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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

Name of foundation
BLANCHE FISCHER FOUNDATION

A Employer identification number
93-0790099

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

Room/suite

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

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

C If exemption application is pending, check here ▶ ☐

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

D 1. Foreign organizations, check here ▶ ☐

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

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

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

I Fair market value of all assets at end of year *(from Part II, col. (c), line 16)* ▶$ 1,718,851

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

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

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

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)				
	2	Check ▶ ☑ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	25,848	25,848	25,848	
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	37,459			
	b	Gross sales price for all assets on line 6a 276,865				
	7	Capital gain net income (from Part IV, line 2)		37,459		
	8	Net short-term capital gain			0	
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	41,952	41,952	41,952	
	12	**Total.** Add lines 1 through 11	105,259	105,259	67,800	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	0	0	0	0
	14	Other employee salaries and wages	21,667	0	21,667	21,667
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	2,235	745	1,490	1,490
	c	Other professional fees (attach schedule)	20,343	20,298	45	45
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	8,441	6,440	2,001	2,001
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy	7,512	0	7,512	7,512
	21	Travel, conferences, and meetings	1,097	0	1,097	1,097
	22	Printing and publications				
	23	Other expenses (attach schedule)	4,697	0	4,697	4,697
	24	**Total operating and administrative expenses.** Add lines 13 through 23	65,992	27,483	38,509	38,509
	25	Contributions, gifts, grants paid	75,012			75,012
	26	**Total expenses and disbursements.** Add lines 24 and 25	141,004	27,483	38,509	113,521
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-35,745			
	b	**Net investment income** (if negative, enter -0-)		77,776		
	c	**Adjusted net income** (if negative, enter -0-)			29,291	

Part II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1	Cash—non-interest-bearing	24,247	8,968	8,968
	2	Savings and temporary cash investments	40,016	37,734	37,734
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges		1,553	1,553
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	1,483,915	1,462,610	1,440,129
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	227,700	227,700	227,700
	14	Land, buildings, and equipment basis ▶ 9,611			
		Less accumulated depreciation (attach schedule) ▶ 9,611			
	15	Other assets (describe ▶)	2,767	2,767	2,767
	16	**Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	1,778,645	1,741,332	1,718,851
Liabilities	17	Accounts payable and accrued expenses	4,717	1,363	
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)	0	1,786	
	23	**Total liabilities** (add lines 17 through 22)	4,717	3,149	
Net Assets or Fund Balances		**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24	Unrestricted	1,773,928	1,738,183	
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	**Total net assets or fund balances** (see instructions)	1,773,928	1,738,183	
	31	**Total liabilities and net assets/fund balances** (see instructions)	1,778,645	1,741,332	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,773,928
2	Enter amount from Part I, line 27a	2	-35,745
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	1,738,183
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	1,738,183

Part IV Capital Gains and Losses for Tax on Investment Income

	List and describe the kind(s) of property sold (e g , real estate, **(a)** 2-story brick warehouse, or common stock, 200 shs MLC Co)	How acquired P—Purchase **(b)** D—Donation	Date acquired **(c)** (mo , day, yr)	Date sold **(d)** (mo , day, yr)
1a	See Additional Data Table			
b				
c				
d				
e				

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

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

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	**2**	37,459
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	**3**	-468

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
If section 4940(d)(2) applies, leave this part blank

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

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

(a) Base period years Calendar year (or tax year beginning in)	**(b)** Adjusted qualifying distributions	**(c)** Net value of noncharitable-use assets	**(d)** Distribution ratio (col (b) divided by col (c))
2014	86,634	1,890,761	0 045820
2013	72,862	1,763,828	0 041309
2012	69,054	1,615,055	0 042756
2011	84,614	1,603,146	0 052780
2010	55,032	1,477,644	0 037243

2	**Total** of line 1, column (d)	**2**	0 219908
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	**3**	0 043982
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	**4**	1,803,337
5	Multiply line 4 by line 3	**5**	79,314
6	Enter 1% of net investment income (1% of Part I, line 27b)	**6**	778
7	Add lines 5 and 6	**7**	80,092
8	Enter qualifying distributions from Part XII, line 4	**8**	113,521

