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Form 990-PF

For Paperwork Reduction Act Notice, see instructions.

Return of Private Foundation

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

OMB No 1545-0052 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2014 or tax year beginning 05/01/14, and ending 04/30/15Name of foundation Employer identification number EVERGREEN CHARITABLE TRUST 93-1247149 Number and street (or P O box number if mail is not delivered to street address) Telephone number (see instructions) Room/suite 1640 LIBERTY ST SE 503-365-3950 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here SALEM OR 97302 G Check all that apply Initial return Initial return of a former public charity 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the Address change Name change 85% test, check here and attach computation Check type of organization X Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Cash X Accrual I Fair market value of all assets at J Accounting method If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col (c), Other (specify) 1,051,959 line 16) ▶ \$ (Part I, column (d) must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for chantable amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) expenses per purposes books (cash basis only) 42,477 Contributions, gifts, grants, etc., received (attach schedule) 1 2 Check ▶ I if the foundation is **not** required to attach Sch B 11,131 11,131 3 Interest on savings and temporary cash investments 781 781 4 Dividends and interest from securities **SCANNED NOV 1 2 2015** 5a Gross rents b Net rental income or (loss) STMT 1 9,157 6a Net gain or (loss) from sale of assets not on line 10 28,754 h Gross sales price for all assets on line 6a 9,754 7 Capital gain net income (from Part IV, line 2) 0 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances Less Cost of goods sold ь C Gross profit or (loss) (attach schedule) STMT 2 161,411 161,411 Other income (attach schedule) 11 224,957 21,666 161,411 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) b Accounting fees (attach schedule) STMT 3 85 Other professional fees (attach schedule) C 306 17 Interest 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 5 4,756 37,436 31,793 Other expenses (att. sch.) STMT 4 23 24 Total operating and administrative expenses. Add lines 13 through 23 37,827 31,793 0 4,756 SEE STATEMENT 6 609,416 609,416 25 Contributions, gifts, grants paid 31,793 647,243 0 614,172 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements -422,286 0 Net investment income (if negative, enter -0-) 161,411 Adjusted net income (if negative, enter -0-)

0,1614

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Form 990-PF (2014)

862,113

838,594

23,519

3

4

5

2 Enter amount from Part I, line 27a

4 Add lines 1, 2, and 3

3 Other increases not included in line 2 (itemize) ▶

5 Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 8

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

If "Yes," the foundation does not qualify under	er section 4940(e) Do not complete thi	s part	
1 Enter the appropriate amount in each col	lumn for each year; see the instruction	s before making any entries	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013			
2012			
2011			
2010			
2009			
			

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

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3

5

6

7

Form	990-PF (2014) EVERGREEN CHARITABLE TRUST 93-1247149				Р	age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions	s)				
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	·	ı			
	here ▶ and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of					
	Part I, line 12, col (b).		- 1			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2			0
3	Add lines 1 and 2		3			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		L	_		0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5			0
6	Credits/Payments					
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a					
b	Exempt foreign organizations – tax withheld at source 6b					
С	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d]				
7	Total credits and payments. Add lines 6a through 6d	7	<u>, </u>			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	[3			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		•			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1	0			
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ Refunded ▶	1	1			
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	participate or intervene in any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see					
	Instructions for the definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities.					
С	Did the foundation file Form 1120-POL for this year?			1c		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers > \$					
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 bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	Ī	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/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.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				İ	
	conflict with the state law remain in the governing instrument?			6	X	
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 P	art X	V	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ OR					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				I	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	L
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					
	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"					
	complete Part XIV			9	X	L
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses			10		X
				•	an Di	

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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?

