HIGH INCOME BOND FD PIMCO TOTAL RETURN FUND BAIRD AGGREGATE BOND FD	

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

RECIPIENT NAME:

US BANK C/O WILLIAM DOLAN

ADDRESS:

PO BOX 3168

PORTLAND, OR 97208

RECIPIENT'S PHONE NUMBER: 503-275-5929

FORM, INFORMATION AND MATERIALS:

CONTACT WILLIAM DOLAN - SEE ATTACHED

SUBMISSION DEADLINES:

OCTOBER 15 - SEE ATTACHED

RESTRICTIONS OR LIMITATIONS ON AWARDS:

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

SEE ATTACHED

93-1307278 BLOOMFIELD FAMILY FOUNDATION 97354890 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID _____ RECIPIENT NAME: ORE HEALTH SCIENCE UNIV MAIL CODE L623 ADDRESS: 3181 SW SAM JACKSON PARK RD PORTLAND, OR 97239 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PUBLIC 11,000. AMOUNT OF GRANT PAID RECIPIENT NAME: OREGON CHILDREN'S THEATER ADDRESS: 600 SW 10TH PORTLAND, OR 97205 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC 2,500. AMOUNT OF GRANT PAID RECIPIENT NAME: CHESS FOR SUCCESS ADDRESS:

2701 NW VAUGH ST, STE 101

PORTLAND, OR 97210

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

3,000. AMOUNT OF GRANT PAID

6

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

RECIPIENT NAME:

P:EAR

ADDRESS:

338 NW 6TH AVE

PORTLAND, OR 97205

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME:

LITERARY ARTS

ADDRESS:

925 SW WASHINGTON ST

PORTLAND, OR 97205

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

AMOUNT OF GRANT PAID 7,000.

RECIPIENT NAME:

THE CIRCUS PROJECT

ADDRESS:

PO BOX 10244

PORTLAND, OR 97296

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME: ARBOR CENTER FOR TEACHING ADDRESS: 4201 SW BORLAND RD TUALATIN, OR 97062 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: SCHOOL AMOUNT OF GRANT PAID 8,500. RECIPIENT NAME: FISHTRAP ADDRESS: PO BOX 38 ENTERPRISE, OR 97828 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME: LIGHTHOUSE WRITER'S WORKSHOP ADDRESS: 1515 RACE ST DENVER, CO 80206 **RELATIONSHIP:** NONE

AMOUNT OF GRANT PAID

PURPOSE OF GRANT: GENERAL SUPPORT

PUBLIC

FOUNDATION STATUS OF RECIPIENT:

10,000.

RECIPIENT NAME:

MIRACLE THEATER GROUP

ADDRESS:

425 SE 6TH AVE

PORTLAND, OR 97214

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GRANT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME:

OREGON HUMANITIES

ADDRESS:

813 SW ALDER ST., #702

PORTLAND, OR 97205

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

RECIPIENT NAME:

PLAYWRITE, INC.

ADDRESS:

PO BOX 13420

PORTLAND, OR 97213

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

STATEMENT

9

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

RECIPIENT NAME:

WRITE AROUND PORTLAND

ADDRESS:

917 SW OAK ST., SUITE 406

PORTLAND, OR 97205

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

RECIPIENT NAME:

ARCHITECTURE FDN OF OR

ADDRESS:

PO BOX 40230

PORTLAND, OR 97240

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME:

COOS ART MUSEUM

ADDRESS:

235 ANDERSON

COOS BAY, OR 97420

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

10

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

RECIPIENT NAME:

FRIENDS OF THE ALBANY PUBLIC

LIBRARY

ADDRESS:

2450 14TH AVE SE

ALBANY, OR 97322

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

TOTAL GRANTS PAID:

102,700.

SCHEDULE D (Form 1041)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T.

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

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

OMB No 1545-0092

2014

Employer identification number Name of estate or trust BLOOMFIELD FAMILY FOUNDATION 97354890 93-1307278 Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts to enter on (h) Gain or (loss) (a) Adjustments Subtract column (e) (d) (e) the lines below. to gain or loss from Form(s) 8949. Part I. from column (d) and **Proceeds** Cost combine the result with This form may be easier to complete if you round off cents (sales price) (or other basis) line 2, column (g) column (g) to whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. 1b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 5 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2013 Capital Loss 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on (h) Gain or (loss) (g) Adjustments Subtract column (e) the lines below. (d) (e) to gain or loss from Form(s) 8949, Part II, Proceeds from column (d) and Cost combine the result with This form may be easier to complete if you round off cents (sales price) (or other basis) line 2, column (a) column (a) to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b -8b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 177,658. 189,620. -11,962 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 11 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts....... 13 23,283 14 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2013 Capital Loss 15 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h) Enter here and on