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary–see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b		1	778
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	778
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	778
6	Credits/Payments			
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a 4,040		
b	Exempt foreign organizations—tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments Add lines 6a through 6d		7	4,040
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached		8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶		9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶		10	3,262
11	Enter the amount of line 10 to be **Credited to 2015 estimated tax** ▶ 800 **Refunded** ▶		11	2,462

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ OR			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9	Yes	
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

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

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

Website address ▶ WWW BFF ORG

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

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

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☑ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2015 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 2015.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

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

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No

(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☑ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☑ No

b If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? **5b**

Organizations relying on a current notice regarding disaster assistance check here ▶ ☐

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b** No

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☑ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? **7b**

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
See Additional Data Table				

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

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

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		

Total number of others receiving over $50,000 for professional services. . . . . ▶ 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 CHARITABLE ACTIVITIES CONSIST SOLELY OF GIVING MONEY TO OR FOR DISABLED OR PHYSICALLY HANDICAPPED PEOPLE SHOWING FINANCIAL NEED IN THE STATE OF OREGON	38,509
2	
3	
4	

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	1,544,273
b	Average of monthly cash balances	1b	55,879
c	Fair market value of all other assets (see instructions)	1c	230,647
d	**Total** (add lines 1a, b, and c)	1d	1,830,799
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	1,830,799
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	27,462
5	**Net value of noncharitable-use assets.**Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,803,337
6	**Minimum investment return.**Enter 5% of line 5	6	90,167

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

1	Minimum investment return from Part X, line 6		1	
2a	Tax on investment income for 2015 from Part VI, line 5	2a		
b	Income tax for 2015 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	
3	Distributable amount before adjustments Subtract line 2c from line 1		3	
4	Recoveries of amounts treated as qualifying distributions		4	
5	Add lines 3 and 4		5	
6	Deduction from distributable amount (see instructions)		6	
7	**Distributable amount**as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1		7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	113,521
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.**Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	113,521
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	778
6	**Adjusted qualifying distributions.**Subtract line 5 from line 4	6	112,743

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2015				
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f **Total** of lines 3a through e				
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ $ _____				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2015 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2015 *(If an amount appears in column (d), the same amount must be shown in column (a).)*				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount —see instructions				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2016 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 2010 not applied on line 5 or line 7 (see instructions)				
9 **Excess distributions carryover to 2016.** Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	29,291	37,647	36,952	16,218	120,108
b 85% of line 2a	24,897	32,000	31,409	13,785	102,092
c Qualifying distributions from Part XII, line 4 for each year listed	113,521	86,634	72,862	69,054	342,071
d Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	0
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	113,521	86,634	72,862	69,054	342,071
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	60,111	63,025	58,794	53,835	235,765
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income					0

Part XV Supplementary Information (Complete this part only if the organization had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

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

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

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

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

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

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

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

PER APPLICATION - SEE COPY OF APPLICATION ATTACHED

c Any submission deadlines

NONE

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

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

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				75,012
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					25,848
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					41,952
8 Gain or (loss) from sales of assets other than inventory					37,459
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		0	105,259
13 **Total.** Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)				13	105,259

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

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

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

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of			
	(1) Cash	1a(1)		No
	(2) Other assets	1a(2)		No
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
	(3) Rental of facilities, equipment, or other assets	1b(3)		No
	(4) Reimbursement arrangements	1b(4)		No
	(5) Loans or loan guarantees	1b(5)		No
	(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

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

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

b If "Yes," complete the following schedule

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

Sign Here

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

******	2016-07-06	******
Signature of officer or trustee	Date	Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☑	PTIN
DEAN J ROTHENFLUCH CPA		2016-07-06		P00224781

