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

2017

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information

Open to Public inspection

| For cal | endar year 2017 or tax year beginning | , 2017 | , and ending | | |
|--|---|---|---|---|---|
| | ge&Marion Buerkel Oscar&Ella | | 1 | A Employer identification number 20-8027858 | |
| PO B | lner FDN | | ` | B Telephone number (see inst (503) 358-758 | • |
| BAKE | R CITY, OR 97814 | | | C If exemption application is | pending, check here 🕨 🗌 |
| G , Che | eck all that apply: Initial return Final return | Initial return of a form Amended return | ner public charity | D 1 Foreign organizations, chec | ck here . |
| | Address change | Name change | · · · · · · · · · · · · · · · · · · · | 2 Foreign organizations meet here and attach computation | |
| H' Che | ck type of organization X Section 50° Section 4947(a)(1) nonexempt charitable t | 1(c)(3) exempt private f trust Other taxable | | E If private foundation status | |
| | | counting method. X C | | under section 507(b)(1)(A) | |
| _ > \$ | 2,677,222. (Part I, | Other (specify) column (d) must be or | cash basis) | F If the foundation is in a 60 under section 507(b)(1)(B) | , |
| Pantil | Analysis of Revenue and Expenses (The total of amounts in | (a) Revenue and expenses per books. | (b) Net investmer income | nt (c) Adjusted net | (d) Disbursements for charitable |
| | columns (b), (c), and (d) may not neces- sarily equal the amounts in column (a) (see instructions)) | expenses per books, | •• | | purposes (cash basis only) |
| | 1 Contributions, giffs, grants, etc., received (attach schedule) 2 Check I if the foundation is not required to attach Sch. B | Man wall of the second of the | | | |
| | 3 Interest on savings and temporary cash investments | THE THE RESERVE OF THE PERSON | No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | CONTRACTOR OF THE PROPERTY OF | |
| • | 4 Dividends and interest from securities 5 a Gross rents | 57,804. | 57,80 | 4. 57,804. | |
| | b Net rental income or (loss). | | | | |
| R E V | 6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all 1,101,656. | 104,424. | | | |
| Ε | 7 Capital gain net income (from Par : 2) | Example of the second | 104,52 | 4. | |
| N | Net short-term capital gain Income modifications | | | nie 0. | |
| Ε | 10 a Gross sales less returns and allowances | | | | |
| | b Less Cost of - goods sold . | | | | |
| | c Gross profit or (loss) (attach schedule). 11 Other income (attach schedule) | | 福建设计划公司的基础公司 | | |
| , | See Statement 1 | 19,090. 181,318. | 10,42 172,75 | | |
| 8 | 13 Compensation of officers, directors, trustees, etc . | 0. | 1,2,10 | 377301. | CONTROL AND REPORT OF ANDREAST PRINTING AND |
| 7 | 14 Other employee salaries and wages 15 Pension plans, employee benefits | | • | | |
| 63 | 16a Legal fees (attach schedule). See St 2 | 3,523. | 1,76 | 2. 1,761. | <u> </u> |
| ကြွေ | b Accounting fees (attach sch) See St .3 | 2,315. | 1,15 | | |
| ozsőázhkkámbofE axa a <satur-z-3< td=""><td>c Other professional fees (attach sch)</td><td></td><td></td><td>,</td><td></td></satur-z-3<> | c Other professional fees (attach sch) | | | , | |
| P S | 18 Taxes (ettech-schedule)(see instrs) See Stim 4 | 2,725. | 2,72 | 5. | |
| RAA | 19 DepreciationReference EVED schedule) and depletion | | , | | |
| - YE | 20 Octupancy (7) | | | | AL SANGE STREET SALES C. SOUTH STREET STREET |
| کي ^آ ۔ | 21 Travel conferences, and Geerings 8 | | | - ` | |
| | 23. Other exposes (effects schedule) | 28,888. | 28,83 | 54. | |
| E N S E S | 24 Total operating and administrative | • | | | |
| Š | expenses. Add lines 13 through 23 . 25 Contributions, gifts, grants paid Part XV | 37,451. 130,000. | 34,47 | 9. 2,972. | 130,000. |
| | 26 Total expenses and disbursements. Add lines 24 and 25 | 167,451. | 34,47 | 9. 2,972. | 130,000. |
| | 27 Subtract line 26 from line 12 ^o a Excess of revenue over expenses | | | | |
| | and disbursements . | 13,867. | | | |
| | b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) | | 138,27 | 54,832. | |