Caution: Read the instructions before completing this part. Caution: Read the instructions before completing this part. 17 Net shortsterm gain or (loss): a Total for year. b Unrecaptured section 1250 gain (see line 18 of the wrish1). 18 Net Inag-term gain or (loss): a Total for year. b Unrecaptured section 1250 gain (see line 18 of the wrish1). 18	Sched	dule D (Form 1041) 2014				Page 2
To Net short-term gain or (loss) 1 Net short-term gain or (loss) 1 Total for year	Par	t III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	
18. Net long-term gain or (loss): a Total for year. b Unreceptured section 1250 gain (see line 18 of the wrksht.). 18. Total net gain or (loss). Combine lines 17 and 180. 19. Total net gain or (loss). Combine lines 17 and 180. 19. Total net gain or (loss). Combine lines 17 and 180. 19. Total net gain or (loss). Combine lines 17 and 180. 19. Total net gain or (loss). Combine lines 17 and 180. 19. Total net gain or (loss). Combine lines 17 and 180. 19. Total net gain or (loss). Combine lines 17 and 180. 19. Total net gain or (loss). Combine lines 17 and 180. 19. Combine lines 180. 19. Combine lines 180. 19. Combine lines 180. 20. In the lines 180. 20. In the lines 180. 20. In the lines 180. 20. Enter here and neter as a (loss) on Form 1041, line 2 (or Form 990-1, Part I, line 4c), if a trust), the smaller of: a The loss on line 19, column (3) or or b \$3,000. 20. Enter here and neter as a (loss) on Form 1041, line 2 (or Form 990-1, Part I, line 4c), if a trust), the smaller of: a The loss on line 19, column (3) is more than 33,000, or if Form 1041, line 22 (or Form 990-7, line 34), is a loss, complete the Capital loss Carryover Worksheet in the instructions of logical your capital loss carryover Worksheet in the instructions of logical your capital loss carryover Worksheet in the instructions of logical your capital loss carryover Worksheet in the instructions if either line 180, col. (2) or line line 280, col. (2) or line 180, col. (2) or line line 280, col. (2) or line line 280, col. (2) or line line 180 and 190 are gains, or qualified dividends are included in income in Part of Form 990-1, line 34, is more than zero. 21. Enter taxable income from Form 1041, line 22 (or Form 990-1, line 34). 22. Subtract line 25 from line 28, it zero or less, enter -0. 23. Enter the smaller of line 21 or \$12,550. 24. Add lines 27 and 30. 25. Subtract line 26 from line 21. Use the 2014 Tax Rate Schedule for Estates and Tru		Caution: Read the instructions before completing this pa	rt.	(see instr.)	or trust's	(3) rotai
a Total for year b. Unrecaptured section 1250 gain (see line 18 of the wrksht.). 186 197 198 198 198 108 198 108 108 108	17	Net short-term gain or (loss)	17			
b Unrecaptured section 1250 gain (see line 18 of the wrisht). 18c 1 19 Total net gain or (loss). Combine lines 17 and 18a 19 18c 1 19 Total net gain or (loss). Combine lines 17 and 18a 19 18c 1 19 Total net gain or (loss). Combine lines 17 and 18a 19 18c 1 10 Total net gain or (loss). Combine lines 17 and 18a 18c	18	Net long-term gain or (loss):				
to 28% rate gain	а	Total for year	18a			11,321.
13 Total net gain or (loss). Combine lines 17 and 18a. 13 13 13 13 13 13 13 1	b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	18b			
Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a), if lines 19 a and 19, column (2), are net gains, go to Part V, and do not complete Part V is line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, a necessary. **Capital Loss Limitation** 20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4a, if a trust), the smaller of: a The loss on line 19, column (3) or b \$3,000 **Note: If the less on line 19, column (3) is more than \$3,000 or if Form 1041, age 1, line 22 (ar Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover Worksheet in the instructions to figure your capital loss carryover Worksheet in the instructions to figure your capital loss carryover Worksheet in the instructions if experts the Capital Loss Carryover Worksheet in the instructions if experts and in the part of your capital loss carryover worksheet in the instructions if experts and the part of your capital loss carryover worksheet in the instructions if experts in the instruction of the part of your capital loss carryover worksheet in the instructions if experts in the instruction of the part of your capital loss carryover worksheet in the instruction if experts in the instruction if experts in the instruction if experts in the instruction if experts in the instruction if experts in the instruction if experts in the instruction if experts in the instruction if experts in the instruction if experts in the instruction if experts in the instruction if experts in the instruction if experts in the instruction if experts in the instruction if experts in the instruction if experts in the instruction if experts in the instruction if experts in the instruction in the part of the amount on line 2 or line 2 or line 2 or line 2 or line 2 or line 2 or line 2 or line 2 or line 2 or line 2 or line 2 or line 2 or line 2 or line 2 or lin	c	28% rate gain	18c			