Firm's name ▶ DEAN J ROTHENFLUCH CPA

Firm's EIN ▶ 93-0876611

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

Phone no (503) 245-2254

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

List and describe the kind(s) of property sold (e g , real estate, **(a)** 2-story brick warehouse, or common stock, 200 shs MLC Co)	**(b)** How acquired P—Purchase D—Donation	Date acquired **(c)** (mo , day, yr)	**(d)** Date sold (mo , day, yr)
2786 076 SH PIMCO STOCK PLUS	P	2011-03-07	2015-06-24
848 899 SH THOMAS WHITE INT'L	P	2011-03-07	2015-06-24
1215 355 SH WELLS FARGO UTILITY	P	2011-03-07	2015-06-24
70 297 SH ALLIANZGI NFG DIV	P	2011-03-07	2015-06-24
1332 478 SH AMER CONT MIDCAP	P	2011-03-07	2015-06-24
1835 069 SH CREDIT SWISS COMMD	P	2011-03-07	2015-06-24
109 607 SH GATEWAY FUND	P	2011-03-07	2015-08-17
530 505 SH JANUS GR & INC	P	2011-03-07	2015-06-24
474 549 SH NEUBERGER BERMAN RE	P	2011-03-07	2015-06-24
10100 308 SH LAZARD EMERG MKT	P	2013-07-22	2015-06-24

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

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
27,048		22,359	4,689
14,652		14,971	-319
21,391		15,124	6,267
1,207		836	371
22,458		17,246	5,212
10,570		17,887	-7,317
3,320		2,897	423
25,906		17,089	8,817
6,788		5,568	1,220
94,858		109,512	-14,654

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			4,689
			-319
			6,267
			371
			5,212
			-7,317
			423
			8,817
			1,220
			-14,654

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

List and describe the kind(s) of property sold (e g , real estate, **(a)** 2-story brick warehouse, or common stock, 200 shs MLC Co)	**(b)** How acquired P—Purchase D—Donation	Date acquired **(c)** (mo , day, yr)	**(d)** Date sold (mo , day, yr)
319 273 SH LOOMIS SAYLES BOND	P	2014-08-19	2015-11-10
104 701 SH MERGER FUND	P	2012-07-10	2015-08-17
182 037 SH LAZARD EMERG MKT	P	2014-12-23	2015-10-26
688 429 SH WESTERN ASSET TOT RTN	P	2014-08-19	2015-06-24
CAPITAL GAINS DIVIDENDS	P		

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

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
4,390		4,935	-545
1,648		1,661	-13
1,695		1,974	-279
7,158		7,347	-189
33,776			33,776

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			-545
			-13
			-279
			-189
			33,776

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

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

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBRECHT ROBIN POB 1108 ACP0051-13 SALEM,OR 97308	NONE	N/A	TUITION	882
ANDRES-GUENTNER AUVIE 6692 LANHAM LN NE SILVERTON,OR 97381	NONE	N/A	JOGGING STROLLER	648
BARRY DANIELLE 765 SE MOUNT HOOD HWY 183 GRESHAM,OR 97080	NONE	N/A	ART SUPPLIES	153
BENNETT NORMAN POB 682 CANNON BEACH,OR 97110	NONE	N/A	RENT ASSISTANCE	400
BISCHOFF JAMES 650 NW IRVING ST PORTLAND,OR 97209	NONE	N/A	BATTERY CHARGER	106
BIYAZIN SAMRAWIT 0650 SW LOWELL 228 PORTLAND,OR 97239	NONE	N/A	LAPTOP COMPUTER	447
BIYAZIN SAMRAWIT 0650 SW LOWELL 228 PORTLAND,OR 97239	NONE	N/A	TALKING CALCULATOR	365
BIYAZIN SAMRAWIT 0650 SW LOWELL 228 PORTLAND,OR 97239	NONE	N/A	SPEAKERS	41
BLACKBURN JANICE 1955 3RD ST 105 SPRINGFIELD,OR 97477	NONE	N/A	PRESCRIBED TRMT	420
BOOSE BARBARA 2607 NE PRESCOTT PORTLAND,OR 97211	NONE	N/A	PICK-SAFE LOCKS FOR 2 OUTSIDE DOORS	790
BORTH KERRY 777 STANTON BLVD ONTARIO,OR 97914	NONE	N/A	EYEGLASSES	193
BRADFORD PATRICIA 2845 HUGHES LANE 52 BAKER CITY,OR 97814	NONE	N/A	ART SUPPLIES FOR SELF EMP	637
BRADFORD PATRICIA 2845 HUGHES LN 52 BAKER CITY,OR 97814	NONE	N/A	CHAIR, AWNING	336
BRADLEY JACQUELINE 14640 SW 6TH ST BEAVERTON,OR 97007	NONE	N/A	1/2 MONTH RENT	500
BRIGHT VELDA 1955 3RD ST 115 SPRINGFIELD,OR 97477	NONE	N/A	COMPRESSION STOCKINGS	249
Total . . . . . ▶ **3a**				75,012

