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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

2016

Open to Public Inspection

For calendar year 2016, or tax year beginning 01-01-2016 , and ending 12-31-2016

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)* ▶$ 1,732,618

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)	250			
	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	21,140	21,140	21,140	
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	53,060			
	b	Gross sales price for all assets on line 6a 251,615				
	7	Capital gain net income (from Part IV, line 2)		53,060		
	8	Net short-term capital gain			143	
	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)	25,438	25,438	25,438	
	12	**Total.** Add lines 1 through 11	99,888	99,638	46,721	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	893	298	595	595
	14	Other employee salaries and wages	24,008	0	24,008	24,008
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	1,443	481	962	962
	c	Other professional fees (attach schedule)	17,985	17,850	135	135
	17	Interest	20	0	20	20
	18	Taxes (attach schedule) (see instructions)	3,159	988	2,171	2,171
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings	462	0	462	462
	22	Printing and publications	35	0	35	35
	23	Other expenses (attach schedule)	6,535	0	6,535	6,535
	24	**Total operating and administrative expenses.** Add lines 13 through 23	54,540	19,617	34,923	34,923
	25	Contributions, gifts, grants paid	43,582			43,582
	26	**Total expenses and disbursements.** Add lines 24 and 25	98,122	19,617	34,923	78,505
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	1,766			
	b	**Net investment income** (if negative, enter -0-)		80,021		
	c	**Adjusted net income**(if negative, enter -0-)			11,798	

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	8,968	21,130	21,130
	2 Savings and temporary cash investments	37,734	43,923	43,923
	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		
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	1,462,610	1,450,031	1,437,098
	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)	1,741,332	1,745,551	1,732,618
Liabilities	17 Accounts payable and accrued expenses	1,363	1,534	
	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 ▶)	1,786	1,606	
	23 **Total liabilities**(add lines 17 through 22)	3,149	3,140	
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	1,738,183	1,742,411	
	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)	1,738,183	1,742,411	
	31 **Total liabilities and net assets/fund balances** (see instructions)	1,741,332	1,745,551	

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	1,738,183
2	Enter amount from Part I, line 27a	2	1,766
3	Other increases not included in line 2 (itemize) ▶	3	2,462
4	Add lines 1, 2, and 3	4	1,742,411
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	1,742,411

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

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

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	53,060
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	143

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))
2015	112,743	1,803,337	0 062519
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

2	**Total** of line 1, column (d)	2	0 245184
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 049037
4	Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	1,688,241
5	Multiply line 4 by line 3	5	82,786
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	800
7	Add lines 5 and 6	7	83,586
8	Enter qualifying distributions from Part XII, line 4	8	78,505

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 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	1,600
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	1,600
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	1,600
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016 — 6a: 800		
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	800
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	800
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be **Credited to 2017 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶OR			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (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 ▶ ANGELA BURNETT 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 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		Yes	No
		16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶			

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

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☑ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	Yes	
	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 2016?	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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? ☐ 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 2016 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 2016).*	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 2016?	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	**(d)** Contributions to employee benefit plans and deferred 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	34,923
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	1,432,337
b	Average of monthly cash balances	1b	51,146
c	Fair market value of all other assets (see instructions)	1c	230,467
d	**Total** (add lines 1a, b, and c)	1d	1,713,950
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	1,713,950
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	25,709
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,688,241
6	**Minimum investment return.** Enter 5% of line 5	6	84,412

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 2016 from Part VI, line 5	2a		
b	Income tax for 2016 (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	78,505
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	78,505
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	78,505

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.				
b Total for prior years 20___ , 20___ , 20___				
3 Excess distributions carryover, if any, to 2016				
a From 2011.				
b From 2012.				
c From 2013.				
d From 2014.				
e From 2015.				
f **Total** of lines 3a through e.				
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ $ _____				
a Applied to 2015, 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 2016 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2016				
(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 2015 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 2017				
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 2011 not applied on line 5 or line 7 (see instructions) . . .				
9 **Excess distributions carryover to 2017.** Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2012. . . .				
b Excess from 2013. . . .				
c Excess from 2014. . . .				
d Excess from 2015. . . .				
e Excess from 2016. . . .				