pains, go to Part V, and do not complete Part IV il line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, a floesseary. Part IV Capital Loss Limitation 20 Enter here and enter as a floss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: a The loss on line 19, column (3) is more than \$3,000, or if form 1041, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover Worksheet in the instructions to figure your capital loss carryover Worksheet in the instructions to figure your capital loss carryover Worksheet in the instruction Using Maximum Capital Gains Rates Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part 1 or Part II an there is an entry on Form 1041, line 26(2) and form 1041, line 22 (in more than zero. Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col. (2) or in 18c, col. (2) is more than zero. 8 Oth Form 1041, line 26(1), and Form 4952, line 4g are more than zero. 8 Oth Form 1041, line 28(1), and Form 4952, line 4g are more than zero. 10 Enter taxeble incomer form Form 1041, line 22 (or Form 990-T, line 34). 11 Enter taxeble incomer form Form 1041, line 22 (or Form 990-T, line 34). 12 Enter the estate's or trust's qualified dividends from Form 1041, line 28(1) (or enter the qualified dividends from Form 1041, line 28(1) (or enter the qualified dividends from Form 1041, line 28(1) (or enter the qualified dividends from Form 1041, line 28(1) (or enter the qualified dividends from Form 1041, line 28(1) (or enter the qualified dividends from Form 1041) (or enter the gualified dividends from Form 1041) (or enter the smaller of the amount on line 21 or s2,500						
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Part W Capital Loss Limitation 20 Enter there and enter as a loss) on Form 1041, line 4 (or Form 980-T, Port I, line 4a, if a trust), the smaller of: a The loss on tine 19, column (3) or b \$3,000 or if form 1041, line 24, if a trust), the smaller of: between the instructions to figure your capital loss carryover Part V Tax Computation Using Maximum Capital Gains Rates Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 20(2), and Form 1041, line 20(2), and Form 1041, line 20(2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 20(2), and Form 1041, line 20(2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 20(2) and Form 1042. It is more than zero. Form 990-T trusts. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 20(2) and Form 1041, line 20(2) are more than zero. Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part of Form 990-T, line 34, is more than zero. To get the first part and complete the Schedule D Tax Worksheet in the instruction if either line 18b, col. (2) or line 18c, col. (2) is more than zero. To get the smaller of line 18a or 19 in column (2) but not less than zero. To get the smaller of line 18a or 19 in column (2) but not less than zero. Add lines 22 and 23. To get the smaller of the amount on line 21 or Section 199-10, and			1 1055	, complete rait iv an	u the Capital Luss Ca	nyover worksneet, a
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Note: If the loss on line 13, column (3), is more than \$3.000, or if Form 1041, page 1, line 22 (or Form 990-T. line 34), is a loss, complete the Capital Cost Carryover Worksheet in the instructions to figure your capital loss carryover Part V Tax Computation Using Maximum Capital Gains Rates Form 1041 filers. Complete this part only if both lines 18 and 19 in column (2) are gains, or an amount is entered in Part I or Part II an there is an entry on Form 1041, line 20(2), and Form 1041, line 22, is more than zero. Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if • Either line 18b, col. (2) or line 18c, col. (2) is more than zero. • Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero. • Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero. Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instruction if either line 18b, col. (2) or line 18c, col. (2) is more than zero. 21 Enter texable income from Form 1041, line 22 (or Form 990-T, line 34), col. (2) or line 18c, col. (2) is more than zero. 22 Enter the smaller of line 18a or 19 in column (2) but not less than zero. 23 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part 1 of Form 990-T). 23 Enter the smaller of the amount on line 21 or 52,500 26 Subtract line 25 from line 28. If zero or less, enter -0. 26 Enter the smaller of the amount on line 27 or line 28 27 Subtract line 39 from line 28. If zero or less, enter -0. 30 Subtract line 39 from line 31. 31 Subtract line 39 from line 31. 32 Subtract line 39 from line 31. 33 Add lines 32 and 30. 34 Add lines 32 and 30. 35 Subtract line 39 from line 31. 36 Add lines 37 and 30. 37 Enter the smaller of line 30 and 36. 38 Enter the smaller of line 30 and 36. 39 Subtract line 39 from line 38. If zero or less, enter -0. 36 Form 1041, line 36 by 15%. 37 Enter the smaller of line	20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Pa	rt I, lu	ne 4c, if a trust), the si	maller of:	
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45 Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule	44			1 i		
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Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
 ► Information about Form 8868 and its instructions is at www.irs gov/form8868.

