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Form **990-PF**

EXTENDED TO AUGUST 17, 2015 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.lrs.gov/form990pf.

01010101034
2014
Open to Public Inspection

For calendar year 2014 or tax year beginning		, and ending		
Name of foundation			A Employer identification n	umber
THE ESCO FOUNDATION				
C/O ROBYN BREWER			94-3122667	
Number and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
P.O. BOX 3121			503-225-293	5
City or town, state or province, country, and ZIP or foreign p	ostal code		C if exemption application is pend	ding, check here
PORTLAND, OR 97208				
G Check all that apply: Initial return	Initial return of a fori	mer public charity	D 1. Foreign organizations, o	check here 🕨 🔲
Final return	Amended return		2 5	
Address change	Name change		Foreign organizations meetii check here and attach comp	outation Lest,
H Check type of organization: X Section 501(c)(3) ex			E If private foundation status	
	Other taxable private foundati		under section 507(b)(1)(A), check here 🕨 📖
Fair market value of all assets at end of year J Account	-	Accrual	F If the foundation is in a 60-	
	ther (specify)		under section 507(b)(1)(B), check here 🕨 📖
►\$ 14,389,855. (Part I, colu		·		
(The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
necessarily equal the amounts in column (a))	OXPORTOGS POR BOOKS			(cash basis only)
1 Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch. B			N/A	
2 Check X If the foundation is not required to attach Sch B Interest on savings and temporary cash investments	27 642	27 (42	<u> </u>	
	27,642.	27,642.	S	TATEMENT 1
4 Dividends and interest from securities 5a Gross rents	255,812.	255,812.	<u> </u>	TATEMENT 2
b Net rental income or (loss)	<u> </u>			
	255,538.	 		
ba Net gain or (loss) from sale of assets not on line 10 B Gross sales price for all 946, 242.	233,336.	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
b Gross sales price for all 946,242. 7 Capital gain net income (from Part IV, line 2)		255,538.		
8 Net short-term capital gain	-			
9 Income modifications				- · <u>-</u> · .
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss)		V-12-		
11 Other income RECEIVED				
12 Total Add lines 1 through 11	70538,992.	538,992.		
13 Compensation of officers Pectors, trustees, atc 2 2015	0.	0.		0.
14 Other employee salar es and wages	1 (7)			
15 Pension plans, employee benefits				
16a Legal fees OSDENS U	4,020.	0.		0.
b Accounting fees STMT 4	2,950.	0.		0.
b Accounting fees c Other professional fees sTMT 5	68,308.	0.		0.
§ 17 Interest				
17 Interest 18 Taxes STMT 6 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications	82,002.	0.		0.
19 Depreciation and depletion				
E 20 Occupancy				
21 Travel, conferences, and meetings			 	
23 Other expenses 24 Total operating and administrative				
	157 000	•		•
expenses. Add lines 13 through 23	157,280.	0.		631 000
25 Contributions, gifts, grants paid	631,000.		 	631,000.
26 Total expenses and disbursements.	799 290			621 000
Add lines 24 and 25 27 Subtract line 26 from line 12:	788,280.		 	631,000.
27 Subtract line 20 if off line 12;	-249,288.			
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	-243,200.	538,992.		
26 lotal expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		330,334.	N/A	_
v regulated net income (in negative, enter -0-)	L		I TA / LY	

THE ESCO FOUNDATION C/O ROBYN BREWER

For	m 99	0-PF (2014) C/O ROBYN BREWER	94-3122667 Page 2					
P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of				
			(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash - non-interest-bearing						
		Savings and temporary cash investments	222,637.	222,137.	222,137.			
	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						
	7	Other notes and loans receivable						
		Less: allowance for doubtful accounts						
şţ	8	Inventories for sale or use						
Assets	9	Prepaid expenses and deferred charges						
⋖	10a	Investments - U.S. and state government obligations STMT 7	218,700.	0.	0.			
	b	investments - corporate stock STMT 8	8,976,222.	8,946,134.	13,065,414.			
	C	Investments - corporate bonds STMT 9	1,119,838.	1,119,838.	1,102,304.			
	11	Investments - land, buildings, and equipment basis						
		Less accumulated depreciation						
	12	Investments - mortgage loans						
	13	Investments - other						
	14	Land, buildings, and equipment: basis ▶						
		Less accumulated depreciation						
	15	Other assets (describe						
	16	Total assets (to be completed by all filers - see the						
_	L	ınstructions. Also, see page 1, item 1)	10,537,397.	10,288,109.	<u>14,389,855.</u>			
	17	Accounts payable and accrued expenses		<u></u>				
	18	Grants payable						
S	19	Deferred revenue						
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons						
ap	21	Mortgages and other notes payable						
_	22	Other liabilities (describe >)						
_	23	Total liabilities (add lines 17 through 22)	0.	0.				
		Foundations that follow SFAS 117, check here						
m		and complete lines 24 through 26 and lines 30 and 31.						
Net Assets or Fund Balances	24	Unrestricted	10,537,397.	10,288,109.				
lan	25	Temporarily restricted						
Ä	26	Permanently restricted						
Š		Foundations that do not follow SFAS 117, check here						
Ā		and complete lines 27 through 31.						
ţ	27	Capital stock, trust principal, or current funds						
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund		·				
ţ	29	Retained earnings, accumulated income, endowment, or other funds						
Ž	30	Total net assets or fund balances	10,537,397.	10,288,109.				
			40 505 005	10 000 100				
	31	Total liabilities and net assets/fund balances	10,537,397.	10,288,109.				
P	art	III Analysis of Changes in Net Assets or Fund B	alances					
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30					
-		st agree with end-of-year figure reported on prior year's return)		1	10,537,397.			
2	•	r amount from Part I, line 27a		2	-249,288.			
		r increases not included in line 2 (itemize)		3	0.			
-		lines 1, 2, and 3		4	10,288,109.			
5	Decr	eases not included in line 2 (itemize)		5	0.			
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	10,288,109.			
					Form 990-PF (2014)			