| Par | t III | Balance Sheets | Attached schedules and amounts in the descrip column should be for end-of-year amounts only | otion | Beginning of year | End | of year |
|----------------------------|--------|--|--|---------------|--|--|--|
| 175,01 | (O. 17 | | (See instructions) | , | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest | -bearing | | 66,252. | 62,822 | . 62,822. |
| | 2 | Savings and tempora | ary cash investments | | | | . |
| | 3 | Accounts receivable | | | | | |
| | 1 | Less: allowance for o | doubtful accounts | - - | | | |
| | 4 | Pledges receivable | | | SAME TO SERVICE STATES | RESIDENCE TO SERVICE AND ADDRESS OF THE PERSON OF THE PERS | |
| | 1 | Less: allowance for a | doubtful accounts | | | | |
| | 5 | Grants receivable | | | | | |
| | 6 | Receivables due from office | ers, directors, trustees, and other | | | | |
| | | disqualified persons (attac | ch schedule) (see instructions). | | | , | |
| | 7 | Other notes and loans rece | eivable (attach sch) 💆 * | | 建筑的建筑的共政 | 是如此的 | 是是不可能,就是其代 |
| A | | Less allowance for o | doubtful accounts > | | | l | |
| Š | 8 | Inventories for sale of | or use | | | | |
| A S S E T S | 9 | Prepaid expenses ar | nd deferred charges | | | | |
| Ś | 10 a | Investments - U.S | and state government | | | | |
| | | obligations (attach se | · · | | | ļ | <u> </u> |
| | 1 | Investments — corporate s | · · · · · · · · · · · · · · · · · · · | | 2,091,021. | 2,108,319 | . 2,614,400. |
| | ٥ | : Investments — corporate i | bonds (attach schedule) . | | C C TOUR . THE LAND CO. C. A. S. C. Per Land | Laborate Towns Service Market County Colored C | V. Chatrage Mr. Cambrida V. L. Shiris Bar. |
| | 11 | Investments — land, equipment, basis | buildings, and | | | | |
| | 1 | • • | | | | | |
| | | Less accumulated deprect (attach schedule) | ► | | , | - | |
| | 12 | Investments - morto | gage loans. | | | | |
| | 13 | Investments - other | | | | | |
| | 14 | Land, buildings, and | • | | | | |
| | | Less, accumulated depreci | | - | BRY E. S. Hald South (Table and Street Land Association of Control | ALL SO SEE SEE STATE SHALL SEE STATE | ca a series abstracts that the series of |
| | ł | (attach schedule) | - | | | 1 | |
| | | Other assets (describ | |) | 1. | | |
| | 16 | Total assets (to be o | completed by all filers — | | 2,157,274. | 2,171,141 | . 2,677,222. |
| \neg | 17 | Accounts payable ar | | | 2,131,214. | 2,1/1,141 | . 2,011,222. |
| Ī | 18 | Grants payable | id accided expenses | • | | | |
| A B | 1 - | Deferred revenue. | • • | • | | | |
| Ţ | 20 | | tors, trustees, & other disqualified persons | | | | |
| L j | 21 | | s payable (attach schedule) | | <u> </u> | | |
| Ť | 22 | Other liabilities (desc | • • | ٠ , | | | |
| F | 22 | Other habilities (desi | | - ′ | | | |
| E S | 23 | Total liabilities (add | | | 0. | 0 | |
| | | Foundations that fol and complete lines 2 | llow SFAS 117, check here 24 through 26, and lines 30 and 31. | - [] | | | |
| NF | 24 | Unrestricted | , , | | | 1 | |
| Ë U T N | 25 | Temporarily restricte | d | | | | |
| מ | 26 | Permanently restrict | ed . | | | | |
| A B A L A N | l | Foundations that do | not follow SFAS 117, check here 27 through 31. | ► X | | | |
| SÃ | | and complete lines a | 27 through 31. | _ | | } | |
| FL | 27 | Capital stock, trust p | rincipal, or current funds | | 2,091,022. | 2,108,319 | |
| ŚŅ | 28 | Paid-in or capital surplus, | or land, bldg, and equipment fund . | | | _ · _ | |
| O E | 29 | Retained earnings, accumi | ulated income, endowment, or other funds | | 66,252. | 62,822 | |
| ŔŜ | 30 | Total net assets or f | und balances (see instructions) | | 2,157,274. | 2,171,141 | |
| | 31 | Total liabilities and ((see instructions) | net assets/fund balances | | 2,157,274. | 2,171,141 | |
| Däz | - | <u> </u> | ges in Net Assets or Fund B | alanc | | 2,1/1,141 | · Break Line and Control |
| | | | | | | | |
| 1 | Total | net assets or fund ba of-vear figure renorted | alances at beginning of year — Part d on prior year's return) | II, colu | ımn (a), line 30 (must a | agree with | -2,157,274. |
| 2 | | r amount from Part I, | · · · · · · | | | 2 | |
| 3 | | increases not included in hir | | | · | 3 | |
| 4 | | lines 1, 2, and 3. | | | | | |
| 5 | | ises not included in line 2 (| itemize). | | | 5 | |
| 6 | | | alances at end of year (line 4 minus | line 5) |) – Part II, column (b), | line 30 6 | 2,171,141. |