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 2016, 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) 2016	(b) 2015	(c) 2014	(d) 2013	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	11,798	29,291	37,647	36,952	115,688
b 85% of line 2a	10,028	24,897	32,000	31,409	98,335
c Qualifying distributions from Part XII, line 4 for each year listed	78,505	113,521	86,634	72,862	351,522
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	78,505	113,521	86,634	72,862	351,522
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	56,275	60,111	63,025	58,794	238,205
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
INFOBFF@QUESTOFFICE NET

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**				43,582
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. . . .					21,140
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.					25,438
8 Gain or (loss) from sales of assets other than inventory					53,060
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	99,638
13 **Total.** Add line 12, columns (b), (d), and (e).				13	99,638

(See worksheet in line 13 instructions to verify calculations)

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

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

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

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

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

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

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

b If "Yes," complete the following schedule

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

Sign Here

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

******	2017-05-31	******
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		2017-05-25		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	**(c)** Date acquired (mo , day, yr)	**(d)** Date sold (mo , day, yr)
653 383 SH ALLIANZGI DIV VALUE	P	2011-03-07	2016-07-05
455 230 SH LOOMIS SAYLES BOND	P	2014-08-19	2016-11-18
438 462 SH MERGER FUND	P	2012-07-10	2016-01-20
532 929 SH WESTERN TOTAL RETURN	P	2014-08-19	2016-01-20
168 004 SH ALLIANZGI DIV VALUE	P	2016-08-01	2016-07-05
6006 881 SH ALLIANZGI DIV VALUE	P	2011-03-07	2016-07-05
374 218 SH AMER CENTURY MIDCAP	P	2011-03-07	2016-11-18
31 461 SH ARTISAN INT'L INV	P	2011-03-07	2016-07-14
2428 373 SH CREDIT SUISSE COMMD	P	2011-03-07	2016-07-05
325 568 SH GATEWAY FUND	P	2011-03-07	2016-11-18

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)
10,167		9,611	556
6,057		6,970	-913
6,555		6,954	-399
5,276		5,703	-427
2,614		2,471	143
93,467		71,003	22,464
6,459		4,843	1,616
874		698	176
12,239		23,670	-11,431
9,445		8,606	839

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	
			556
			-913
			-399
			-427
			143
			22,464
			1,616
			176
			-11,431
			839

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	**(c)** Date acquired (mo , day, yr)	**(d)** Date sold (mo , day, yr)
87 928 SH INVESCO SM CAP GROWTH	P	2011-03-07	2016-11-18
655 571 SH JANNUS GROWTH & INCOME	P	2011-03-07	2016-11-18
666 614 SH NEUBERGER REAL ESTATE	P	2011-03-07	2016-07-14
2384 84 SH PIMCO STOCKPLUS ABSOLUTE	P	2011-03-07	2016-11-18
577 085 SH WELLS FARGO UTILITY & TEL	P	2011-03-07	2016-07-05
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)
3,263		2,766	497
30,104		21,118	8,986
9,479		7,822	1,657
22,343		19,139	3,204
11,761		7,181	4,580
21,512			21,512

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	
			497
			8,986
			1,657
			3,204
			4,580
			21,512

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
ANGELA BURNETT C/O BLANCHE FISCHER FDN 1509 SW SUNSET BLVD 1-B PORTLAND, OR 97239	TREASURER 4 00	893	0	0
SUSAN WEILAND 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
DENNIS WEIRICH C/O BLANCHE FISCHER FDN 1509 SW SUNSET BLVD 1-B PORTLAND, OR 97239	VICE PRESIDENT 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*				
AUSTIN HEIDI 2352 SE 156TH AVE PORTLAND, OR 97233	NONE	N/A	BED WEDGES	82
AUSTIN HEIDI 2352 SE 156TH AVE PORTLAND, OR 97233	NONE	N/A	BATH LIFT	620
BIRGE TARIK 22273 NE HALSEY ST 121 FAIRVIEW, OR 97024	NONE	N/A	WHEELCHAIR	370
BIVENS WILLIAM 1137 NE 183RD AVE PORTLAND, OR 97230	NONE	N/A	OXYGEN THERAPY	765
BIVENS WILLIAM 1137 NE 183RD AVE PORTLAND, OR 97230	NONE	N/A	OXYGEN THERAPY	-513
Total 3a . . . . . ▶				43,582

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*				
BJORNSTAD GABRIELLA 41087 SE FALLCREEK RD ESTACADA, OR 97023	NONE	N/A	HIPPOTHERAPY [PHYSICAL THERAPY]	1,200
BOUCHER NORMA 217 TWIN CIRCLE 1 PHOENIX, OR 97535	NONE	N/A	MATERIALS FOR RAMP	500
BREWER DEREK 2600 N WILLIAMS AVE 16 PORTLAND, OR 97227	NONE	N/A	ELECTRIC BAG EMPTIER	245
BURWELL MICHAEL 116 SE 8TH 13 TROUTDALE, OR 97060	NONE	N/A	IPHONE, CASE, INS	765
CAMBALIK MICHAEL 3412 17TH AVE FOREST GROVE, OR 97116	NONE	N/A	HYGIENE SUPPLIES	23
Total 3a . . . . . ▶				43,582