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROWN COLLEEN GENERAL DELIVERY SALEM,OR 97301	NONE	N/A	2 PAIR BIFOCAL GLASSES	360
BUCE NINA MARIE 1380 SE CLAY ST NE SALEM,OR 97301	NONE	N/A	SCOOTER	858
BURKE ELI 1132 NW OGDEN BEND,OR 97701	NONE	N/A	IPAD, COVER, GEEK SQUAD	1,090
BURWELL MICHAEL 116 SE 8TH 13 TROUTDALE,OR 97060	NONE	N/A	IPHONE, CASE, INS	775
CARPENTER MOLLY 738 JANUS ST SPRINGFIELD,OR 97477	NONE	N/A	IPAD, COVER, APPLECARE, ITUNES	727
CHATTERTON THOMAS L 2190 S GROVE SEASIDE,OR 97138	NONE	N/A	SNOW 7" HD VIDEO MAGNIFER	529
COCKERAM SCOTTY J 465 NW 2ND AVE ONTARIO,OR 97914	NONE	N/A	COLLECTION	1,000
COKER MARY 650 SE 162ND AVE 13 PORTLAND,OR 97233	NONE	N/A	RENT ASSISTANCE	780
COURIER JOHN 13090 SW WATKINS AVE TIGARD,OR 97223	NONE	N/A	GLASSES	70
CRAWFORD HOLLY 6105 SE 20TH AVE PORTLAND,OR 97202	NONE	N/A	TIRES	366
CRAWFORD HOLLY 6105 SE 20TH AVE PORTLAND,OR 97202	NONE	N/A	WILLAMETTE EXPRESS	476
CURTIS SANDI I 3585 KINSROW 107 EUGENE,OR 97401	NONE	N/A	DENTURES	1,000
DENMARK GREGORY 2616 SE PARK AVE MILWAUKIE,OR 97222	NONE	N/A	HELP PAYING BILLS	404
DOOLITTLE DONNA 1330 OAK PATCH RD 71 EUGENE,OR 97402	NONE	N/A	VAN RETROFIT	1,200
ESHETE DAGNE 2934 SW 32ND TERR GRESHAM,OR 97080	NONE	N/A	IPHONE + ONE YR SVC	900
Total . . . . . ▶ **3a**				75,012