C/O ROBYN BREWER

	(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) Dat (mo.,	e acquired day, yr.)	(d) Date sold (mo., day, yr.)
h SEE A	TTACHED STA	TEMENTS	<u></u>		 		<u>-</u>		<u> </u>
b SEE A	ITACHED STA	TEMENIS			. <u>. </u>				-
d					 				-
<u>e</u>									
(e) Gross sa	es price (f)	Depreciation allowed (or allowable)		t or other basis xpense of sale				Gain or (los us (f) minus	
<u>a</u>									
<u>b</u>									
<u>c</u>			<u> </u>						
	46,242.			690,70	14.				255,538.
		column (h) and owned by	the foundation				(I) Gains	(Col. (h) gai	
		(j) Adjusted basis		cess of col. (ı)			òl. (k), bu	t not less th	an -0-) or
(i) F.M.V. as of	112/31/69	as of 12/31/69	over	col. (j), if any			Losse	s (from col.	. (n))
a									
<u>b</u>			<u> </u>						
<u> </u>			<u> </u>						·
<u>d</u>									055 500
<u>e</u>									255,538.
2 Canital nain riet ii	ncome or (net capital loss	$\begin{cases} \text{If gain, also ente} \\ \text{If (loss), enter -0} \end{cases}$	r in Part I, line	7	} 2	,			255,538.
· •	•			,) '				233,330.
	apital gain or (loss) as de r in Part I, line 8, column	fined in sections 1222(5) ai	na (6):		1				
iging nois aism a					B I	I			
If (loss), enter -0	- ın Part I, line 8					1		N/	A
If (loss), enter -0	- ın Part I, line 8	Section 4940(e) for	r Reduced	Tax on Net	∫ 3 Inves	tment In	come	N/	Α
If (loss), enter -0 Part V Qua	- in Part I, line 8 Ilification Under					tment In	come	N/	A
If (loss), enter -0 Part V Qua (For optional use by	- in Part I, line 8 ilification Under domestic private founda	Section 4940(e) for				tment In	come	N/2	Α
If (loss), enter -0 Part V Qua (For optional use by If section 4940(d)(2	- in Part I, line 8 Ilification Under domestic private founda) applies, leave this part b	Section 4940(e) for tions subject to the section plank.	4940(a) tax on	net investment ii	ncome.)	tment Ir	come	N/2	
If (loss), enter -0 Part V Qua (For optional use by If section 4940(d)(2) Was the foundation	- in Part I, line 8 ilification Under domestic private founda) applies, leave this part t liable for the section 494	Section 4940(e) for tions subject to the section blank. 2 tax on the distributable and	4940(a) tax on	net investment in	ncome.)	tment In	come	N/	Yes X No
If (loss), enter -0 Part V Qua (For optional use by If section 4940(d)(2) Was the foundation If "Yes," the foundation	- in Part I, line 8 ilification Under domestic private founda) applies, leave this part t liable for the section 494 on does not qualify unde	Section 4940(e) for tions subject to the section blank. 2 tax on the distributable and r section 4940(e). Do not continue to the section 4940(e).	4940(a) tax on nount of any ye omplete this pa	net investment in ear in the base pe rt.	riod?	tment Ir	come	N/	
If (loss), enter -0 Part V Qua (For optional use by If section 4940(d)(2 Was the foundation If "Yes," the foundation	- in Part I, line 8 ilification Under domestic private founda) applies, leave this part t liable for the section 494 on does not qualify unde	Section 4940(e) for tions subject to the section plank. 2 tax on the distributable and resection 4940(e). Do not column for each year; see the interpretable and the section 4940(e).	4940(a) tax on nount of any ye omplete this pa	net investment in ear in the base pe rt.	riod?	tment Ir	come		Yes X No
If (loss), enter -0 Part V Qua (For optional use by If section 4940(d)(2 Was the foundation If "Yes," the foundation 1 Enter the approp	- in Part I, line 8 Illification Under a domestic private foundar applies, leave this part to liable for the section 494 on does not qualify unde irriate amount in each column (a) eriod years	Section 4940(e) for tions subject to the section blank. 2 tax on the distributable and r section 4940(e). Do not continue to the section 4940(e).	4940(a) tax on nount of any ye omplete this painstructions bef	net investment in ear in the base pe rt.	riod?			Distr	Yes X No
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If (loss), enter -0 Part V Qua (For optional use by If section 4940(d)(2) Was the foundation If "Yes," the foundation 1 Enter the appropriate Base p Calendar year (or 2 2 2 2 2 2 3 4 4 Enter the net value Left V Qua Reserved Average distribut the foundation has	- in Part I, line 8 Ilification Under a Identification Under a Identificati	Section 4940(e) for tions subject to the section blank. 2 tax on the distributable and r section 4940(e). Do not common for each year; see the in (b) Adjusted qualifying dis 60 48 36 52 30 asse period - divide the total is than 5 years	nount of any yeomplete this parastructions before this parameter of a parameter o	net investment in ear in the base pe rt. fore making any e	ncome.) rrod? entries. (c) oncharital 12,7 10,9 10,0 9,0	ole-use asse 701,61 991,84 013,93 063,18 75,88	3 0. 2. 7. 6. 8.	Col. (b) d	Yes X No (d) (button ratio invided by col. (c)) . 047297 . 043930 . 036839 . 057712 . 037415 . 223193 . 044639 13,960,541.
If (loss), enter -0 Part V Qua (For optional use by If section 4940(d)(2) Was the foundation If "Yes," the foundation Base p Calendar year (or 2 2 2 2 2 3 3 4 4 4 5 5 6 7 7 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8	- in Part I, line 8 Ilification Under a Identification Under a Identificati	Section 4940(e) for tions subject to the section blank. 2 tax on the distributable and r section 4940(e). Do not common for each year; see the in (b) Adjusted qualifying dis 60 48 36 52 30 asse period - divide the total is than 5 years	nount of any yeomplete this parastructions before this parameter of a parameter o	net investment in ear in the base pe rt. fore making any e	ncome.) rrod? entries. (c) oncharital 12,7 10,9 10,0 9,0	ole-use asse 701,61 991,84 013,93 063,18 75,88	0 · 2 · 7 · 6 · 8 · 2 3	Col. (b) d	Yes X No (d) (button ratio 10 10 10 10 10 10 10 1
If (loss), enter -0 Part V Qua (For optional use by If section 4940(d)(2) Was the foundation If "Yes," the foundati 1 Enter the approp Calendar year (or 2 2 2 2 2 2 2 3 4 4 Enter the net valu 5 Multiply line 4 by	- in Part I, line 8 ilification Under a domestic private foundar applies, leave this part to liable for the section 494 on does not qualify unde arriate amount in each colic (a) eriod years tax year beginning in) 2013 2012 2011 2010 2009 clumn (d) clion ratio for the 5-year be as been in existence if les use of noncharitable-use a	Section 4940(e) for tions subject to the section blank. 2 tax on the distributable and resection 4940(e). Do not common for each year; see the incommon for e	nount of any yeomplete this parastructions before this parameter of a parameter o	net investment in ear in the base pe rt. fore making any e	ncome.) rrod? entries. (c) oncharital 12,7 10,9 10,0 9,0	ole-use asse 701,61 991,84 013,93 063,18 75,88	3 0. 2. 7. 6. 8.	Col. (b) d	Yes X No (d) ribution ratio invided by col. (c)) . 047297 . 043930 . 036839 . 057712 . 037415 . 223193 . 044639 13,960,541.
If (loss), enter -0 Part V Qua (For optional use by If section 4940(d)(2) Was the foundation If "Yes," the foundati 1 Enter the approp Calendar year (or 2 2 2 2 2 2 2 3 4 4 Enter the net valu 5 Multiply line 4 by	- in Part I, line 8 Ilification Under a Identification Under a Identificati	Section 4940(e) for tions subject to the section blank. 2 tax on the distributable and resection 4940(e). Do not common for each year; see the incommon for e	nount of any yeomplete this parastructions before this parameter of a parameter o	net investment in ear in the base pe rt. fore making any e	ncome.) rrod? entries. (c) oncharital 12,7 10,9 10,0 9,0	ole-use asse 701,61 991,84 013,93 063,18 75,88	3 0. 2. 7. 6. 8.	Col. (b) d	Yes X No (d) (button ratio invided by col. (c)) . 047297 . 043930 . 036839 . 057712 . 037415 . 223193 . 044639
If (loss), enter -0 Part V Qua (For optional use by If section 4940(d)(2) Was the foundation If "Yes," the foundati 1 Enter the approp Calendar year (or 2 2 2 2 2 2 2 3 4 4 Enter the net valu 5 Multiply line 4 by	- in Part I, line 8 ilification Under a domestic private foundar a popules, leave this part to diable for the section 494 and does not qualify under amount in each color (a) eriod years tax year beginning in) 2013 and 12 and 19 and 1	Section 4940(e) for tions subject to the section blank. 2 tax on the distributable and resection 4940(e). Do not common for each year; see the incommon for e	nount of any yeomplete this parastructions before this parameter of a parameter o	net investment in ear in the base pe rt. fore making any e	ncome.) rrod? entries. (c) oncharital 12,7 10,9 10,0 9,0	ole-use asse 701,61 991,84 013,93 063,18 75,88	3 0. 2. 7. 6. 8.	Col. (b) d	Yes X No (d) ribution ratio invided by col. (c)) . 047297 . 043930 . 036839 . 057712 . 037415 . 223193 . 044639 13,960,541.
If (loss), enter -0 Part V Qua (For optional use by If section 4940(d)(2) Was the foundation If "Yes," the foundation Base p Calendar year (or 2 2 2 2 2 2 2 3 4 4 Enter the net valu 5 Multiply line 4 by 6 Enter 1% of net in	- in Part I, line 8 ilification Under a domestic private foundar a popules, leave this part to diable for the section 494 and does not qualify under amount in each color (a) eriod years tax year beginning in) 2013 and 12 and 19 and 1	Section 4940(e) for tions subject to the section blank. 2 tax on the distributable and resection 4940(e). Do not common for each year; see the incommon for e	nount of any yeomplete this parastructions before this parameter of a parameter o	net investment in ear in the base pe rt. fore making any e	ncome.) rrod? entries. (c) oncharital 12,7 10,9 10,0 9,0	ole-use asse 701,61 991,84 013,93 063,18 75,88	3 0. 2. 7. 6. 8.	Col. (b) d	Yes X No (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
If (loss), enter -0 Part V Qua (For optional use by If section 4940(d)(2) Was the foundation If "Yes," the foundation Base p Calendar year (or 2 2 2 2 2 2 3 2 2 4 4 Enter the net valu 5 Multiply line 4 by 6 Enter 1% of net in 7 Add lines 5 and 6	- in Part I, line 8 ilification Under a domestic private foundar a popules, leave this part to diable for the section 494 and does not qualify under amount in each color (a) eriod years tax year beginning in) 2013 and 12 and 19 and 1	Section 4940(e) for tions subject to the section blank. 2 tax on the distributable and resection 4940(e). Do not common for each year; see the light of the section 4940(e). The section 4940(e) and the section 4940(e). The section 4940(e) are light of the section 4940(e). Do not common for each year; see the light of the section 4940(e). Do not common for each year; see the light of the section 4940(e) and light of the section 4940(e). Do not common for each year; see the light of the section 4940(e). Do not common for each year; see the light of the section 4940(e). Do not common for each year; see the light of the section 4940(e). Do not common for each year; see the light of the section 4940(e). Do not common for each year; see the light of the section 4940(e). Do not common for each year; see the light of the section 4940(e). Do not common for each year; see the light of the section 4940(e). Do not common for each year; see the light of the section 4940(e). Do not common for each year; see the light of the section 4940(e). Do not common for each year; see the light of the section 4940(e). Do not common for each year; see the light of the section 4940(e). Do not common for each year; see the light of the section 4940(e). Do not common for each year; see the light of the section 4940(e). Do not common for each year; see the light of the section 4940(e). Do not common for each year; see the light of the section 4940(e). Do not common for each year; see the light of the section 4940(e). Do not common for each year; see the light of the section 4940(e). Do not common for each year; see the light of the section 4940(e). Do not common for each year; see the light of the section 4940(e). Do not common for each year; see the light of the section 4940(e). Do not common for each year; see the light of the section 4940(e). Do not common for each year; see the light of the year year year. The light of the year year year year year year year yea	nount of any yeomplete this parastructions before this parameter of a parameter o	net investment in ear in the base pe rt. fore making any e	ncome.) rrod? entries. (c) oncharital 12,7 10,9 10,0 9,0	ole-use asse 701,61 991,84 013,93 063,18 75,88	3 0. 2. 7. 6. 8.	Col. (b) d	Yes X No (d) (button ratio livided by col. (c)) . 047297 . 043930 . 036839 . 057712 . 037415 . 223193 . 044639 13,960,541. 623,185. 5,390.