| -,,, | (a) List and describe 2-story brick wareh | the kind(s) of property sold (for examp ouse, or common stock, 200 shares | le, real estate, MLC Company) | (b) How acqu P — Purchas D — Donatio | e (mo, day, yr) | (d) Date sold (mo , day, yr) |
|--------|---|--|--|--------------------------------------|--|---------------------------------|
| 1 a | See Statement 6 | | | | | |
| 1 | | | | | | |
| | : | | | <u> </u> | | |
| | 1 | | , | | | |
| | 2 | | | | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other ba plus expense of sa | | (h) Gain or ((e) plus (f) m | |
| | 1 | | | | | |
| Ŀ |) | | | | | |
| | | | | | | |
| | <u> </u> | | | | | |
| | • | | | | | |
| | Complete only for assets show | ring gain in column (h) and owned t | by the foundation on 12/31 | /69 | (I) Gains (Col | |
| | (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) over col (j), if any | | gain minus col (k), b than -0-) or Losses (fi | |
| a | 1 | | | | | |
| ŀ | | | | | | |
| (| | | | | | |
| | | | | | | |
| | • | | | | | |
| 2 | Capital gain net income or (ne | t capital loss) . If gain, also | enter in Part I, line 7 ter -0- in Part I, line 7 | - | 2 | 104,524. |
| 3 | Net short-term capital gain or | (loss) as defined in sections 1222(5 |) and (6). | Ī | | - |
| | If gain, also enter in Part I, line in Part I, line 8 | e 8, column (c) See instructions If | (loss), enter -0- | - | 3 | -3,883. |
| Păi | t V.ಜಿ Qualification Under | Section 4940(e) for Reduce | d Tax on Net Investm | nent Incor | ne | |
| (For | optional use by domestic private for | oundations subject to the section 4940 | (a) tax on net investment in | come) | - | |
| | -1 - 4040(-1)(0)1 11 | to a see at talle of | | | | |
| II se | ction 4940(d)(2) applies, leave t | inis part biank | | | | |
| Was | the foundation liable for the sec | ction 4942 tax on the distributable a | amount of any year in the t | oase period? | XYes | ∏No |
| If 'Ye | es,' the foundation doesn't quali | fy under section 4940(e). Do not co | mplete this part. | N/A | | |
| 1 | Enter the appropriate amount in | each column for each year, see the in | structions 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 as | sets | (d) Distribution (col (b) divided | |
| | 2016 | | | | | |
| | 2015 | | | | | |
| | 2014 | | | | | |
| | 2013 | | | | | |
| | 2012 | | | | | |
| | Total of line 1, column (d) | | | | 2 | |
| 3 | Average distribution ratio for the number of years the foundation | 5-year base period – divide the total on has been in existence if less than | on line 2 by 5 0, or by the 5 years | | 3 | |
| 4 | Enter the net value of nonchar | itable-use assets for 2017 from Par | t X, line 5 | . | 4 | |
| 5 | Multiply line 4 by line 3 | | | - | 5 | |
| 6 | Enter 1% of net investment inc | come (1% of Part I, line 27b) | , , | . | 6 | |
| 7 | Add lines 5 and 6 | • | | - | 7 | |
| 8 | Enter qualifying distributions fr | | | | 8 | |
| | If line 8 is equal to or greater that Part VI instructions | n line 7, check the box in Part VI, line | 1b, and complete that part | using a 1% ta | ax rate See the | |

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| Par | t.VIEX Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec | instruc | tions) |
|-----|---|------------------------|--|
| | Exempt operating foundations described in section 4940(d)(2), check here | | CHARLES WAS THE |
| | Date of ruling or determination letter. (attach copy of letter if necessary — see instructions) | | <u> </u> |
| t | Domestic foundations that meet the section 4940(e) requirements in Part V, | 1 1 | 2,765. |
| | check here. ► and enter 1% of Part I, line 27b | 東京 2 | |
| c | : All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | The Ford | |
| 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 | 2,765. |
| 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 | 2,765. |
| 6 | Credits/Payments. | | THE PROPERTY OF THE PROPERTY O |
| а | 2017 estimated tax pmts and 2016 overpayment credited to 2017 | | |
| b | Exempt foreign organizations – tax withheld at source | | |
| c | :Tax paid with application for extension of time to file (Form 8868) | | |
| C | Backup withholding erroneously withheld 6 d | | |
| 7 | Total credits and payments Add lines 6a through 6d | 7 | 796. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here X 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 See Statement 7. | 9 | 1,969. |
| 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 2018 estimated tax . Refunded | 11 | |
| Par | t.VII-AT Statements Regarding Activities | | |
| 1 a | 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? | | Yes No |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition | | 1 b X |
| | If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities | | |
| | Did the foundation file Form 1120-POL for this year? | • | 1 c X |
| | (1) On the foundation \$\ 0 \ (2) On foundation managers . \$\\$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on | | 0. |
| | 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 X |
| 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 X |
| 4 a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | . 4a X |
| | olf 'Yes,' has it filed a tax return on Form 990-T for this year? | | 4b N/A |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | 5 X |
| _ | If 'Yes,' attach the statement required by General Instruction T | | 对发展的 |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | 医 |
| | 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 X |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col (c), and Part XV | | 7 X |
| 8 a | Enter the states to which the foundation reports or with which it is registered. See instructions | | |
| | OR | | |
| h | of 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 X |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) of for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If 'Yes,' complete | r 4942(J) e Part Xi | (5) 9 X |
| | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses | | 10 X |
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| P _a | HVIIA 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 | Yes | No X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified persoadvisory privileges? If 'Yes,' attach statement See instructions | on had | | 12 | | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption | ăpplicat | non? | 13 | Х | |
| | Website address N/A | ==== | 75.5 | | | |
| | The books are in care of ► MARTIN LEUENBERGER Located at ► PO BOX 1026 BAKER CITY OR ZIP + 4 ► | 978 | <u>(541)</u> 14 | | -653 | <u>5</u> |
| 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 | ► 1 | 15 | N/A | • | ∐ N/A |
| 16 | | L_ | | | Yes | No |
| | bank, securities, or other financial account in a foreign country? | • | | 16 | 战者不幸 | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country | | | | | |
| Pa | RECORD Repaired 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 |
| 1 : | a 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 | X No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | Yes | XNo | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | Yes | X No | 200 | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | Yes | XNo | | | |
| | (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 | XNo | | | |
| | (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 | ΧΝο | | | |
| J | 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 | | | 選擇 1 b | N. | 报告 / A |
| | Organizations relying on a current notice regarding disaster assistance, check here | . • | | | 原族 | |
| , | c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, | | _ | 3.0 | | |
| | that were not corrected before the first day of the tax year beginning in 2017? | | | 1 c | .i127 | <u>X</u> ******** |
| 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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? | Yes | XNo | | | |
| | If 'Yes,' list the years ► 20 , 20 , 20 , 20, | _ | | | | |
| 1 | b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942((relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(all years listed, answer 'No' and attach statement — see instructions). | (a)(2) a)(2) to | | 2 b | N N | /A |
| (| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years h | ere. | | | | |
| | ► 20 _ , 20 <u>,</u> , 20 <u>,</u> , 20 <u>,</u> | | | 7 | | |
| 3 : | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | Yes | X No | | | |
| ı | b If 'Yes,' did it have excess business holdings in 2017 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 2017) | t | | 3 b | N. | A A |
| 4; | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | | 4a | | X |
| I | 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 2017? | | | 4 b | | X |
| B A A | | | | rm 991 | DE / | |