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ESHETE DAGNE 2934 SW 32ND TERR GRESHAM,OR 97080	NONE	N/A	LAPTOP COMPUTER	160
EVANS JENNIFER 1125 NE 58TH AVE PORTLAND,OR 97213	NONE	N/A	COMPUTER, PRINTER, GEEK SQUAD	810
FLYNN MARY LOUISE 4624 S PACIFIC HWY 35 PHOENIX,OR 97535	NONE	N/A	ORTHOPEDIC SHOES	1,200
FUJIKAWA DARREN 127 NW 6TH AVE PORTLAND,OR 97219	NONE	N/A	TELEVISION SET	298
FULLER MARTI 913 NE 122ND AVE 2 PORTLAND,OR 97203	NONE	N/A	PARTIAL DENTURES	1,000
GAINES SPENCER 41087 SE FALLCREEK RD ESTACADA,OR 97023	NONE	N/A	HIPPOTHERAPY	1,000
GORDON SPENCER PO BOX 2327 NYSSA,OR 97913	NONE	N/A	IPAD, ETC	792
GORDAN VANCE PO BOX 2327 NYSSA,OR 97913	NONE	N/A	IPAD, ETC	792
GOREE BARBARA 750 NW LAVA RD 200 BEND,OR 97701	NONE	N/A	COMPRESSION GARMENTS	995
GRAGG JORDAN 5670 SW 163RD AVE BEAVERTON,OR 97007	NONE	N/A	DRAGON PROGRAM	107
HALL LAURIE 1973 SE 122ND 55 PORTLAND,OR 97233	NONE	N/A	GYM MEMBERSHIP	429
HAMBLIN ROY SID 3265584 ONTARIO,OR 97914	NONE	N/A	TV, GUITAR	30
HANSON NICOLE PO BOX 645 SILVERTON,OR 97381	NONE	N/A	BATHROOM VANITY	1,000
HELLMAN GLADYS D 4258 WEATHERS ST NE SALEM,OR 97301	NONE	N/A	PORTABLE RAMP	373
HENDRICKS JOSLYN PO BOX 62 MYRTLE POINT,OR 97458	NONE	N/A	UPPER DENTURE	1,200
Total . . . . . ▶ **3a**				75,012

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HICKSM ASPIN POB 120 REDMOND,OR 97756	NONE	N/A	STOVE/OVEN TIMER	379
HOUSE CHERYL D 100 E 11TH 406 EUGENE,OR 97401	NONE	N/A	LIFT RECLINER	1,000
JAENTSCH DEBORAH 14290 MARJORIE LN 1086 OREGON CITY,OR 97045	NONE	N/A	GLASSES	212
JARQUIN FRANCISCO 17358 SE PINSET PORTLAND,OR 97233	NONE	N/A	VAN CO-PAY	1,200
JOHANSEN NANCY 38667 STRAWBRIDGE PKWY SANDY,OR 97055	NONE	N/A	VAN REPAIRS	1,200
KRAAL TERRY 440 21ST ST SPRINGFIELD,OR 97477	NONE	N/A	DENTURES	1,200
LAHEY AIMEE 1530 TAMARACK 100 SWEET HOME,OR 97386	NONE	N/A	DOWN PAYMENT	1,000
LANG TIMOTHY L 2395 REDWOOD AVE GRANTS PASS,OR 97527	NONE	N/A	RAMP MATERIALS	661
LECKBAND DEBRA 5232 SW COMMON WAY CORVALLIS,OR 97333	NONE	N/A	ELECTRIC BILL	200
LECKBAND DEBRA 5232 SW COMMON WAY CORVALLIS,OR 97333	NONE	N/A	USED POWER CHAIR	400
LECKBAND DEBRA 5232 SW COMMON WAY CORVALLIS,OR 97333	NONE	N/A	TENS UNIT SUPPLIES	86
LECKBAND DEBRA 5232 SW COMMON WAY CORVALLIS,OR 97333	NONE	N/A	CHAIR DELIVERY	66
LOGES JODY 29863 S MOLALLA AVE MOLALLA,OR 97038	NONE	N/A	PNEUMATIC WHEELS FOR WALKER	80
LOPEZ JESUSITA 17804 NE GLISAN 8 PORTLAND,OR 97230	NONE	N/A	PORTABLE RAMP	335
LOPEZ LINDA 1813 E JACKSON ST MEDFORD,OR 97504	NONE	N/A	RENT ASSISTANCE	600
Total . . . . . ▶ **3a**				75,012