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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948 -	see in	stru	ction	15)
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%	1		<u>!</u>	<u>5,3</u>	<u>90.</u>
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3_			5,3	90.
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			5,3	90.
6	Credits/Payments:					
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 10,000	.				
	Exempt foreign organizations - tax withheld at source	1				
	Tax paid with application for extension of time to file (Form 8868) 6c	7				
	Backup withholding erroneously withheld 6d	1				
	Total credits and payments. Add lines 6a through 6d	7		1	0,0	00.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			<u> </u>	<u> </u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			4 6	10.
	Enter the amount of line 10 to be: Credited to 2015 estimated tax	11			- , 0	0.
	rt VII-A Statements Regarding Activities	1 11	1		_	- • •
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven				Yes	No
10	any political campaign?	6 111	}	1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	n\2	}	1b		X
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	-	ŀ	-10		
		ieu oi]			
	distributed by the foundation in connection with the activities			. [v
	Did the foundation file Form 1120-POL for this year?			1c		X
a	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	<u>.</u>				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			Ì		
_	managers. ▶ \$					7.7
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		}	_2_		X
_	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or		_		37
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		_	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3.7		4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	1/4	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		_X_
	If "Yes," attach the statement required by General Instruction T.		ļ			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or		ļ			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state	te law	1		37	
	remain in the governing instrument?		-	6	<u>X</u>	
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 X	V	-	7_	X	
			ļ			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					!
	OR		Ì			}
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		Ļ	8b	X_	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	lendar	i			
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		<u> </u>
<u>10</u>	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
			Form	990	-PF ((2014)

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Form 990-PF (2014) C/O ROBYN BREWER <u>94-312</u>2667 Page 5 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 X 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 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► SWIGERTFOUNDATION.ORG 14 The books are in care of ▶ ROBYN BREWER, UNION BANK OF CAL Telephone no. $\triangleright 503-225-2935$ Located at ▶ P.O. BOX 3121, PORTLAND, OR $ZIP+4 \rightarrow 97208-3121$ 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 N/A 16 At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, Yes No securities, or other financial account in a foreign country? 16 X See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the 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): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No (5) Transfer any income or assets to a disqualified person (or make any of either available 🗌 Yes 🗶 No for 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 Yes X No 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)? N/A 1b Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014? X 1c 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 X No If "Yes," list the years 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.) N/A 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. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? 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.) N/A 3b 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a 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?

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orm 990-PF (2014) C/O ROBYN BREWER			<u>94-31226</u>	67	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)		
5a During the year did the foundation pay or incur any amount to:				}	1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	. ,,		s X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire			İ	
any voter registration drive?	_		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes'		Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			-	Ì
4945(d)(4)(A)? (see instructions)			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
the prevention of cruelty to children or animals?		_	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc		n Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A L	5b	_
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				,	
expenditure responsibility for the grant?		「/A	s L No		
If "Yes," attach the statement required by Regulations section 53.4945	• •				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to j	pay premiums on				
a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s 🗶 No 📙		
b If "Yes," did the foundation receive any proceeds or have any net income attribu		 		7b	
Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	<i>!</i>		
1 List all officers, directors, trustees, foundation managers and their		(a) Componention	(d) Contributions to		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) t	Expense unt, other
(-)	to position	`enter`-0-)´	compensation	allo	wances
GDT (M) MD) (D) (M)					_
SEE STATEMENT 10		0.	0.		0.
				 	
				<u> </u>	
				ļ	
				l	
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter "NONE."	(d) Contributions to	(0) [Evnense
(a) Name and address of each employee paid more than \$50,000	hours der week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	accoi	Expense Int, other wances
11011	devoted to position		compensation	allo	wances
NONE					
				 	
			<u></u>	 	
				 	
		 		 	_
		•			

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

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3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(5) 1) po ci cui vico	(c) companion
	- 	-
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		> (
List the foundation's four largest direct charitable activities during the tax year. Include relevant state number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the oduced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year of	n lines 1 and 2.	Amount
1 <u>N/A</u>		
2		.—
All other program-related investments. See instructions.		
Total, Add lines 1 through 3		0

Form 990-PF (2014) C/O ROBYN BREWER 94-3122667 Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: Average monthly fair market value of securities 13,950,751. 1a Average of monthly cash balances 222,387. 1b Fair market value of all other assets 1c 14,173,138. d Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2 3 14,173,138. Subtract line 2 from line 1d 3 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 212.597. 4 13,960,541. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 698,027. 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.) 698,027. Minimum investment return from Part X, line 6 5,390. Tax on investment income for 2014 from Part VI, line 5 2a 2a Income tax for 2014. (This does not include the tax from Part VI.) 2b Add lines 2a and 2b 5,390 2c Distributable amount before adjustments. Subtract line 2c from line 1 3 3 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 692,637. Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes; Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 631,000. 1a Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 3 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) За

Adjusted qualifying distributions. Subtract line 5 from line 4 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.

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631,000.

625,610.

5,390.