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*				
CAMBALIK MICHAEL 3412 17TH AVE FOREST GROVE, OR 97116	NONE	N/A	HYGIENE SUPPLIES	55
CAMBALIK MICHAEL 3412 17TH AVE FOREST GROVE, OR 97116	NONE	N/A	HYGIENE SUPPLIES	1,124
COLE DEBORAH 705 10TH ST OREGON CITY, OR 97045	NONE	N/A	LAPTOP	680
COLEMAN DARRICK 3965 SE HILLYARD RD GRESHAM, OR 97080	NONE	N/A	HIPPOTHERAPY [PHYSICAL THERAPY]	1,200
COLLINS DEZARAE 1940 CHURCH ST NE SALEM, OR 97301	NONE	N/A	DEGENERATIVE DISC DISEASE	1,200
Total 3a . . . . . ▶				43,582

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*				
COOK LETA 59779 RODERICK RD SP 23 COOS BAY, OR 97024	NONE	N/A	PRE-SURGERY CLASS-REQUIRED	500
CORBUS KYLIE 3949 SE SPAULDING AVE MILWAUKIE, OR 97267	NONE	N/A	PHYSICAL THERAPY	1,200
CURRIE CHARLEY 32809 HILLSIDE ACRES RD GOLD BEACH, OR 97444	NONE	N/A	MATTRESS & BED	989
DITTERLINE LEISA 1001 CHARMAN ST OREGON CITY, OR 97045	NONE	N/A	EYE EXAM	80
DITTERLINE LEISA 1001 CHARMAN ST OREGON CITY, OR 97045	NONE	N/A	EYEGLASSES	663
Total 3a . . . . . ▶				43,582

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*				
DOVELL LAYLA 10584 BLACKWELL RD CENTRAL POINT, OR 97502	NONE	N/A	PHYSICAL THERAPY	1,168
FACIANE ANDREA 627 NW 18TH F17 PORTLAND, OR 97209	NONE	N/A	POWER WHEELCHAIR REPAIR	640
FALKOSKI MICHELLE 3401 SE 144TH AVE PORTLAND, OR 97236	NONE	N/A	OXYGEN THERAPY	978
FRANCE HIME 27500 SE HWY 224 EAGLE CREEK, OR 97022	NONE	N/A	IPAD, CASE, SPEAKERS	803
GAINES KAYLIN 41087 SE FALLCREEK RD ESTACADA, OR 97023	NONE	N/A	HIPPOTHERAPY [PHYSICAL THERAPY]	1,200
Total 3a . . . . . ▶				43,582

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*				
GONZALEZ ISY 7709 SW PFAFFLE ST APT 33 TIGARD, OR 97223	NONE	N/A	EYE GLASSES	421
GRANT MARY ANN 345 N STARR ST T SUBLIMITY, OR 97385	NONE	N/A	RAMP	1,200
GRIDLEY JEFF 1220 23RD ST 7 SWEET HOME, OR 97386	NONE	N/A	ADULT TRIKE	359
GUZMAN PEDRO 304 N FIRST SILVERTON, OR 97381	NONE	N/A	CPAP MASK	95
IRELAND RUTH ANN 965 N GARDENER AVE 3 STAYTON, OR 97383	NONE	N/A	RAMP	840
Total . . . . . ▶ 3a				43,582

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*				
JAENTSCH DEBORAH 14290 MARJORIE LN 1086 OREGON CITY, OR 97045	NONE	N/A	LAPTOP, PROTECTION PLAN, MOUSE	407
KAUKLANI NICOLA 4870 SW MAIN ST 4 BEAVERTON, OR 97005	NONE	N/A	IPAD & ACCESSORIES	788
KERTH STANLEY 2236 MEALS DR MEDFORD, OR 97501	NONE	N/A	SPEECH THERAPY	648
KERTH STANLEY 2236 MEALS DR MEDFORD, OR 97501	NONE	N/A	PHYSICAL THERAPY	552
KOVACS ELAINE 13456 SW HAWKS BEARD ST 512 TIGARD, OR 97223	NONE	N/A	GLASSES	624
Total . . . . . ▶ 3a				43,582