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTZ WILLIAM 310 N HOLLADAY DR SEASIDE,OR 97138	NONE	N/A	REPAIR ROTTING PORCH	1,200
MAYFIELD ROXIE 4410 CATALINA ST EUGENE,OR 97402	NONE	N/A	VAN REPAIRS	1,200
MCADAM KEITH 2298 IRONWOOD SWEET HOME,OR 97386	NONE	N/A	3 WHEEL BRAKE	427
MCLAUGHLIN BRUCE WILLIAM 523 SW 13TH AVE 501 PORTLAND,OR 97205	NONE	N/A	WHEELCHAIR COPAY	142
MIKELS MICHAEL GLENN 3735 BELL AVE EUGENE,OR 97402	NONE	N/A	UPPER DENTURE	1,000
MILLER MIKE 414 72ND ST SPRINGFIELD,OR 97478	NONE	N/A	COMPRESSION WRAPS	634
MINOR MELVIN 777 STANTON BLVD ONTARIO,OR 97914	NONE	N/A	GLASSES	163
APSEL NISI 1040 NW 10TH AVE 183 PORTLAND,OR 97209	NONE	N/A	COMPRESSION HOSE	181
AVILA AGUILAR MARIA 2907 E MAIN ST HILLSBORO,OR 97123	NONE	N/A	ORTHOPEDIC SHOES	228
BARRY DANIELLE 765 SE MOUNT HOOD HWY 183 GRESHAM,OR 97080	NONE	N/A	RENT ASSISTANCE	1,000
MITCHELL WILLIAM 598 N BROADWAY COOS BAY,OR 97420	NONE	N/A	DENTURES	1,200
MOHAMED ABDI 120 SW EDGEWAY DR 145 BEAVERTON,OR 97006	NONE	N/A	VAN COPAY	1,200
MORSE RON 6036 NE AINSWORTH ST PORTLAND,OR 97218	NONE	N/A	RENT ASSISTANCE	1,100
NEWMAN RIVKA 13819 NE BEECH CT PORTLAND,OR 97230	NONE	N/A	IPAD AIR 2, COVER, APPLECARE	777
NEWMAN RAY 105 SE MAST AVE 86 LINCOLN CITY,OR 97367	NONE	N/A	LIFE RECLINER	500
Total . . . . . ▶ **3a**				75,012

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NICHOLS BARRY 17600 NE MULTNOMAH DR PORTLAND,OR 97230	NONE	N/A	GRAB BARS & KNEELER	116
NICHOLS BARRY 17600 NE MULTNOMAH DR PORTLAND,OR 97230	NONE	N/A	INSTALL GRAB BARS	20
NORED MARK 917 PRESCOTT LANE SPRINGFIELD,OR 97477	NONE	N/A	RENT ASSISTANCE	1,200
NORED SCOTT 2940 CRESCENT AVE 205A EUGENE,OR 97409	NONE	N/A	RENT ASSISTANCE	1,200
PREWITT JENNIFER 23900 SE STARK 143 GRESHAM,OR 97030	NONE	N/A	ELECTRIC BILL	288
PRINCE KATHY 100 E 11TH 307 EUGENE,OR 97401	NONE	N/A	VOICE NOTE OR BRAILLE NOTE	1,200
PRUITT MARIANE 20449 SW T-V HWY 345 ALOHA,OR 97003	NONE	N/A	DENTURES	715
RAINSBURY KATHERINE 20333 NW ANZALONE DR 357 ALOHA,OR 97006	NONE	N/A	BATTERY FOR HER CAR	135
RAINSBURY KATHERINE 20333 NW ANZALONE DR 357 ALOHA,OR 97006	NONE	N/A	RENT ASSISTANCE	785
ROBINSON OWEN 1703 ANTELOPE CIRCLE SW ALBANY,OR 97321	NONE	N/A	EAGEL EYES COMPUTER ACCESS SYSTEM	1,191
RUNDLE BRAD POB 66 EAGLE POINT,OR 97524	NONE	N/A	SCOOTER BATTERIES	440
RUNDLE BRAD POB 66 EAGLE POINT,OR 97524	NONE	N/A	PU/DELIVER SCOOTER	30
RUNDLE BRAD POB 66 EAGLE POINT,OR 97524	NONE	N/A	RAMP	817
RUSSELL CHAVEZ JESSE 12030 NW KEARNEY ST PORTLAND,OR 97224	NONE	N/A	IPAD MINI, COVER, APPLECARE	788
SAFFOLD RONALD GENE 920 NE KEARNEY 403 PORTLAND,OR 97209	NONE	N/A	AIR CONDITIONER	300
Total . . . . . ▶ **3a**				75,012