3b

4

Cash distribution test (attach the required schedule)

income. Enter 1% of Part I, line 27b

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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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				692,637.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			821.	
b Total for prior years:		_		
3 Excess distributions carryover, if any, to 2014:		0.		-
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ► \$631,000.				
a Applied to 2013, but not more than line 2a			821.	
b Applied to undistributed income of prior				 -
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				630,179.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014 (if an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				····
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				62,458.
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)	0.			
8 Excess distributions carryover from 2009	,			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015				
Subtract lines 7 and 8 from line 6a	0.			
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 423581 11-24-14				
11 24 14				Form 990-PF (2014)

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Part XIV Private Operating F				N/A	
1 a If the foundation has received a ruling of)		····
foundation, and the ruling is effective fo			.		
b Check box to indicate whether the foun		ng foundation described	d in section	4942(j)(3) or 4942(j)	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years]
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
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		<u> </u>			
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter			- 		
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	1				
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or me	ore in assets
at any time during	the year-see instr	ructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh			ntributions received by th	e foundation before the clo	se of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	ection 507(d)(2).)			
NONE					
b List any managers of the foundation wh			(or an equally large port	ion of the ownership of a p	artnership or
other entity) of which the foundation ha	s a 10% or greater interes	St.			
NONE					
2 Information Regarding Contribut		• • • •	-		
Check here L if the foundation of the foundation makes gifts, grants, etc.				not accept unsolicited requ	
					J U.
a The name, address, and telephone num ROBYN BREWER, P.O. E				503-225 - 293	5
b The form in which applications should t	oe submitted and informati	tion and materials they	should include.		
ROBYN WILL SEND AN A					
c Any submission deadlines:					
BOARD MEETS QUARTERL	Y - NO DEAD	LINES			
d Any restrictions or limitations on award			s, kinds of institutions, or	other factors:	·
MUST BE A 501(C)(3)	ORGANIZATIO	N			

C/O ROBYN BREWER

94-3122667 Page 11

Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or Amount status of any foundation manager contribution Name and address (home or business) or substantial contributor recipient a Paid during the year CAMP ARRAH WANNA NONE INCREASE ACCESSIBILITY 24075 E ARRAH WANNA BLVD. OF TWO LODGES WELCHES, OR 97067 5,000. LIFEWORKS NW NONE FINAL PHASE OF 14600 NW CORNELL ROAD CONTSUCION OF THEIR PORTLAND, OR 97229 NEW HOME 10,000. CODA NONE PURCHASE THREE EXAM 1030 NE COUCH TABLES PORTLAND, OR 97232 5,000. PORTLAND CHILDREN'S MUSEUM NONE SPONSOR DIG PIT 4015 SW CANYON ROAD PORTLAND OR 97221 20,000. YMCA OF COLUMBIA WILLAMETTE NONE BUILD THE NEW 9500 SW BARBUR BLVD, SUITE, 200 RECREATION LODGE AT PORTLAND OR 97219 CAMP COLLINS 10 000 CONTINUATION SHEET(S) Total SEE **▶** 3a 631 000. b Approved for future payment NONE Total

Form 990-PF (2014)

Part XVI-A Analysis of Income-Producing Activ

Enter gros	s amounts unles	s otherw	ise indicated.			eo ousmes	(b)		(C) Exclu-	ded by sect	on 512, 513, or 514 (d)	Rolate	(e) ed or exempt
1 Progra	m service reveni	je:			(a) Business code		Amount		sion code		Amount	1	tion income
a							_						
-													
c						<u></u>							
d													
e					.II								
f					_	<u>_</u>							
g Fee	s and contracts	from gov	ernment agend	ies									
2 Member	ership dues and	assessm	ents										
3 Interes	t on savings and	i tempora	ıry cash										
ınvestr	nents					ļ			_				27,642. 255,812.
4 Divide	nds and interest	from seci	urities										255,812.
5 Net rer	ntal income or (lo	oss) from	real estate:			1	10		<u></u>			1	
a Det	ot-financed prop	erty											
b Not	t debt-financed p	roperty											
6 Net rer	ntal income or (lo	oss) from	personal			İ						1	
proper	ty					1							
7 Other i	nvestment incor	ne									·	<u> </u>	
8 Gain o	r (loss) from sale	es of asse	ets other			İ							
than in	iventory										· -		<u>255,538.</u>
9 Net inc	come or (loss) fr	om specia	al events										·
10 Gross	profit or (loss) fr	om sales	of inventory			<u> </u>							
11 Other I	revenue:					1							
a						.		_					
b					-	<u> </u>							
c					-	<u> </u>							-
d						1							
е						ļ						ļ	
	tal. Add columns				<u> </u>	1		_ 0.			0.		<u>538,992.</u>
	Add line 12, coli										13 _		538,992.
(See work	sheet in line 13	nstructio	ns to verify cal	culations.)									
Part X	(VI-B Re	elation	ship of Ac	tivities	to the Acc	omplis	hment	of Ex	emp	t Purpo	oses		
Line No.	Evoluin ha	low bow	each activity fo	r which inc	nma is renorted	ın column	(a) of Pai	rt YVI-A	contrib	uted impo	ortantly to the acco	mnlichmant	
Lille No. ▼					n by providing fi				COITE	outed impe	ntantily to the acco	призниси	OI .
									חד ק	ABI.E	PURPOSE		
3 4	ALLOWS	THE	FOUNDA	TION	TO CONT	TIMUE	TTC	CHA	RTT	ABLE	PURPOSE		-
8											PURPOSE		
<u> </u>	ALLOWS		FOORDA	11014	10 0011	TIVE		CILA	<u> </u>	מטטמ	TORE ODE		
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423621 11-24-14												Form	990-PF (2014)

Firm's address ► 12360 SW JAMES ST

TIGARD, OR 97223

Form 990-PF (2014) C/O ROBYN BREWER <u>94-3122667</u> Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of Yes No 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) (2) Other assets 1a(2) **b** Other transactions; (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c 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. (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under benalties of perjury, I declare that I have examined this return including accompanying schedules and statements and to the best of my knowledge and policy it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer Sign Here X Yes Signature of officer of trusted Date Title Check 🗶 if PTIN Print/Type preparer's name Preparer's signature Date self- employed Paid P00315342 SHANNON M. MOXLEY Preparer MOXLEY CPA Firm's name ► SHANNON M. Firm's EIN $\triangleright 26 - 1703467$ Use Only

503-590-5176

Phone no.

THE ESCO FOUNDATION CONTINUATION FOR 990-PF, PART IV C/O ROBYN BREWER 94-3122667 PAGE Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) D - Donation (mo., day, yr.) 1a COACH VARIOUS 01/22/14 P b VNGRD ST INVESTMENT GRADE P VARIOUS 04/01/14 c RICH & TANG DAILY P VARIOUS **VARIOUS** d PIMCO TOTAL RETURN FUND P VARIOUS 12/11/14 e NATIONWIDE HM BOND FD CL P VARIOUS 12/17/14 TVNGRD ST INVESTMENT GRADE 12/18/14 P VARIOUS g AIG CLASS ACTION P VARIOUS VARIOUS h DELL CLASS ACTION P **VARIOUS** VARIOUS ABSOLUTE STRATEGIES P VARIOUS 01/24/14 CISCO SYS INC. P VARIOUS VARIOUS k ABSOLUTE STRATEGIES P VARIOUS 03/20/14 I NATIONWIDE HM BOND FD CL P VARIOUS 05/29/14 m PIMCO LOW DURATION FUND P VARIOUS 05/29/14 n NATIONWIDE SHRT TRM FUND P VARIOUS 05/29/14 o PIMCO ALL ASSETS ALL AUTH VARIOUS 05/29/14

	T TY100 11000	10 110111		<u> </u>
	(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	19,543.		21,538.	-1,995.
b	95.			95.
С	2.			2.
d	2,481.			2,481.
e	4,378.			4,378.
<u>f</u>	410.			410.
9	1,271.		76.	1,195.
h	171.		10.	161.
1	50,000.		51,416.	-1,416.
	29,256.		32,978.	-3,722.
k	25,000.		25,731.	-1,416. -3,722. -731.
	15,000.		15,081.	-81.
m	25,000.		25,288.	-288.
n	25,000.		25,144.	-144.
0	40,000.		42,355.	-2,355.
	Complete only for assets shown	ng gain in column (h) and owned by	the foundation on 12/31/69	(I) Laceae (from cal. (b))

(i) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any -1,995. а 95. b 2. C 2,481. d 4,378. е 410. 1,195. g 161. h -1,416.-3,722.-731. -81. -288. $\bar{\mathbf{m}}$ -144.П -2,355. 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) 2

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).