OMB No. 1545-1709

If you are	filing for an Automatic 3-Month Extension, of	complete (only Part I and check th	is box			▶ <u>X</u>
If you are	filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Pa	rt II (on page 2 of this	forn	n).	
Do not comp	olete Part II unless you have already been gran	ited an aut	omatic 3-month extensi	on on a previously filed	i Fo	rm 8868	3.
a corporation	ling (e-file). You can electronically file Form required to file Form 990-T), or an addition	nal (not au	tomatic) 3-month exten	sion of time. You can	elec	tronical	ly file Form
	uest an extension of time to file any of the						
	Transfers Associated With Certain Persona						
	For more details on the electronic filing of the tomatic 3-Month Extension of Time. On				Tues	S & IVUII	proms
	n required to file Form 990-T and requesting				nnle	ote .	
All other cor		ns REMICS	· · · · · · · · · · · · · · · · · · ·	orm 7004 to request an	evt	ension c	of time
	e tax returns.	50, 712111100	,, 27.0 27.20.0 11.20.1 20.1 1	Enter filer's identifyi			
	Name of exempt organization or other filer, see in	structions.		Employer identification in			
Type or				, ,			
print	BLOOMFIELD FAMILY FOUNDATION	973548	390	93-13	307	278	
File by the due date for	Number, street, and room or suite no. If a P.O. box	, see instru	ctions.	Social security number (S	SN)		
filing your	PO BOX 0634		· 				
return. See instructions.	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.				
	MILWAUKEE, WI 53201-0634					<u> </u>	
Enter the Re	turn code for the return that this application is	s for (file a	separate application fo	r each return)	• •		. 04
Application		Return	Application				Return
ls For		Code	ls For				Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporati	on)			07
Form 990-BL	·	02	Form 1041-A				08
Form 4720 (indıvıdual)	03	Form 4720 (other tha	n individual)			09
Form 990-PF	·	04	Form 5227				10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-T	(trust other than above)	06	Form 8870				12
The books	are in the care of ► <u>US_BANK</u>				· - -		
	No. ► <u>(503)464-3580</u>		FAX No. ►				
_	inization does not have an office or place of b						
	or a Group Return, enter the organization's for					If th	-
	e group, check this box If			nis box ▶ [and atta	ach
	e names and EINs of all members the extension						
•	st an automatic 3-month (6 months for a corp					_	_
until	08/17_, 20 15_, to file the 6	exempt org	ganization return for the	organization named at	ove	. The ex	tension is
	organization's return for:						
	calendar year 2014 or	20			20		
P []	tax year beginning	, 20	, and ending	'	20.		
2 If the ta	x year entered in line 1 is for less than 12 mo	onths chec	k reason: Initial re	eturn Final return	n		
	nange in accounting period	, , , , , , , , , , , , , , , , , , ,	.k reason midai re	, tain i mai retun			
	application is for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the	tentative tax, less any	\sqcap	T	
	indable credits. See instructions.	·	,	,	3a	s	506.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
estimated tax payments made. Include any prior year overpayment allowed as a credit.						\$	536.
c Balance	due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if red	quired, by using EFTPS			
(Electro	nic Federal Tax Payment System). See instruc	ctions.			3с	\$	
Caution. If you	are going to make an electronic funds withdrawal	(direct debi	it) with this Form 8868, se	e Form 8453-EO and Form	n 88	79-EO fo	r payment
instructions.							
For Privacy Ac	t and Paperwork Reduction Act Notice, see instru	ıctions.			Forr	n 8868	(Rev. 1-2014)

Form 8949 (2014)	Attachment Sequence No 12A Page
Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side	Social security number or taxpayer identification number
BLOOMFIELD FAMILY FOUNDATION 97354890	93-1307278
Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or su statement will have the same information as Form 1099-B. Either may show your basis (usi	bstitute statement(s) from your broker A substitute ually your cost) even if your broker did not report it to the IRS.

Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later) Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term

transactions, see page 1. Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or

	e of the boxes, complete as many forms with the same box checked as you need
Г	(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
	(E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS

(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the	If you enter an an enter a code	ny, to gain or loss. nount in column (g), e in column (f) ate instructions.	g), (h) Gain or (loss)	
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed (Mo , day, yr)	(sales price) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)	
16239.316 P I M C O FDS TO FD	10/12/2010	10/24/2014	177,658.00	189,620.00			-11,962.00	
2 Totals. Add the amounts in c (subtract negative amounts). include on your Schedule D, checked), line 9 (if Box E abo (if Box F above is checked) ▶	Enter each total line 8b (If Box D ove is checked),	here and above is	177,658.	189,620.			-11,962.	

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2014)

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