| | | | | L |
|---|---|----------------------------|---|---------------------------------------|
| 2 Compensation of five highest-paid employees (o | ther than those included | on line 1 – see instructio | ns). If none, enter 'NONE. | 1 |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d)Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| None | | | | 1 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,00 | o o | | | 0 |
| BAA | TEEA0306L 0 | 3/24/17 | | Form 990-PF (2017) |

| 3 Five highest-paid independent contractors for professional services. See inst | tructions. If none, enter 'NONE.' | |
|---|---------------------------------------|---------------------------|
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| None | | |
| | • | |
| | · | |
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| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | · · · · · · · · · · · · · · · · · · · | 0 |
| | | |
| Part IX-As Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in organizations and other beneficiaries served, conferences convened, research papers produced, etc. | nformation such as the number of | Expenses |
| 1 EASTERN OREGON REGIONAL THEATER | | |
| | | |
| | | 12,000. |
| 2 MLS SCHOLARSHIP | | |
| | | 10,000. |
| 3 CROSSROADS ART CENTER | | |
| | | |
| | | 10,000. |
| 4 EASTERN OREGON MUSEUM | | |
| | | 9 000 |
| PartiX:B: Summary of Program-Related Investments (see Instruct | ions) | 8,000. |
| Describe the two largest program-related investments made by the foundation during the t | | Amount |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| | | |
| Total. Add lines 1 through 3 . | | 0. |
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Partix Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | see instructions.) | | |
|-----|---|---------|-------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes Average monthly fair market value of securities. | 1 a | 2,439,958. |
| | Average of monthly cash balances | 1 b | 93,359. |
| | Fair market value of all other assets (see instructions) | 1 c | |
| | i Total (add lines 1a, b, and c) | 1 d | 2,533,317. |
| | Reduction claimed for blockage or other factors reported on lines 1a and | | 270007017. |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 2,533,317. |
| 4 | Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 38,000. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. | 5 | 2,495,317. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 124,766. |
| Pai | tXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations | ling fo | |
| | and certain foreign organizations, check here ▶ ☐ and do not complete this part.) | _ | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 124,766. |
| 2 8 | Tax on investment income for 2017 from Part VI, line 5 2a 2,765. | | |
| 1 | Income tax for 2017. (This does not include the tax from Part VI.). | | |
| • | Add lines 2a and 2b | 2 c | 2,765. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 122,001. |
| 4 | Recoveries of amounts treated as qualifying distributions. | 4 | 8,667. |
| 5 | Add lines 3 and 4 | 5 | 130,668. |
| 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 | 130,668. |
| Pai | Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| | Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26 | 1 a | 130,000. |
| | Program-related investments – total from Part IX-B | 1 b | |
| 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 | | |
| | Suitability test (prior IRS approval required) | 3 a | |
| | Cash distribution test (attach the required schedule) | 3 b | 120 000 |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4. | 4 | 130,000. |
| 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 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 130,000. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four | ndation | |

Form **990-PF** (2017)