If (loss), enter "-0-" in Part I, line 8

Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) 1a VNGRD ST INVESTMENT GRADE P VARIOUS 05/29/14 b COCA COLA P VARIOUS 06/02/14 c HOME DEPOT D VARIOUS 06/02/14 d PEPSICO P 06/02/14 VARIOUS e GILEAD SCEINCES INC. P VARIOUS 06/02/14 PARKER HANNIFIN CORP. P VARIOUS 06/02/14 a BIOGEN IDEC. D VARIOUS 06/02/14 h FEDEX CORP. P VARIOUS 06/02/14 BOEING INC. P VARIOUS 06/02/14 EMERSON ELEC. CO P VARIOUS 06/02/14 k INTEL CORP. D VARIOUS 06/02/01 INTERNATIONAL BUSINESS MACH. P VARIOUS 06/02/14 m ISHARES RUSSEL P VARIOUS 06/02/14 n ISHARES TR CORE S&P P VARIOUS 06/02/14 o FNMA NOTES P VARIOUS 10/15/14 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 30,000. 30,027 -27. а 32,499 b 26,276. 6,223. 7,952 963. 6,989. 6,087. 4,624. ď 1,463. 9,904. 2,868, 7,036. е 12,481 7,800. 4,681. 68,140. 1,137. 67,003. g 15,745. 8,760. h 6,985. 8,065 175. 7,890. 4,005 1,846. 2,159. 8,048. 101. 7,947. 9,181. 4,216. 4,965. 1 24,830, m 18,280. 6,550. 27,933 18,665. n 9,268. 200,000. 218,700. -18,700. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) (j) Adjusted basis Gains (excess of col. (h) gain over col. (k), (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any -27. a 6,223. b 6,989. 1,463. d 7,036. f <u>4,681.</u> 67,003. 6,985. h 7,890. 2,159. 7,947. 4,965. 1 6,550. m 9,268. -18,700.0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 2 Capital gain net income or (net capital loss) 2 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). If (loss), enter "-0-" in Part I, line 8

C/O ROBYN BREWER

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

	ses for Tax on Investment Income		Tarri		
(a) List and 2-story bri	describe the kind(s) of property sol ck warehouse; or common stock, 2	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a NATIONWIDE HM I	BOND FD CL		P	VARIOUS	12/05/14
b AIR PRODS CHEM			D		12/09/14
c DUPONT E I DE 1	NEMOURS & CO		P		12/09/14
d GILEAD SCIENCES			P	_	12/09/14
e 3M CO			P		12/09/14
f BIOGEN IDEC.			D		12/09/14
g INTEL CORP.			D		12/09/14
h JOHNSON CTLS IN			P		12/09/14
THE TRAVELERS (P	VARIOUS	12/09/14
VNGRD ST INVEST	TMENT GRADE		P	VARIOUS	12/18/14
k CAPITAL GAINS I	DIVIDENDS				
<u>m</u>					
<u>n</u>					
				1	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		i) Gain or (loss) plus (f) minus (g)	
a 70,000.		70,699.			-699.
b 56,239.		1,822.			<u>54,417.</u>
c 25,216.		15,840.			9,376.
d 12,069.		2,868.			9,201.
e 9,713.		1,337.			<u>8,376.</u>
1 31,241.		465.			30,776.
g 7,471.		67.			7,404.
h 7,537.		2,709.			4,828.
1 20,994.		10,842.			10,152.
316.					316.
<u>k</u> 2,969.					2,969.
m				•.	
n					
0				- ·	
	g gain in column (h) and owned by	the foundation on 12/31/69	(1) 1 (2)	sses (from col. (h))	
	(j) Adjusted basis	(k) Excess of col. (i)	Gains (excess	of col. (h) gain ove	
(i) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any	but r	not less than "-0-")	
a			-		-699.
b			,		54,417.
С					9,376.
d					9,201.
e					8,376.
f					30,776.
g					7,404.
h					4,828.
1					10,152.
<u></u>					316.
<u>k</u>					2,969.
1					
m					
<u>n</u>					
0			T		
2 Capital gain net income or (net cap	oital loss) { If gain, also enter If (loss), enter -0	ın Part I, line 7 -" ın Part I, line 7 }			255,538.
3 Net short-term capital gain or (loss	s) as defined in sections 1222(5) an	, I			
If gain, also enter in Part I, line 8, o If (loss), enter "-0-" in Part I, line 8	column (c).	P _	1	3.7 / 3	
(1000), 61161 -0. 1111 arci, 1110 0				N/A	

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or status of contribution Amount Name and address (home or business) recipient BROADWAY ROSE THEATRE COMPANY NONE SUPPORT STUDENT TECH 12850 SW GRANT AVE. INTERNSHIP PROGRAM TIGARD OR 97223 3,000. PORTLAND ART MUSEUM NONE SPECIAL EXHIBITION, 1219 SW PARK AVE BLUE SKY 640 PORTLAND OR 97205 5,000. VIRGINIA GARCIA MEMORIAL FOUNDATION NONE TO SUPPORT THEIR 328 W MAIN STREET NEWBERG CLINIC HILLSBORO OR 97123 5,000, DE LESALLE NORTH CATHOLIC HS NONE FUNDS FOR COLLEG PREP 7528 N FENWICK AVE SCHOLARSHIP SUPPORT PORTLAND, OR 97217 10,000. DENTAL LIFELINE NONE TO PROVIDE DENTAL PO BOX 690 TREATMENT WILSONVILLE OR 97070 7,000. DOVE LEWIS ANIMAL HOSPITAL NONE TOWARD THE VELVET 1945 NW PETTYGROVE ST FINANCIAL ASSISTANCE PORTLAND, OR 97209 FUND 5,000. FOOD ROOTS NW NONE STAFFING, BOOTH 1906 3RD STREET SUITE B FEE, PRINTING AND TILLAMOOK, OR 97141 SUPPLIES 4.000. FREE CLINIC OF SW WASHINGTON TOWARD ADULT DENTAL NONE 41000 PLOMONDON ST PROGRAMS VANCOUVER, WA 98661 5,000, FRIENDS OF THE CHILDREN NONE FUNDING FOR 9GL 44 NE MORRIS ST PROGRAM / CAMP EXPERICANCE 5,000. PORTLAND, OR 97212 HABITAT FOR HUMANITY NONE HABITATS REPAIR 1478 NE KILLINGSWORTH PROGRAM PORTLAND OR 97211 15,000. Total from continuation sheets 581 000

Part XV

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
` Name and address (home or business)	or substantial contributor	recipient	Contribution	
INSTITUTIAL STOVE SOLUTIONS	NONE		IMPROVE PLANT AND	
79099 HIGHWAY 99			EQUIPMENT	
COTTAGE GROVE, OR 97424				5,00
WIDNING WIDG NE.				
KIDNEY KIDS NW PO BOX 230075	NONE		TOWARD KIDNEY CAMP	
PORTLAND, OR 97281				1 50
ONTERIOR ON STREET			-	1,50
OREGON LIONS SIGHT AND HEARING	NONE		PURCHASE SPOT DEVICES	
FOUNDATION				
1010 NW 22ND AVE #144				
PORTLAND, OR 97210				7,500
PORTAND KITCHEN	NONE		PROGRAM SUPPORT	
PO BOX 56777				
PORTLAND, OR 97238				5_000
POTLUCK IN THE PARK	NONE		PROGRAM SUPPORT	
1513 SE 3RD AVE PORTLAND, OR 97214				F 00/
TONIBRUD, ON 7/214				5,000
CM VVIVARIAN DEDAVIS GOGZERIA				
ST VINCENT DEPAUL SOCIETY 3601 SE 27TH AVE	NONE		TOWARD MOBILE KITCHEN PROGRAM	
PORTLAND, OR 97202			PROGRAM	5,000
SOLVE	MONE		GUDODE EURID LEADAING	
2000 SW 1ST AVE, SUITE 400	NONE		SUPORT THEIR LEARNING PROGRAM	
PORTLAND OR 97201				5,000
rigad high school fbla	NONE		FUTURE BUSINESS	
9000 SW DURHAM ROAD			LEADERS OF AMERICA	
rigard, or 97224			CLUB PROG. SUPPORT	5,000
OLUNTEERS OF AMERICA	NONE		STAFFING, TRAINING &	
3910 SE STARK STREET			OPERATIONAL SUPPORT	
PORTLAND, OR 97214		· ·		5,000
VILLAMET UNIV / WILLAETTE ACADEMEY	NONE		TUTORING & MENTORING	
900 STATE STREET				
SALEM OR 97301				5,000
Total from continuation sheets				