4a

X

		VERGREEN	CHARITABLE TRUST	93-1	L247149			Pa	age 6
P	art VII-B Stat	tements Reg	arding Activities for Which F	orm 4720 May Be F	Required (cont	inued)			
5a	During the year did	the foundation p	ay or incur any amount to						
	(1) Carry on propag	ganda, or otherw	ise attempt to influence legislation (se	ection 4945(e))?	\	res 🗓 No			
	(2) Influence the or	utcome of any sp	ecific public election (see section 49	55), or to carry on,			1	- 1	
	directly or indire	ectly, any voter re	egistration drive?		\	res 🗓 No			
	(3) Provide a grant	t to an individual	for travel, study, or other similar purp	oses?	\	res 🕱 No			
	(4) Provide a grant	t to an organizati	on other than a charitable, etc , organ	ization described in				- 1	
	section 4945(d))(4)(A)? (see inst	ructions)		\	res 🔀 No		- 1	
	(5) Provide for any	purpose other th	an religious, charitable, scientific, lite	erary, or educational				- 1	
	purposes, or fo	r the prevention	of cruelty to children or animals?		\	res 🔀 No			
b	If any answer is "Ye	es" to 5a(1)–(5), o	did any of the transactions fail to qua	lify under the exceptions of	lescribed in				
	Regulations section	n 53 4945 or in a	current notice regarding disaster ass	stance (see instructions)?	7	N/A	_5b		
	Organizations relying	ng on a current n	otice regarding disaster assistance c	heck here		▶ 🗍			.,.,,,,,,,
C	If the answer is "Ye	es" to question 5a	(4), does the foundation claim exemp	otion from the tax		_			
	because it maintain	ned expenditure r	esponsibility for the grant?		N/A 🗌	res No			
	If "Yes," attach the	statement requir	ed by Regulations section 53 4945–5	(d).		_			
6a	Did the foundation,	during the year,	receive any funds, directly or indirect	ly, to pay premiums			. [
	on a personal bene	efit contract?			□ \(\square \)	res 🛚 X No			
b	Did the foundation,	during the year,	pay premiums, directly or indirectly, o	on a personal benefit cont	ract?	_	6b		X
	If "Yes" to 6b, file F	orm 8870							
7a	At any time during	the tax year, was	the foundation a party to a prohibited	tax shelter transaction?	\ \ \	res 🕱 No			
_b	If "Yes," did the fou	indation receive a	any proceeds or have any net income	attributable to the transaction	ction?	N/A	_7b		
P	art VIII Inform	mation Abou	t Officers, Directors, Trustee	es, Foundation Man	agers, Highly	Paid Employe	ees,		
	and C	Contractors	<u>.</u>						
1	List all officers, dire	ectors, trustees,	foundation managers and their co	mpensation (see instruc	tions).	· · · · · · · · · · · · · · · · · · ·			
				(b) Title, and average	(c) Compensation	(d) Contributions to	ح		
		(a) Name	and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred		oense acc r allowan	
				devoted to position	enter-0-)	compensation	<u> </u>		
R	CHARD PINE		SALEM						
1	640 LIBERTY ST S	SE	OR 97302	0.00	0	0	Ь—		0
DI	EBRA PINE		SALEM						
_10	640 LIBERTY ST S	SE	OR 97302	0.00	0	0	└		0
K	YLIE PINE		SALEM						
10	640 LIBERTY ST S	SE	OR 97302	0.00	0				0
					L		<u> </u>		
2		five highest-pai	d employees (other than those inc	luded on line 1 – see ins	tructions). If non	e, enter			
	"NONE."				1	· · · · · · · · · · · · · · · · · · ·			
				(b) Title, and average] _	(d) Contributions to employee benefit	(e) Ex	pense acc	count
	(a) Name and	d address of each emp	loyee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		r allowan	
					-	compensation	<u> </u>		
N	ONE								
							├		
						1			
	· · ·					 			—-
	· · · ·				-		┼		
			-						
							+		
						:			
Tota	al number of other en	mnlovees poid ou	er \$50,000	<u> </u>	<u> </u>	l		$\overline{}$	0
100	a number of other en	ilpioyees paid 0v	EI #30,000				orm 99		
						F	orm 33	U-FF	(2014)