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | Years prior to 2016 | (c) 2016 | (d) 2017 |
|---|---|---------------------|--------------------|--|
| 1 Distributable amount for 2017 from Part XI, line 7 | | | | 130,668. |
| 2 Undistributed income, if any, as of the end of 2017 | | | | |
| a Enter amount for 2016 only | | | 117,384. | |
| b Total for prior years 20, 20, 20 | | 0. | | Company where the source of |
| 3 Excess distributions carryover, if any, to 2017. | | | | |
| a From 2012 b From 2013 | | | | |
| c From 2014 | | | | |
| d From 2015 | | "种种"。"自己是 | | |
| e From 2016 . | | | | |
| f Total of lines 3a through e | 0 | | | |
| 4 Qualifying distributions for 2017 from Part | | | | |
| XII, line 4 ► \$ 130,000. | | | | |
| a Applied to 2016, but not more than line 2a | | | 117,384. | |
| b Applied to undistributed income of prior years (Election required — see instructions) | | , 0. | | |
| c Treated as distributions out of corpus (Election required — see instructions) | 0. | | | |
| d Applied to 2017 distributable amount | | | | 12,616. |
| e Remaining amount distributed out of corpus . | ΄ . Ο. | 第22章 20 06章 | | |
| 5 Excess distributions carryover applied to 2017 | <i>.</i> 0. | 医性性性性性性 | 经证据证据 | 0. |
| (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 | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has . | | , | | |
| been issued, or on which the section 4942(a) | | .' 0 | | |
| tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b Taxable amount — see instructions | | , , | | |
| • | AND | 0. | | |
| e Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount — see instructions | | | . 0. | |
| 3 | | | | THE TOTAL CONTRACT OF THE ACCORDING TO THE PARTY OF THE P |
| f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be | | | | |
| distributed in 2018 | | | | 118,052. |
| 7 Amounts treated as distributions out of | , | | | |
| corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election | , | | | |
| may be required - see instructions) | ·., 0. | 是是其他是是是 | 分别的10%的数据 | |
| 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). | ۰ _۴ | | | |
| 9 Excess distributions carryover to 2018. | | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2013 | | | | |
| b Excess from 2014 | | | | |
| c Excess from 2015 | | | | |
| d Excess from 2016 | | | | |
| e Excess from 2017 | | | | |

| <u> Form 990-PF (2017) George&Marion Bue</u> | | | | <u> 20-8027858</u> | Page 10 |
|--|---------------------------------------|--|--|---|---------------------------------------|
| PartXIV Private Operating Foundat | | | | | /N/A |
| 1 a If the foundation has received a ruling or determined is effective for 2017, enter the date of the interest of the second of | ruling | • | • • | ·_ · /*[| |
| b Check box to indicate whether the foundati | | rating foundation de | | 4942(j)(3) or | 4942(j)(5) |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum | Tax year | # > 001.6 | Prior 3 years | | (e) Total |
| investment return from Part X for each year listed . | (a) 2017 | (b) 2016 | (c) 2015 | (d) 2014 | · · · · · · · · · · · · · · · · · · · |
| b 85% of line 2a . | | | | / | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | / | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | - | | | | |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a 'Assets' alternative test — enter | | | | ļ | |
| (1) Value of all assets . | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c 'Support' alternative test — enter. | _ | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | 7 | | | | |
| Part:XV. Supplementary Information assets at any time during the | (Complete this e vear – see in | part only if the structions.) | foundation had | \$5,000 or more | in |
| 1 Information Regarding Foundation Manag a List any managers of the foundation who have close of any tax year (but only if they have None | contributed more th | nan 2% of the total co than \$5,000) (See | ntributions received t section 507(d)(2)) | by the foundation before | ore the |
| b List any managers of the foundation who own a partnership or other entity) of which the None | 10% or more of the foundation has a 1 | stock of a corporation 0% or greater intere | n (or an equally large est. | portion of the owner | ship of |
| 2 Information Regarding Contribution, Grant, G Check here ► X if the foundation only mal requests for funds. If the foundation makes 2a, b, c, and d See instructions. | kes contributions to | preselected charitable | e organizations and o ganizations under o | loes not accept unsol ther conditions, con | icited iplete items |
| a The name, address, and telephone number or | email address of the | e person to whom app | plications should be a | addressed | |
| | | | | | |
| b The form in which applications should be s | ubmitted and infor | mation and materia | ls they should inclu | de | |
| c Any submission deadlines | | | | | |
| d Any restrictions or limitations on awards, s | uch as by geograp | hical areas, charitat | ole fields, kinds of i | nstitutions, or other | factors: |
| | | | | | |

| 3 Grants and Contributions Paid During the Ye | ear or Approved for Fut | ure Paymen | nt . | |
|---|--|----------------------|----------------------------------|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| a Paid during the year | 1 | | | |
| See Statement 10 | | | |] |
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| Total | <u> </u> | | . ► 3a | 130,000. |
| b Approved for future payment | _ · · · · · | <u> </u> | <u> </u> | 1307,000. |
| 2 Approved to ratare payment | | | į. | |
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| Total . | | · | . ► 3b | |