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANDERS RHONDA PO BOX 1138 MARCOLA,OR 97454	NONE	N/A	WHEELCHAIR COPAY	1,000
SCHALOW LORI 101 N MORRIS 306 PORTLAND,OR 97227	NONE	N/A	COMPRESSION STOCKINGS	360
SCHILL MIKE 1120 THRIFTYWAY 3 ONTARIO,OR 97914	NONE	N/A	DECK/RAMP	519
SCHLEIGER CHRIS 27894 SILETZ HWY SILETZ,OR 97380	NONE	N/A	LODGING AT CONFERENCE	348
SCHLEIGER CHRIS 27894 SILETZ HWY SILETZ,OR 97380	NONE	N/A	MEALS AND TRANSPORT	303
SHERRETT ARLENE 2524 SE LAKE RD 6 MILWAUKIE,OR 97222	NONE	N/A	GRAB BARS	75
SMALL JESSIE 2101 SW LURADEL PORTLAND,OR 97219	NONE	N/A	RETROFIT BATH	1,000
SNEGIREV ALEX 710 N PERSHING F MT ANGEL,OR 97362	NONE	N/A	COLORADO CONFERENCE	1,200
STARCHER DONNA 3682 HOOKER RD ROSEBURG,OR 97470	NONE	N/A	EYE EXAM	99
STARCHER DONNA 3682 HOOKER RD ROSEBURG,OR 97470	NONE	N/A	GLASSES	486
STOKES PAULETTE 910 SW PARK 201 PORTLAND,OR 97205	NONE	N/A	IPAD MINI, COVER, APPLECARE	877
STOKES PAULETTE 910 SW PARK 201 PORTLAND,OR 97205	NONE	N/A	KEYBOARD	90
STOVER KURT 2603 VIRGINIA AVE NORTH BEND,OR 97459	NONE	N/A	LOWER DENTURE	675
STREIFEL RONALD 2648 NE 201ST AVE 5 FAIRVIEW,OR 97024	NONE	N/A	RAMP INTO MOBILE HOME	1,127
STURGESS SUSAN 390 MARY NEAL LANE CRESWELL,OR 97426	NONE	N/A	COPAY ON VAN/CHAIR	1,200
Total . . . . . ▶ **3a**				75,012

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUTER KATHLEEN 10535 SE 53RD PL MILWAUKIE,OR 97222	NONE	N/A	DYING WISH TO STAY AT BEACH	1,124
TAYLOR ROBERT 1589 ADELMAN LP EUGENE,OR 97402	NONE	N/A	BRAKES AND GASKET	1,038
VAN HOUTE LAURA 15950 SE ALDERMAN RD DAYTON,OR 97114	NONE	N/A	UPPER DENTURE	750
WALLING EVELYN 345 N STARR ST T SUBLIMITY,OR 97385	NONE	N/A	PORTABLE RAMP	990
WARD LORA 8975 SW SWEET DR 213 TUALATIN,OR 97062	NONE	N/A	FIRST/LAST/DEPOSIT	1,170
WEATHERLY TIEA 547 SE AKINS DR PRINEVILLE,OR 97754	NONE	N/A	GLASSES	368
WEILAND SUSAN 1008 VILLARD AVE COTTAGE GROVE,OR 97424	NONE	N/A	SHARK FLOOR MOP	168
WELCH ANDREW 3914 SANTIAM PASS WAY NE 105 SALEM,OR 97305	NONE	N/A	GLASSES	283
WELCH-OLIPHANT NATHAN 4804 NE VOYAGE AVE B4 LINCOLN CITY,OR 97367	NONE	N/A	IPAD AIR 2, COVER, APPLECARE	877
WILDER NAN 1040 NW 10TH AVE 10 PORTLAND,OR 97209	NONE	N/A	HONEYWELL AC	388
WILLIAMS KIYAUNA 10028 SE DIVISION 301 PORTLAND,OR 97266	NONE	N/A	RENT ASSISTANCE	816
WITT JANET 1023 57TH ST SPRINGFIELD,OR 97478	NONE	N/A	DOCTORS CARE & EYE HEALTH VITAMINS	797
WYATT RODERICK 17675 SW FARMINGTON RD PMB 128 ALOHA,OR 97087	NONE	N/A	STORAGE	1,200
Total . . . . . ▶ **3a**				75,012