Part XV Supplementary Informati	BYN BREWER		94-312	2667
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual,			
'Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
YOUNG ENREPRENEURS BUSINESS WEEK	NONE		WEEK LONG COLLEGE	
1149 COURT STREET]		PROGRAM	
SALEM, OR 97301				20,0
DREGON ZOO FOUNDATION	NONE		PLEDGE PAYMENT	
4001 SW CANYON ROAD	NORE		ELEPHANT EXHIBIT	
PORTLAND, OR 97221				50.0
TOMODDA INVINDATAL				
CONCORDIA UNIVERSITY 2811 NE HOLMAN	NONE		CONSTRUCTION PROJECT	
PORTLAND, OR 97211				75,0
VICTORY ACADEMY	NONE		TO BUILD A CHOOL	
27960 SW CANYON CREEK WILSONVILLE, OR 97070	i			0.5
ATESONVIERE, OR 57070				25,0
ALBERTINA KERR	NONE		BUILD A CHILDREN'S	
424 NE 22ND AVE PORTLAND, OR 97232			MENTAL HEALTH CAMPUS	
FORTLAND, OR 97232				35,0
COLUMBIA MARITIME MUSEUM	NONE		CONVERSION OF RETAIL	
1792 MARINE DRIVE			STORE & WAREHOUSE TO	
ASTORIA, OR 97103			STORAGE	10,0
FRIENDS OF OREGON CAVES	NONE		REMODE OF THEIR	
PO BOX 2195			COMMUNITY ROOMS	
GRANTS PASS, OR 97528		- \		20,0
GOOD SAMARITAN FOUNDATION	NONE		REMODEL THERI	
1130 NW 22ND AVE			EMERGENCY ROOM	
PORTLAND, OR 97210				<u>70,0</u>
HOLLYWOOD THEATRE	NONE		TE REPAIR THE FACADE &	
4122 NE SANDY BLVD			ROOF	
PORTLAND, OR 97212				5,0
LITERARY ARTS	NONE		GENERAL OPERATING	
925 SW WASHINGTON			SUPPORT 30TH YEAR	
PORTLAND, OR 97205 Total from continuation sheets				15,0

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution 'Name and address (home or business) or substantial contributor recipient NEWTON THEATRE CO. NONE REAR PROJECTION SYSTEM 6_000. OREGON EAST SYMPHNY & CHORALE NONE PLAYING FOR KEEPS 345 SW 4TH STREET YOUTH MUSIC PROGRAM PENDLETON, OR 97801 3,000. PORTLAND JAPANEESE GARDEN NONE OPERATING SUPPORT AND 611 SW KINGSTON AVE KOI HOLDING FACILITY PORTLAND OR 97205 20,000. SATURDAY ACADAMY NONE TUITION ASSISTANCE 5000 N WILLAMETTE BLVD. PORTLAND, OR 97203 10,000, ARTICHOKE COMMUNITY MUSIC NONE ONGOING MUSIC SCHOOL 3130 SE HAWTHORNE BLVD SUITE A PROGRAM PORTLAND, OR 97214 5,000. CATHOLIC CHARITIES NONE FUDING OF TRAUMA 2740 SE POWELL BLVD INFORMED PARENTING PORTLAND, OR 97202 PROJECT 5.000. CHILDRENS ADVOCACY CENTER NONE BACK UP COVERAGE OF 638 NE 79TH AVE MEDICAL DIRECTOR PORTLAND, OR 97213 15,000. THE DOUGY CENTER NONE GRIEF SUPPORT GROUPS 3909 SE 52ND AVE TO CHILDREN AND PORTLAND, OR 97206 FAMILIES 5,000. OREGON FOOD BANK NONE FOOD ASSISTANCE 7900 NE 33RD AVE PORTLAND, OR 97211 11,000. P:EAR OREGON NONE FUNDS TO ENCOURAGE NEW 338 NW 6TH AVE DONORS MAKING A GRANT PORTLAND OR 97209 MATCHING FUND 10,000. Total from continuation sheets

Part XV Supplementary Informa			-	
3 Grants and Contributions Paid During t				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
`Name and address (home or business)	or substantial contributor	recipient	Contribution	
SISTERS OF THE ROAD CAFE	NONE		TOWARD HOT MEALS /	
133 NW 6TH AVE			BARTER PROGRAM	
PORTLAND, OR 97209				5,000
SW COMMUNITY HEALTH CENTER	NONE		VISION PROGRAM	
7754 SW CAPITOL HWY				
PORTLAND, OR 97219				5,000
OREGON HISTORICAL SOCIETY	NONE		MEMBERSHIP	
1200 SW PARK AVE				
PORTLAND, OR 97205				500
OREGON BALLET THEATRE	NONE		MEM	
818 SE 6TH AVE				
PORTLAND, OR 97214				500
				ļ
OREGON SYMPHONY	NONE		MEMBERSHIP	
923 SW WASHINGTON ST				
PORTLAND, OR 97205				1,000
PORTLAND ART MUSEUM	NONE		MEMBERSHIP	
1219 SW PARK AVE PORTLAND OR 97205				1 000
PORTLAND, OR 97205	-			1,000
THE OF SPECIAL SAMES	MONTH		ACTIVE TO CALLED	
FRIENDS OF OREGON CAVES PO BOX 2195	NONE		MEMBERSHIP	
GRANTS PASS, OR 97528				1,000
PORTLAND OPERA	NONE		MEMBERSHIP	
211 SE CARUTHERS ST				
PORTLAND OR 97214				500
WORLD FORESTRY CENTER	NONE		MEMBERSHIP	
4033 SW CANYON ROAD				
PORTLAND OR 97221				1,000
OREGON LIBARY FOUNDATION	NONE		MEMBERSHIP	
620 SW 5TH AVE SUITE 1025				1 000
PORTLAND OR 97204 Total from continuation sheets				1,000

Recipient show any relationship to any foundation status of recipient show any relationship to any foundation manager or substantial contributor. ALANO CLUB NONE MEMBERSHIP ALANO CLUB NONE ALANO OR 97210 CATLIN GABLE NONE MEMBERSHIP CATLIN GABLE NONE MEMBERSHIP REMBERSHIP MEMBERSHIP	Amount
ALANO CLUB 909 NW 24TH AVE PORTLAND, OR 97210 CATLIN GABLE 8825 SW BARNES ROAD PORTLAND, OR 97225 HUMANE SOCIETY OF SW WASHINGTON 1100 NE 192ND AVE VANCOUVER, WA 98684 METRO ARTS 9003 SE STARK STREET PORTLAND, OR 97216 MULTNOMAH ATHLETIC FOUNDATION NONE MEMBERSHIP MEMBERSHIP MEMBERSHIP	
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METRO ARTS 9003 SE STARK STREET PORTLAND, OR 97216 MULTNOMAH ATHLETIC FOUNDATION NONE MEMBERSHIP	
9003 SE STARK STREET PORTLAND, OR 97216 MULTNOMAH ATHLETIC FOUNDATION NONE MEMBERSHIP	1,000
9003 SE STARK STREET PORTLAND, OR 97216 MULTNOMAH ATHLETIC FOUNDATION NONE MEMBERSHIP	
PORTLAND, OR 97216 MULTNOMAH ATHLETIC FOUNDATION NONE MEMBERSHIP	
MULTNOMAH ATHLETIC FOUNDATION NONE MEMBERSHIP	
	1,000
1849 SW SALMON ST	
PORTLAND OR 97205	1,000
OMSI NONE MEMBERSHIP	
1945 SW WATER AVE	
PORTLAND, OR 97214	500
OHSU NONE MEMBERSHIP	
3181 SW SAM JACKSON PARK ROAD	
PORTLAND, OR 97239	1,000
LORD & SCHRYVER CONSERVANCY NONE ACQUIRE GAETY HOUSE	
PO BOX 2755 SALEM. OR 97308	30,000
5.444.	
Total from continuation sheets	