| inter gross | s amounts unless otherwise indicated | Unrelated | business income | Excluded by | section 512, 513, or 514 | (e) |
|---|---|--|----------------------|--|---------------------------------------|--|
| 1 Progr | am service revenue | (a) Business code | (b) Amount | (c) Exclu- sion code | (d) Amount | Related or exempt function income (See instructions) |
| a | | | | | | |
| b | | - | | | | |
| c | | | | | | |
| d | | | | - - - - - - - - - - | | |
| e | | | | | , | |
| f | | | | | | |
| a Fees | and contracts from government agencies | | | | | |
| _ | pership dues and assessments | | | | | |
| | t on savings and temporary cash investments | | | + | | |
| | ends and interest from securities | - - | | 14 | | 57,804. |
| | ental income or (loss) from real estate | | -,- | | | |
| | financed property | | | + + | | |
| | ebt-financed property . | | | | | |
| | ital income or (loss) from personal property | | | | · · · · · · · · · · · · · · · · · · · | |
| | investment income | - | | 10 | | 10 422 |
| | (loss) from sales of assets other than inventory | | | 14 | | 10,423. 104,424. |
| | ncome or (loss) from special events | - | | | | 104,424. |
| | s profit or (loss) from sales of inventory | | | | | |
| | revenue | 7. | - 1 | - - - | | |
| | | | <u>'''</u> | 1 | r | |
| | MUNTY GRANT REFUND | | | - | | 7,500. |
| | ROLOGISTICS DIST | | | | | 1 167 |
| | OLARSHIP REFUND | | | | | 1,167. |
| | REFUND | | | | | |
| е | | 1 1 | • | | | |
| 12 Subto | tal Add calumna (b) (d) and (a) | 1: | | 1 1 | | 101 210 |
| | etal Add columns (b), (d), and (e) | | | | 12 | |
| 13 Total | Add line 12, columns (b), (d), and (e) | | | | 13 | |
| 13 Total See works | . Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculati | ons) | ament of Even | ant Purnose | | |
| 13 Total See works Part∗XVI | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B' Relationship of Activities to the | ons) | | | es | 181,318. |
| 13 Total See works | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B' Relationship of Activities to the Explain below how each activity for which in | ons) Accomplis | ed in column (e) o | of Part XVI-A c | es | 181, 318. |
| 13 Total See works Párt XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B' Relationship of Activities to the | ons) Accomplis | ed in column (e) o | of Part XVI-A c | es | 181, 318. |
| 13 Total See works Part∗XVI | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B' Relationship of Activities to the Explain below how each activity for which in | ons) Accomplis | ed in column (e) o | of Part XVI-A c | es | 181, 318. |
| 13 Total See works Párt XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B' Relationship of Activities to the Explain below how each activity for which in | ons) Accomplis | ed in column (e) o | of Part XVI-A c | es | 181, 318. |
| 13 Total See works Párt XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B' Relationship of Activities to the Explain below how each activity for which in | ons) Accomplis | ed in column (e) o | of Part XVI-A c | es | 181, 318. |
| 13 Total See works Párt XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B' Relationship of Activities to the Explain below how each activity for which in | ons) Accomplis | ed in column (e) o | of Part XVI-A c | es | 181, 318. |
| 13 Total See works Párt XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B' Relationship of Activities to the Explain below how each activity for which in | ons) Accomplis | ed in column (e) o | of Part XVI-A c | es | 181, 318. |
| 13 Total See works Párt XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B' Relationship of Activities to the Explain below how each activity for which in | ons) Accomplis | ed in column (e) o | of Part XVI-A c | es | 181, 318. |
| 13 Total See works Párt XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B' Relationship of Activities to the Explain below how each activity for which in | ons) Accomplis | ed in column (e) o | of Part XVI-A c | es | 181, 318. |
| 13 Total See works Párt XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B' Relationship of Activities to the Explain below how each activity for which in | ons) Accomplis | ed in column (e) o | of Part XVI-A c | es | 181, 318. |
| 13 Total See works Párt XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B' Relationship of Activities to the Explain below how each activity for which in | ons) Accomplis | ed in column (e) o | of Part XVI-A c | es | 181, 318. |
| 13 Total See works Párt XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B' Relationship of Activities to the Explain below how each activity for which in | ons) Accomplis | ed in column (e) o | of Part XVI-A c | es | 181, 318. |
| 13 Total See works Párt XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B' Relationship of Activities to the Explain below how each activity for which in | ons) Accomplis | ed in column (e) o | of Part XVI-A c | es | 181, 318. |
| 13 Total See works Párt XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B' Relationship of Activities to the Explain below how each activity for which in | ons) Accomplis | ed in column (e) o | of Part XVI-A c | es | 181, 318. |
| 13 Total See works Párt XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B' Relationship of Activities to the Explain below how each activity for which in | ons) Accomplis | ed in column (e) o | of Part XVI-A c | es | 181, 318. |
| 13 Total See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B' Relationship of Activities to the Explain below how each activity for which in | ons) Accomplis | ed in column (e) o | of Part XVI-A c | es | 181, 318. |
| 13 Total See works Párt XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B' Relationship of Activities to the Explain below how each activity for which in | ons) Accomplis | ed in column (e) o | of Part XVI-A c | es | 181, 318. |
| 13 Total See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B' Relationship of Activities to the Explain below how each activity for which in | ons) Accomplis | ed in column (e) o | of Part XVI-A c | es | 181, 318. |
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| 13 Total See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B' Relationship of Activities to the Explain below how each activity for which in | ons) Accomplis | ed in column (e) o | of Part XVI-A c | es | 181, 318. |
| 13 Total See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B' Relationship of Activities to the Explain below how each activity for which in | ons) Accomplis | ed in column (e) o | of Part XVI-A c | es | 181, 318. |
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| 13 Total See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B' Relationship of Activities to the Explain below how each activity for which in | ons) Accomplis | ed in column (e) o | of Part XVI-A c | es | 181, 318. |
| 13 Total See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B' Relationship of Activities to the Explain below how each activity for which in | ons) Accomplis | ed in column (e) o | of Part XVI-A c | es | 181, 318. |
| 13 Total See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B' Relationship of Activities to the Explain below how each activity for which in | ons) Accomplis | ed in column (e) o | of Part XVI-A c | es | 181, 318. |
| 13 Total See works Párt XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B' Relationship of Activities to the Explain below how each activity for which in | ons) Accomplis | ed in column (e) o | of Part XVI-A c | es | 181,318. 181,318. |