orm 990	PF (2014) EVERGREEN CHARITABLE TRUST	93-1247149	Page 7
Part \	Information About Officers, Directors, Trustees, Foundaries and Contractors (continued)	ition Managers, Highly Paid E	mployees,
3 Fiv	highest-paid independent contractors for professional services (see instruc	tions). If none, enter "NONE."	
_	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	 		
	050 000 6	L	
otal nur	nber of others receiving over \$50,000 for professional services		<u> </u>
Part I	K-A Summary of Direct Charitable Activities		
	undation's four largest direct charitable activities during the tax year. Include relevant statistical information su ons and other beneficiaries served, conferences convened, research papers produced, etc	ch as the number of	Expenses
1 HI	LPED INDIVIDUALS AND CORPORATIONS BUILD	CHARITABLE	
E	IDOWMENTS AND THEREBY FUND GRANTS TO PUBL	IC SERVICE	
G1	ROUPS AND SIMILAR ORGANIZATIONS.		
2			
3			
		ļ.	
4			
Part I	K-B Summary of Program-Related Investments (see instruc	tions)	<u> </u>
"	he two largest program-related investments made by the foundation during the tax year on lines 1 and 2	101107	Amount
1 N			, , , , , , , , , , , , , , , , , , ,
•			
2			
All other	orogram-related investments. See instructions	,	
3			

Total. Add lines 1 through 3

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

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<u>F</u> orm	990-PF (2014) EVERGREEN CHARITABLE TI	RUST	93-12471	49	Page 9
Pa	rt XIII Undistributed Income (see instructions)			
	. •.	(a)	(b)	(c)	(d)
1	Distributable amount for 2014 from Part XI,	Corpus	Years prior to 2013	2013	2014
2	line 7 Undistributed income, if any, as of the end of 2014				
_	Enter amount for 2013 only				
	Total for prior years 20 , 20 , 20		1 1 1 1 1 1		
3	Excess distributions carryover, if any, to 2014				
	From 2009				
	From 2010				
_	From 2011				
_	From 2012				
e	From 2013				
f	Total of lines 3a through e]			
4	Qualifying distributions for 2014 from Part XII,				
	line 4 ▶ \$ 614,172				
а	Applied to 2013, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required – see instructions)				
С	Treated as distributions out of corpus (Election				
	required – see instructions)				
	Applied to 2014 distributable amount	614 170			
_	Remaining amount distributed out of corpus	614,172			
5	Excess distributions carryover applied to 2014				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:				
•	Corpus Add lines 3f, 4c, and 4e Subtract line 5	614,172			
	Prior years' undistributed income Subtract	011,111			
-	line 4b from line 2b				
c	Enter the amount of prior years' undistributed				
_	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount – see instructions				
е	Undistributed income for 2013. Subtract line				
	4a from line 2a Taxable amount – see				
	instructions				
f	Undistributed income for 2014 Subtract lines				
	4d and 5 from line 1 This amount must be				
_	distributed in 2015				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2015.				
•	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
а	Excess from 2010			ŧ	
b	Excess from 2011				
С	Excess from 2012]		‡	
d	Excess from 2013]		Į.	
e	Excess from 2014			1	