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT	1
SOURCE		(A REVE PER B	NUE	NET IN	(B) VESTMENT COME	(C) ADJUSTED NET INCOM	3
UNION BANK		2	7,642.		27,642.		
TOTAL TO PART I, LI	NE 3	2	7,642.		27,642.		
FORM 990-PF	DIVIDEND	S AND INTER	EST FRO	OM SECUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	R	(A) EVENUE R BOOKS	(B) NET INVEST MENT INCOM		
UNION BANK	258,781	. 2,96	9.	255,812.	255,812	2.	
TO PART I, LINE 4	258,781	2,96	9.	255,812.	255,812	2.	-
FORM 990-PF		LEGAL	FEES			STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI E PURPOSI	
LEGAL REGARDING FOU	NDATION	4,020.		0.			0.
TO FM 990-PF, PG 1,	LN 16A =	4,020.		0.			0.
FORM 990-PF	·- ·	ACCOUNTI	NG FEE:	S		STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOME		
TAX PREPERATION	_	2,950.	·	0.			0.
TO FORM 990-PF, PG	1, LN 16B	2,950.		0.			0.
	=		:				_

FORM 990-PF	OTHER PROFES	SIONAL FE	ES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
UBOC FEES	68,308.		0.			0.
TO FORM 990-PF, PG 1, LN 16C	68,308.		0.			0.
FORM 990-PF	TAX	ES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
FEDERAL, STATE AND FR. TAXES	82,002.		0.			0.
TO FORM 990-PF, PG 1, LN 18	82,002.		0.			0.
FORM 990-PF U.S. AND	STATE/CITY G	OVERNMENT	OBLI	GATIONS	STATEMENT	7
DESCRIPTION	U.S GOV'	_	вос	OK VALUE	FAIR MARKE VALUE	T
	X			0.		0.
TOTAL U.S. GOVERNMENT OBLIGA	TIONS	•				
TOTAL STATE AND MUNICIPAL GO	VERNMENT OBL	IGATIONS		 		
TOTAL TO FORM 990-PF, PART I	I, LINE 10A	-		0.		0.

FORM 990-PF	CORPORATE STOCK		STATI	EMENT	8
DESCRIPTION		BOOK VALUI		MARKE' ALUE	T
		8,946,1	34. 13	,065,4	14.
TOTAL TO FORM 990-PF, PART	II, LINE 10B	8,946,13	13	,065,4	14.
FORM 990-PF	CORPORATE BONDS		STATI	EMENT	9
DESCRIPTION		BOOK VALUI		MARKE ALUE	T
		1,119,8	38. 1	,102,3	04.
TOTAL TO FORM 990-PF, PART	II, LINE 10C	1,119,8	38. 1	,102,3	04.
	- LIST OF OFFICERS, I ES AND FOUNDATION MANA		STAT	EMENT	10
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB		
ELIZABETH K. WARREN PORTLAND, OREGON	VP 0.00	0.	0.		0.
GEORGE SPENCER PORTLAND, OREGON	SECRETARY 0.00	0.	0.		0.
HENRY T. SWIGERT	PRESIDENT	0.	0.		
	0.00	0.	•		0.
PORTLAND, OREGON WENDY WARREN PORTLAND, OREGON	0.00 VP 0.00	0.	0.		0.

THE ESCO FOUNDATION C/O ROBYN BR	REWER			94	4-3122667
ADDISON GRONQUIST PORTLAND, OREGON	VP	0.00	0.	0.	0.
DORN SWIGERT PORTLAND, OREGON	VP	0.00	0.	0.	0.
KEVIN THOMAS PORTLAND, OREGON	VP	0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PAR'	r VIII	0.	0.	0.