Form 990-PF (2017) George&Marion Buerkel Oscar&Ella 20~8027858 Part XVIII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

| | | | | | | | | i* | Yes | No |
|-----------------|--|----------------------|-------------------------|----------------------|--------------|----------------------|------------------------|-----------------------|---------------|--------------|
| 1 Did t | he organization directly ribed in section 501(c) o | or indirectly en | ngage in any of t | the following wi | th any ot | her organization | 1 | 3, | 13. | |
| relati | ing to political organizat | nons? | ner than section | 501(c)(5) organ | ilizations, | or in section 5 | 147, | 3 , 4 | 4 | |
| | sfers from the reporting | | a noncharitable | exempt organiz | ation of. | | | | , ч, | : <u>:</u> [|
| (1) | | | | | | | | 1 a (1) | | X |
| ٠, | Other assets | | | | | | , | 1 a (2) | | X |
| | r transactions | ••• | • • | | • | | | 1 (2) | | - 4 |
| | Sales of assets to a non | charitable ever | mnt organization | | | | | 1 b (1) | | X |
| | Purchases of assets from | | | | • | • • | | 1 b (2) | 1 | <u>X</u> |
| ٠, | Rental of facilities, equip | | | mzation | | | | 1 b (3) | | <u> </u> |
| \- / | Reimbursement arrangei | | assets , | • | • | • | | | | <u>X</u> |
| ` ' | oans or loan guarantee. | | | | | • | | 1 b (4) | | <u>x</u> |
| | Performance of services | | n or fundraising | callestations | • | • | | 1 b (5) 1 b (6) | | <u>X</u> |
| ٠, | | | | | | • | • | | | <u>X</u> |
| C Silai | ing of facilities, equipme | ent, manning nsi | is, other assets, | or paid employ | 662 | | | . 1c | L1 | <u></u> _ |
| d If the | answer to any of the a | bove is 'Yes.' | complete the foll | owina schedule | Column | (b) should alw | avs show the far | r market val | ue of | |
| the g | e answer to any of the a oods, other assets, or ser | vices given by t | he reporting found | dation. If the four | ndation re | ceived less than | fair market value | ເກຸ | | |
| | ransaction or sharing a | | | | | | | | | |
| (a) Line no | (b) Amount involved | (c) Name of | f noncharitable exem | pt organization | (d) | Description of trans | sfers, transactions, a | nd sharing arra | ngement | <u></u> |
| N/A | <u> </u> | | - | | ļ | | | | | |
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| | | | | | | | | | | |
| 2 a ls the | foundation directly or inc | tirectly affiliated | with, or related to | one or more ta | ax-exemo | organizations | | | | |
| desc | ribed in section 501(c) o | of the Code (ot | her than section | 501(c)(3)) or in | section | 5277 | | Yes | 5 [X] | No |
| b If 'Ye | es,' complete the followi | ng schedule | | | | _ | | | | |
| | (a) Name of organizati | on | (b) Type | of organization | | (c) | Description of r | elationship | | |
| N/A | | | | | | | | | | |
| | | | | | | | | | | |
| _ | | | | | | | | | | |
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| | | | | | | | | | | |
| Und | der penalties of perjury, I declar rect, and complete Declaration | e that I have exami | ned this return, includ | ing accompanying so | chedules an | d statements, and to | the best of my knowl | edge and belief, | ıt ıs true | |
| Sign cor | rect, and complete Declaration | of preparer (other t | han taxpayer) is base | d on all information | or which pre | parer nas any knowi | eage | May the | | |
| Here | - 0 -1 | , | | | a b | | | this retur | n with th | e I |
| 1 1 | Tiruce He | nderoo | <u> </u> | 11/12/18 | | irector_ | | preparer See instr | uctions, | |
| S | Signature of officer or trustee | | 1 | Date # | Tit | | | | Yes | No |
| | Print/Type preparer's nam | ne | Preparei | Ignature & Sin | refice | Date | Check [1 | PTIN | | |
| Paid | ALLEN BINGHA | .M | ALLEN | BINGHAM | <u>d</u> | 11/1/18 | self-employed | P00743 | 3499 | |
| Preparei | Firm's name B | ingham Bi | ngham & Wa | tt LLP CPA | A's | | Firm's EIN > 93- | 1329124 | | |
| Use Only | - | 055 Secon | | | | | | | | |
| - · · · · | , i — | aker City | | | - | | Phone no (54 | 11) 523- | <u>77</u> 63 | |
| BAA | | | | | | | | Form 99 | | 2017) |