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*				
KOVACS ELAINE 13456 SW HAWKS BEARD ST 512 TIGARD, OR 97223	NONE	N/A	ORTHOTIC SHOES	190
KOVACS ELAINE 13456 SW HAWKS BEARD ST 512 TIGARD, OR 97223	NONE	N/A	COMPRESSION SOCKS	376
LACCINO SUSANNA 4601 SE CESAR E CHAVEZ BLVD 509 PORTLAND, OR 97202	NONE	N/A	LIFT CHAIR	866
MARTIN JEFF 777 NE 8TH ST 106 GRESHAM, OR 97030	NONE	N/A	LEG BAG EMPTIER	245
MASCORRO-HERNANDEZ JOSE 3123 NE 29TH ST 213 GRESHAM, OR 97030	NONE	N/A	HIPPOTHERAPY [PHYSICAL THERAPY]	1,200
Total . . . . . ▶ 3a				43,582

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*				
MASDONATI LINDA 41 SE 126TH AVE PORTLAND, OR 97233	NONE	N/A	RAMP	1,200
MOLDOVAN JAZMINE 10766 SE 353RD BORING, OR 97009	NONE	N/A	CAR SEAT	780
NELSON MIKE 31485 NW KAYBERN ST 109 NORTH PLAINS, OR 97132	NONE	N/A	DENTAL WORK	1,096
OLD TOWN CLINIC 727 W BURNSIDE ST PORTLAND, OR 97209	NONE	N/A	VARIOUS ASSISTIVE DEVICES	465
OLD TOWN CLINIC 727 W BURNSIDE ST PORTLAND, OR 97209	NONE	N/A	VARIOUS ASSISTIVE DEVICES	514
Total 3a . . . . . ▶				43,582

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*				
OLD TOWN CLINIC 727 W BURNSIDE ST PORTLAND, OR 97209	NONE	N/A	VARIOUS ASSISTIVE DEVICES	220
PATTON HOWARD PO BOX 264 BLUE RIVER, OR 97413	NONE	N/A	EYEGLASSES	210
PICKARD-BROWN MARIE 1328 BRAMBLE WOOD LANE EUGENE, OR 97404	NONE	N/A	COMMODE CHAIR & GRIP RAIL	56
PICKERING BONNIE 2317 E MAIN ST MEDFORD, OR 97504	NONE	N/A	MATERIAL FOR RAMP	500
PORTER BETH 2500 N WILLIAMS APT 113 PORTLAND, OR 97227	NONE	N/A	PORTABLE ROOM AC	692
Total 3a . . . . . ▶				43,582

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*				
QUINTERO ALBERT 418 ADAMS AVE SILVERTON, OR 97381	NONE	N/A	EYEGLASSES	480
RAGUS TRINITY 404 S 8TH ST NYSSA, OR 97913	NONE	N/A	IPHONE	794
RAMOS ESPERANZA 212 BOWER AVE NYSSA, OR 97913	NONE	N/A	FOOT EXTENDERS	234
RAZOR THOMAS 1760 E ADAMS AVE COTTAGE GROVE, OR 97424	NONE	N/A	VAN REPAIR	1,187
RILEY ROSETTA 706 N JOHNSON PO BOX 7 PRAIRIE CITY, OR 97869	NONE	N/A	LIFT CHAIR	260
Total . . . . . ▶ 3a				43,582

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*				
RILEY DANIEL 235 S 50TH PLACE SPRINGFIELD, OR 97478	NONE	N/A	REPAIR ESTIMATE	75
SMALL RANDALL 350 13TH ST NE 314 SALEM, OR 97301	NONE	N/A	WHEELCHAIR	1,200
SMITH MICHAEL 2600 N WILLIAMS AVE 7 PORTLAND, OR 97227	NONE	N/A	LEG BAG EMPTIER	430
SMITH CHRIS 20145 NE SNADY 40 FAIRVIEW, OR 97024	NONE	N/A	SURGERY FACILITY FEE	555
SMITH CHRIS 20145 NE SNADY 40 FAIRVIEW, OR 97024	NONE	N/A	SURGERY	286
Total . . . . . ▶ 3a				43,582

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*				
SULLIVAN ROSE 18912 NE GLISAN PORTLAND, OR 97230	NONE	N/A	RAMP	1,100
TAYLOR JUDITH 1956 16TH ST 201 FLORENCE, OR 97439	NONE	N/A	POWER WHEELCHAIR LOAN	316
THOMAS BILLIE 21450 S GREEN MT RD COLTON, OR 97017	NONE	N/A	EYEGLASSES	472
THOMAS BILLIE 21450 S GREEN MT RD COLTON, OR 97017	NONE	N/A	EYE SURGERY CO-PAY	430
TOMLINSON TANNA 8437 NW 16TH ST TERREBON, OR 97760	NONE	N/A	COOKSTOP TIMER	379
Total 3a . . . . . ▶				43,582