Form vanuary 2014)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

** If you are filting for an Automatic 3-Month Extension, complete only Part I and check this box You are filting for an Automatic 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless You have already been granted an automatic 3-month extension on a previously filting from 8666 Electronic filting fe-filey / You can electronicately the Form 8668 if you need a 3-month automatic extension on a previously filting from 8666	Internal Reve	enue Service	▶ Information about Form 886	8 and its	instructions is at www.lrs.gov/form	8868 .		
Do not complete Part I unitess you have already been granted an automatic 3-month extension on a previously filed Form 5868 if the incention file (effect) you can additional from 3868 if to need 3 a3-month automatic extension of time to file (effer) 90°C), or an additional final automatic 3-month extension of time to file any of the forms stead in Part in Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, yest woww.or. governite and cick on e-file for Chantles & Norphofits. Part I — Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to tile Form 990 T and requesting an automatic 6-month extension- check this box and complete Part I only. At other corporations (including 1120-C filers), partnerships, RFMICs, and trusts must use Form 7004 to request an extension of time. Tipe or in the ESCO FOUNDATION Name of exempt organization or other filer, see instructions File by the stream size of the ESCO FOUNDATION C/O ROBYN BREWER 94-3122667 Name of exempt organization or other filer, see instructions Port II ESCO FOUNDATION C/O ROBYN BREWER 94-3122667 Name of exempt organization or other filer, see instructions Port II ESCO FOUNDATION C/O ROBYN BREWER 94-3122667 Name of exempt organization or filer Pick See instructions Port Pick See (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	● If you a	are filing for an Auto	omatic 3-Month Extension, complet	te only Pa	art I and check this box			▶ X
Do not complete Part I unitess you have already been granted an automatic 3-month extension on a previously filed Form 5868 if the incention file (effect) you can additional from 3868 if to need 3 a3-month automatic extension of time to file (effer) 90°C), or an additional final automatic 3-month extension of time to file any of the forms stead in Part in Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, yest woww.or. governite and cick on e-file for Chantles & Norphofits. Part I — Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to tile Form 990 T and requesting an automatic 6-month extension- check this box and complete Part I only. At other corporations (including 1120-C filers), partnerships, RFMICs, and trusts must use Form 7004 to request an extension of time. Tipe or in the ESCO FOUNDATION Name of exempt organization or other filer, see instructions File by the stream size of the ESCO FOUNDATION C/O ROBYN BREWER 94-3122667 Name of exempt organization or other filer, see instructions Port II ESCO FOUNDATION C/O ROBYN BREWER 94-3122667 Name of exempt organization or other filer, see instructions Port II ESCO FOUNDATION C/O ROBYN BREWER 94-3122667 Name of exempt organization or filer Pick See instructions Port Pick See (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	If you a	re filing for an Add	itional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of	this form)		•
Electronic filing (e-fig). You can electronically file from B888 if you need a 3-month automatic extension of time to lie (if months for a corporation grouped to life form 9901), or an additional (in out automatic) 3-month stension of time. You can electronically file Form 881 for 10 Part II with the exception of Form 8870, Information Feturn for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper forms 870, Information Feturn for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper forms (see instructions). For more details on the electronic filing of this form, wast www.or.grouverfile and click on e-file for Charles & Morpardias. Part I							rm 8868	
required to file Form 990-Ti, or an additional (rot automate) 3-month extension of time. Of lie any of the forms listed in Part to Part livith the exception of Form 890-Ti, information Return for Transfers Associated With Certain was twowning goverhele and click on e-file for Chanties & Noticipolitis. Part I only Accorporation required to file Form 990-Ti and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time. All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time. Tipe of the income text exterions Tipe of the Income service of the Inco	Electroni	i c filina (e-<i>file</i>) . Yo						r a corporation
of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, wist www.wr.s.gov/defile and click on e-file for Charlies & Nionprofits. Part I								
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, wisk www.wrs.govethe and clicks on -elle for Chamiles & Nongroities. Part I								
Visit varvurs povietite and click on e-title for Charities & Nonprotits.								
Part Automatic 3-Month Extension of Time. Only submit original (no copies needed).					(see instructions). For more details (on the elec	tronic ming	or this form,
A conportation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time Enter filer's identifying number Employer of the filer's identifying number The SSCO FOUNDATION CA ROBYN BREWER Q4 - 3122567 Social security number (SSN) P- Q- BOX 3121 Social security number (SSN) P- Q- BOX 3121 Application Beturn Code Application Application Beturn Beturn Application Beturn Application Beturn Beturn Application Beturn Application Beturn Beturn Beturn Application Beturn Beturn Beturn Application Beturn Beturn Application Beturn Beturn Beturn Application Beturn Beturn Beturn Application Beturn Beturn Application Beturn Application Beturn Application Beturn Beturn Application Beturn Application Beturn Beturn Application Beturn Betur					submit original (no copies ne	eded)		
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file incorner lax returns Name of exempt organization or other filer, see instructions Employer identification number (EIN) or print ESCO FOUNDATION C/O ROBYN BREWER 94-3122657 Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 3121					·			
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Type or print to file income tax returns THE SSCO FOUNDATION	•	•	and requesting an auton	natic offic	onth extension - check this box and	complete		▶ □
to file income tax returns Section Price or print Proper o			line 1100 O filem), newtonible a DEM	100 00 0				
Type or print Name of exempt organization or other filer, see instructions Employer identification number (EIN) or THE ESCO FOUNDATION THE ESCO FOUNDATION P.O. BOX 3121 Social security number (SSN) P			ing 1120-C filers), partnerships, HEM	ics, and ti	rusts must use Form 7004 to reques			
Print Pile BSCO FOUNDATION C/O ROBYN BREWER Set 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1"						
C/O ROBYN BREWER Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 3121 City, town or post office, state, and ZIP code For a foreign address, see instructions. PORTLAND, OR 97208 Enter the Return code for the return that this application is for (file a separate application for each return) O 4 Application Social security number (SSN) PORTLAND, OR 97208 Enter the Return code for the return that this application is for (file a separate application for each return) O 4 Application Social security number (SSN) PORTLAND, OR 97208 Enter the Return code for the return that this application is for (file a separate application for each return) O 4 Application Social security number (SSN) PORTLAND, OR 97208 Enter the Return code for the return that this application is for (file a separate application for each return) O 5 Form 990 or			- -	ctions		Employer	dentification	on number (EIN) or
Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 3121 City, town or post office, state, and ZIP code For a foreign address, see instructions. PORTLAND, OR 97208 Enter the Return code for the return that this application is for (file a separate application for each return) O	print							
Application Berry PO. BOX 3121 City, town or post office, state, and ZIP code For a foreign address, see instructions. PORTLAND, OR 97208 Enter the Return code for the return that this application is for (file a separate application for each return) Application Berry Code Serm 990-EZ O1 Form 990-EZ O1 Form 990-EZ O1 Form 990-T (corporation) Form 990-BL O2 Form 1041-A O8 Form 4720 (individual) O3 Form 4720 (individual) O3 Form 4720 (individual) O6 Form 990-T (see 401(a) or 408(a) trust) Form 990-T (see 401(a) or 408(a) trust) O6 Form 890-T (rust other than above) O7 Form 990-T (see 401(a) or 408 (a) trust) O7 Form 990-T (see 401(a) or 408 (a) trust) O8 Form 890-T (rust other than above) O9 Form 990-T (rust other than above) Form 990-T (rust other than above) O9 Form 990-T (rust other than above) Form 990-T (rust other than above) Form 990-T (rust other than above) Form 990-T (rust other than above) Form 990-T (rust other than above) Form 990-T (rust other than above) Form 990-T (rust other than above) Form 990-T (rust other than above) Form 990-T (rust other than above) Form 990-T (rust other than above) Form 990-T (rust other than above) Form 990-T (ru	File by the	C/O ROBY	N BREWER				<u>94-31</u>	.22667
Enter the Return code for the return that this application is for (file a separate application for each return) Code	due date for	Number, street,	and room or suite no. If a P.O. box, se	ee instruc	tions	Social se	curity numb	er (SSN)
Enter the Return code for the return that this application is for (file a separate application for each return) Application		P.O. BOX	3121			<u> </u>		<u></u>
Application Is For Code Code Is For Code	1		reign add	ress, see instructions.				
Application Is For Code Code Is For Code Enter the	Return code for th	e return that this application is for (file	a senara	te application for each return)			0 4	
SFOr Code Is For Code Is For Code Is For Code Form 990 or Form 990 expension O7 Form 990 or Form 990 expension O7 Form 990 expension O7 Form 990 expension O7 Form 4720 (individual) O3 Form 4720 (individual) O3 Form 4720 (individual) O9 Form 990 expension O4 Form 5227 O5 Form 6069 O5 For			or the state of th	и оорала	to application for each return)			
SFOr Code Is For Code Is For Code Is For Code Form 990 or Form 990 expension O7 Form 990 or Form 990 expension O7 Form 990 expension O7 Form 990 expension O7 Form 4720 (individual) O3 Form 4720 (individual) O3 Form 4720 (individual) O9 Form 990 expension O4 Form 5227 O5 Form 6069 O5 For	Applicati	on		Return	Application			Return
Form 990 or Form 990-EZ Form 990-BL D2 Form 1041-A D3 Form 4720 (individual) D3 Form 4720 (individual) D3 Form 4720 (individual) D4 Form 990-FF D4 Form 990-T (sec 401(a) or 408(a) trust) D5 Form 990-T (rust other than above) BCBYN BREWER, UNION BANK OF CAL The books are in the care of P.O. BOX 3121, PORTLAND, OR - 97208-3121 Telephone No. D5 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2015 To the organization's return for. X calendar year 2014 or X calendar year 2014 or X calendar year 2014 or The tax year entered in line 1 is for less than 12 months, check reason If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions B a \$ 10,000. B alance due, Subtract line 3b from line 3a. Include your payment with this form, frequired, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic funds withdrawal (direct debti) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment.								
Form 990-BL Form 990-BC Form 4720 (individual) Gas Form 4720 (individual) Gas Form 4720 (individual) Gas Form 990-PF Gas Form 6069 Gas Form 8870 Gas Form 8870 Gas Form 8870 Gas Form 8870 Gas Form 8870 Gas Form 8870 Form 8879 For		or Form 990-F7						
Form 4720 (individual) Form 990-PF O4 Form 5227 10 Form 990-T (see 401(a) or 408(a) trust) Form 990-T (trust other than above) O5 Form 6669 11 Form 8970 Telephone No.▶ 703 - 225 - 2935 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the sorganization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the is for part of the group, check this box								
Form 990-PF								
Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) ROBYN BREWER, UNION BANK OF CAL The books are in the care of ▶ P.O. BOX 3121, PORTLAND, OR − 97208−3121 Telephone No. ▶ 503−225−2935 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box ▶ □ and attach a list with the names and EINs of all members the extension is for 1 irequest an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2015 It the organization's return for. X calendar year 2014 or □ tax year beginning If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions If this application is for Forms 990-BL, 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 Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment					1			
ROBYN BREWER, UNION BANK OF CAL The books are in the care of ▶ P.O. BOX 3121, PORTLAND, OR - 97208-3121 Telephone No. ▶ 503-225-2935 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until			00(=) 4		<u> </u>			
ROBYN BREWER, UNION BANK OF CAL Telephone No. ▶ 503-225-2935 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box ▶ and attach a list with the names and Eliss of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2015 to file the exempt organization return for the organization named above The extension is for the organization's return for. X calendar year 2014 or X calendar year 2014 or Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions If this application is for Forms 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 Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment								
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