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TY 2015 Accounting Fees Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	2,235	745	1,490	1,490

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TY 2015 General Explanation Attachment

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Identifier	Return Reference	Explanation
INVESTMENTS IN CORPORATE STOCK	FORM 990-PF PART II LINE 10B	SCHEDULE A BEG OF YEAR END OF YEARPART II LINE 10B, INVESTMENTS IN CORPORATE STOCK BOOK VALUE BOOK VALUE MKT VALUE ALLIANZGI EMERGING MKTS OPP 0 00 76686 27 69701 47 ALLIANZGI NFJ DIVIDEND VALUE FD 80089 80 81762 48 103106 86 AMERICAN CENTURY MID CAP VALUE 93773 43 85746 05 90860 89 ARTISAN INTERNATIONAL INVESTOR 115697 00 133948 84 144888 78 CREDIT SUISSE COMMD RTRN STRTGY 132686 71 114799 80 63772 41 GATEWAY FUND 65377 15 88364 26 93658 45 INVESCO SMALL CAP GROWTH 34740 53 43257 31 43019 27 JANUS GROWTH AND INCOME 108056 64 104000 41 134751 64 LAZARD EMERG MRKT EQUITY BLEND 111485 43 0 00 0 00 MERGER FUND 71074 54 80914 62 78114 24 NEUBERGER BERMAN REAL ESTATE 45048 39 43803 96 49423 30 PIMCO STOCKSPLUS TOTAL RETURN 179468 81 165862 62 164308 60 THOMAS WHITE INTERNATIONL 185203 61 172128 23 146641 98 WELLS FARGO UTILITY & TELECOMM 59554 28 45761 56 60667 53 LOOMIS SAYLES BOND RETAIL 108769 47 124593 31 103384 67 TEMPLETON GLOBAL BOND 21592 59 34618 40 30950 95 WESTERN ASSET TOTAL RTN 71296 36 66361 56 62877 74 1483914 74 1462609 68 1440128 78

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

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TY 2015 Investments Corporate Stock Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Name of Stock	End of Year Book Value	End of Year Fair Market Value
VARIOUS MUTUAL FUNDS	1,462,610	1,440,129

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TY 2015 Investments - Other Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

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

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TY 2015 Other Assets Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

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

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TY 2015 Other Expenses Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LICENSES & FEES	50	0	50	50
OFFICE AND TELEPHONE	2,574	0	2,574	2,574
BANK CHARGES & FEES	21	0	21	21
INSURANCE	1,712	0	1,712	1,712
DUES & REGISTRATIONS	340	0	340	340

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TY 2015 Other Income Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
SALE OF ROCK IN PLACE FROM QUARRY	41,952	41,952	41,952

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TY 2015 Other Liabilities Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Description	Beginning of Year - Book Value	End of Year - Book Value
PAYROLL TAX WITHHELD	0	1,786

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TY 2015 Other Professional Fees Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OUTSIDE SERVICES	45	0	45	45
INVESTMENT FESS	20,298	20,298	0	0

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TY 2015 Taxes Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	2,001	0	2,001	2,001
INTERNAL REVENUE SERVICE	5,591	5,591	0	0
OREGON DEPT OF JUSTICE	252	252	0	0
FOREIGN TAXES	597	597	0	0