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*				
UPPER WESTSIDE PLAY GYM 1509 SW SUNSET BLVD 1-G PORTLAND, OR 97239	NONE	N/A	SOUND PROOFING	900
VAYAMSKY GEORGE 2857 EBERLEIN AVE KLAMATH FALLS, OR 97603	NONE	N/A	TRAUMATIC BRAIN INJURY	900
WEILAND SUSAN 1008 VILLARD AVE COTTAGE GROVE, OR 97424	BOARD MEMBER	N/A	WHEELCHAIR BATTERIES	252
WOOD JUNE 14727 SNAGBARK WAY OREGON CITY, OR 97045	NONE	N/A	DENTAL WORK	1,200
WRIGHT DANNY 1913 NE PURCELL BLVD BEND, OR 97701	NONE	N/A	TENS UNIT	51
Total 3a . . . . . ▶				43,582

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*				
YOURSTON ELIZABETH 2835 SW JUNIPER AVE REDMOND, OR 97756	NONE	N/A	00STANDING FRAME	1,000
Total 3a . . . . . ▶				43,582

TY 2016 Accounting Fees Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	1,443	481	962	962

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TY 2016 General Explanation Attachment

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

General Explanation Attachment

Identifier	Return Reference	Explanation	
1	INVESTMENTS IN CORPORATE STOCK	FORM 990-PF PART II LINE 10B	SCHEDULE A PART II LINE 10B, INVESTMENTS IN CORPORATE STOCK BEG OF YEAR END OF YEAR BOOK VALUE BOOK VALUE MKT VALUE ALLIANZGI EMERGING MKTS OPP 76686 27 77981 68 74185 22ALLIANZGI NFJ DIVIDEND VALUE FD 81762 48 0 00 0 00AMERICAN CENTURY MID CAP VALUE 85746 05 85075 23 104958 67ARTISAN INTERNATIONAL INVESTOR 133948 84 146448 58 141142 57CREDIT SUISSE COMMD RTRN STRTGY 114799 80 91129 79 59379 08FEDERATED STRATEGIC VALUE DIVIDEND 0 00 124363 98 114989 17GATEWAY FUND 88364 26 80989 20 88410 32INVESCO SMALL CAP GROWTH 43257 31 44157 60 44606 71JANUS GROWTH AND INCOME 104000 41 92970 09 119711 97MERGER FUND 80914 62 74251 97 73266 84NEUBERGER BERMAN REAL ESTATE 43803 96 41527 34 41909 82PIMCO STOCKSPLUS TOTAL RETURN 165862 62 146723 67 164073 11THOMAS WHITE INTERNATIONL 172128 23 173627 72 141636 12WELLS FARGO UTILITY & TELECOMM 45761 56 39406 26 57301 50LOOMIS SAYLES BOND RETAIL 124593 31 133554 34 118128 06TEMPLETON GLOBAL BOND 34618 40 35375 39 32876 89WESTERN ASSET TOTAL RTN 66361 56 62448 32 60521 89 1462609 68 1450031 16 1437097 94

General Explanation Attachment

Identifier	Return Reference	Explanation	
2	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

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TY 2016 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	1,450,031	1,437,098

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TY 2016 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 2016 Other Assets Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Other Assets Schedule

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

TY 2016 Other Expenses Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Other Expenses Schedule

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	4,741	0	4,741	4,741
INSURANCE	1,763	0	1,763	1,763
DUES & REGISTRATIONS	-19	0	-19	-19

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TY 2016 Other Income Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
SALE OF ROCK IN PLACE FROM QUARRY	23,807	23,807	23,807
GRANT RETURNS	1,631	1,631	1,631

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TY 2016 Other Increases Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Description	Amount
FEDERAL INCOME TAX REFUND	2,462

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TY 2016 Other Liabilities Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Description	Beginning of Year - Book Value	End of Year - Book Value
PAYROLL TAX WITHHELD	1,786	1,606

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TY 2016 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	135	0	135	135
INVESTMENT FESS	17,850	17,850	0	0

TY 2016 Taxes Schedule

Name: BLANCHE FISCHER FOUNDATION

EIN: 93-0790099

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	2,171	0	2,171	2,171
OREGON DEPT OF JUSTICE	249	249	0	0
FOREIGN TAXES	739	739	0	0