Dage	10
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	rt XIV Private Operating Fou			t \/II A guestion (I)		Page 10
				1	<u> </u>	
1a				ting		37/3
	foundation, and the ruling is effective for		-	▶ [N/A
b	Check box to indicate whether the found		ting foundation descri		42(j)(3) or 49	942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
	investment return from Part X for					
	each year listed	0		L		0
b	85% of line 2a				- ,	
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	614,172				614,172
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities					-
	Subtract line 2d from line 2c	614,172				614,172
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test – enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test - enter 2/3	_				
	of minimum investment return shown in					
	Part X, line 6 for each year listed					0
С	"Support" alternative test – enter			1		
	(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					
Ď.	art XV Supplementary Inform	nation (Complete	this part only if	the foundation ha	d \$5 000 or mo	ro in accete at
£.4	any time during the y		•	the foundation he	iu \$5,000 or me	ne ili asseis ai
	Information Regarding Foundation Ma	•	ions.j			
'_	• •	_	than 20/ of the total	contributions recovered to	nu tha faundation	
а	List any managers of the foundation who				=	
	before the close of any tax year (but only N/A	in they have contribute	d more than \$5,000)	(See Section 507(a)(2)	,	
_		400/	h			
ь	List any managers of the foundation who		•		portion of the	
	ownership of a partnership or other entity N/A) of which the foundati	on has a 10% or grea	iter interest		
		Cont Ciff Lana Cab	alamahin ata Danma			
2	Information Regarding Contribution, € Check here ► X if the foundation only					
			•	-	•	
	unsolicited requests for funds If the four		ants, etc. (see instruct	tions) to individuals or d	rganizations under	
	other conditions, complete items 2a, b, o	<u> </u>	£45			
а	The name, address, and telephone num	ber or e-mail address o	or the person to whom	applications should be	addressed	
	N/A					
	The form in subset and the state of the stat			an abandon-to	<u>.</u>	
b	The form in which applications should be	submitted and inform	ation and materials th	ey should include:		
	N/A					
С	Any submission deadlines.					
	N/A					
d	Any restrictions or limitations on awards	, such as by geographi	cal areas, charitable f	ields, kinds of institution	ns, or other	
	factors.					
	N/A					
DAA						Form 990-PF (2014)

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AMERICAN CANCER SOCIETY 2350 OAKMONT WAY STE 200 EUGENE OR 97401 PUBLIC SERVICE GROUP 200 OREGON COMMUNITY FOUNDATION 1221 SW YAMHILL #100 PC PORTLAND OR 97205 PUBLIC SERVICE GROUP 578,138 UNITED WAY OF THE MID WILL **VALLEY** 455 BLILER AVENUE NE PC SALEM OR 97301 PUBLIC SERVICE GROUP 31,078 ▶ 3a 609,416 Total Approved for future payment N/A **▶** 3b **Total**

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nter gross amounts unless otherwise indicated	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
1 Program service revenue		==	-		(See instructions)
ab	-		1		**
			† · · · ·	•	······································
cd			<u> </u>		<u>.</u>
е			† ·		
f	_		1		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					11,131
4 Dividends and interest from securities					781
5 Net rental income or (loss) from real estate			<u></u>		
a Debt-financed property			<u>. </u>		
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			1		
8 Gain or (loss) from sales of assets other than inventory					9,157
Net income or (loss) from special events			ļ		
Gross profit or (loss) from sales of inventory			ļ		
1 Other revenue: a	_		ļ		
b QUALIFYING DISTRIB. OF PROP.	_		 		161,411
c	1		-		
c	-				
d			+		
de	-				100 400
e)	0	
de 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e))	13	
de 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)	Accomplishm			13	182,480 182,480
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the		ent of Exempt F	urpose	13	182,480
de 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)	ne is reported in o	nent of Exempt F	urpose	13	182,480
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Activity for which income	ne is reported in o	nent of Exempt F	urpose	13	182,480
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Activity for which incompacts accomplishment of the foundation's exempt pure	ne is reported in o	nent of Exempt F	urpose	13	182,480
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Activity for which incompacts accomplishment of the foundation's exempt pure	ne is reported in o	nent of Exempt F	urpose	13	182,480
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Activity for which incompacts accomplishment of the foundation's exempt pure	ne is reported in o	nent of Exempt F	urpose	13	182,480
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Activity for which incompacts accomplishment of the foundation's exempt pure	ne is reported in o	nent of Exempt F	urpose	13	182,480
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Activity for which incompacts accomplishment of the foundation's exempt pure	ne is reported in o	nent of Exempt F	urpose	13	182,480
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Activity for which incompacts accomplishment of the foundation's exempt pure	ne is reported in o	nent of Exempt F	urpose	13	182,480
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orm 990	D-PF (20°	14) EVERGREEN	[CHARI	TABLE TR	UST	93-124	7149		Pag	ge 13
Part)			arding Tra			ons and Relations	hips With	Noncharitable		
1 Did	the orga	anization directly or indi	rectly engag	e in any of the fol	lowing with any	other organization desc	ribed		Yes	No
	section 5 janizatioi		er than section	on 501(c)(3) organ	lizations) or in se	ection 527, relating to po	olitical			
a Tra	, ansfers fr	om the reporting found	ation to a no	ncharitable exem	ot organization o	ıf:				
	Cash	and repending realis			pr organization (1a(1)	i i	X
	Other a	ceate						1a(2)		X
	her trans							14(2)		
								45/43	1	v
		f assets to a noncharita	-	-				1b(1)		X
		ses of assets from a no		=	on			1b(2)		
		of facilities, equipment,		ets				1b(3)	\vdash	X
		irsement arrangements	•					1b(4)		X
		or loan guarantees						1b(5)	-	X
		nance of services or me	-	-				1b(6)		<u>X</u>
c Sh	aring of t	acilities, equipment, m	ailing lists, of	ther assets, or pa	ıd employees			1c	L	X
val val	lue of the	goods, other assets, o	or services gi arrangemer	ven by the reporti	ng foundation ling (d) the value o	mn (b) should always s the foundation received the goods, other asset (d) Description o	d less than fa s, or services	ir market	ents	
I/A			· · · · · ·							
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de	scribed i	dation directly or indirect n section 501(c) of the mplete the following sc	Code (other	•	-	x-exempt organizations on 527?		Y	es X	No
		(a) Name of organization		(b) Type of	organization		(c) Description	of relationship		
N/.	A									
-										
							 			
Sign	Under pe correct, a	enalties of perjury, I declare the	nat I have examin preparer (other t	l ned this return, includir than taxpayer) is based	ng accompanying sol d on all information o	ledules and statements, and to which preparer has any know	o the best of my ledge	May the IRS discuss this with the preparer shown t	etum	No No
lere	X	Klike			X/	0/28/15	MANAG:	ING TRUSTEE		
	▼ Sigi	nature of difficer or trustee			Dat	- 1	Title	<u> </u>	Т	
aid		ype preparer's name			Preparer's signat	ure		Date		f rployed
repare		IS L HANSON					τ	10/21/15		
Jse Onl	V Firm's	1564	ON VAUC			·		TIN P0016		
	Firm's			RCIAL ST			<u> </u>	im's EIN ▶ 93-124		
	1	SALE	M, OR	97302-43	TO		P	hone no 503-36	7 <u>−8</u>	680

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

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

EVERGREEN CHAI	RITABLE TRUST	93-1247149
Organization type (check one	9)	
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 private foundation	
	501(c)(3) taxable private foundation	
_	covered by the General Rule or a Special Rule .), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e See
General Rule		
<u> </u>	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5 property) from any one contributor. Complete Parts I and II See instructions for determitributions	
Special Rules		
regulations under sec 13, 16a, or 16b, and t \$5,000 or (2) 2% of th	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pa hat received from any one contributor, during the year, total contributions of the greater are amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an	ort II, line of (1) I and II
contributor, during the	e year, total contributions of more than \$1,000 exclusively for religious, charitable, scient I purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, an	ific,
contributor, during the contributions totaled r	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an eyear, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless to this organization because it received nonexclusively religious, charitable, etc., contribute during the year.	eived the
990-EZ, or 990-PF), but it mu	is not covered by the General Rule and/or the Special Rules does not file Schedule B (list answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form occurring that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or	990-EZ or on its

Name of organization
EVERGREEN CHARITABLE TRUST

Employer identification number 93-1247149

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution			
1	O'NEILL PINE COMPANY 1640 LIBERTY ST SE SALEM	OR 97302	s 21,301	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and 2	ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	RICHARD PINE 1630 SUMMER ST SE SALEM	OR 97302	\$ 15,339	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and a	ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	FRIENDS OF THE SALEM 2615 PORTLAND RD SALEM		\$ 5,000	Person X 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)			