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

| Name of the organization George&Marion Bue | Employer identification number | | | | | | | |
|--|---|---|--|--|--|--|--|--|
| Zoellner FDN | | 20-8027858 | | | | | | |
| Organization type (check one): | | | | | | | | |
| Filers of: | Section: | • | | | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | 501(c)() (enter number) organization | | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a | private foundation | | | | | | |
| | 527 political organization | | | | | | | |
| | ₩ | | | | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a priva | ate foundation | | | | | | |
| | 501(c)(3) taxable private foundation | | | | | | | |
| Check if your organization is covered by the General | Rule or a Special Rule. | | | | | | | |
| Note. Only a section 501(c)(7), (8), or (10) orga | nization can check boxes for both the General Rule and a S | Special Rule. See instructions | | | | | | |
| General Rule [X] For an organization filing Form 990, 990-EZ property) from any one contributor Complete | , or 990-PF that received, during the year, contributions totale Parts I and II. See instructions for determining a contribu | aling \$5,000 or more (in money or tor's total contributions. | | | | | | |
| Special Rules | | | | | | | | |
| under sections 509(a)(1) and 170(b)(1)(A)(vi), to received from any one contributor, during the | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II | | | | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III | | | | | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year | | | | | | | | |

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

| | B (Form 990, 990-EZ, or 990-PF) (2017) | Page | 1 of 1 of Part I |
|---------------|--|-------------------------------|--|
| Name of org | panization e&Marion_Buerkel Oscar&Ella | 1 ' - | r identification number 027858 |
| | Contributors (see instructions) Use duplicate copies of Part I if additional space | | 027030 |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | NORTH POWDER PTCO | | Person X Payroll |
| | 333 G ST | \$ <u>7,500.</u> | Noncash |
| | NORTH POWDER, OR 97867 | | (Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash Complete Part II for |
| | | | noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| | | | noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Complete Part II for noncash contributions. |
| (a) Number | (b) Name, address, and ZiP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions) |
| RAA | 'TES 007021 08/0017 | Schedule R (Form 99 | 0. 990-F7. or 990-PF) (2017) |

Page

1 to

of Part II

Name of organization

George&Marion Buerkel Oscar&Ella

Employer identification number

20-8027858

| | Noncash Property (see instructions) Use duplicate copies of Part II if additional sp | | 7.B |
|---------------------------|--|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | N/A | | |
| | |] \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| | | | |
| (a) No. from Part ! | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | |] \$ | |
| BAA | C.I. | edule B (Form 990, 990-E | 7 or 990 PE) (201 |

| Schedule E | 3 (Form 990, 990-EZ, or 990-PF) (2017) | | Page | 1 to 1 of Part III | | | |
|---------------------------|---|--|--|--|--|--|--|
| Name of organ | Marion Buerkel Oscar&Ella | | | Employer identification number 20-8027858 | | | |
| | Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations co contributions of \$1,000 or less for the year. (Use duplicate copies of Part III if additional states.) | le year from any one contrib Impleting Part III, enter the tota Enter this information once Se | utor. Complete columns (a il of <i>exclusively</i> religious | in section 501(c)(7), (8), through (e) and | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | Desc | (d) Description of how gift is held | | | |
| | N/A | | | | | | |
| | Transferee's name, address | (e) Transfer of gift s, and ZIP + 4 | Relationship of | transferor to transferee | | | |
| | | | · | | | | |
| (a) No, from Part I | (b) Purpose of gift | (c) Use of gift | Desc | (d) cription of how gift is held | | | |
| | Transferee's name, address | Relationship of transferor to transferee | | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | Desc | (d) cription of how gift is held | | | |
| | (e) Transfer of gift | | | | | | |
| | Transferee's name, address | Relationship of transferor to transferee | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | Desc | (d) cription of how gift is held | | | |
| | Transferee's name, address | (e) Transfer of gift s, and ZIP + 4 | Relationship of | transferor to transferee | | | |
| | r | | | | | | |

| 2017 Client 970A | Federal Statements George&Marion Buerkel Oscar&Ella Zoellner FDN | Page 1 20-8027858 |
|--|--|----------------------------------|
| Statement 1 Form 990-PF, Part I, Line 11 Other Income | | 11 23AM |
| COMMUNTY GRANT REFUND . Other Investment Income . SCHOLARSHIP REFUND . | (a) (b) Net Revenue Investment per Books Income \$ 7,500. 10,423. \$ 10,423. 1,167. Total \$ 19,090. \$ 10,423. | (c) Adjusted Net Income |
| Statement 2 Form 990-PF, Part I, Line 16a Legal Fees | | |
| LEGAL FEES . | (a) (b) Net (c) Expenses Investment Adjusted Per Books Income Net Income \$ 3,523. \$ 1,762. \$ 1,761 Total \$ 3,523. \$ 1,762. \$ 1,761 | |
| Statement 3 Form 990-PF, Part I, Line 16b Accounting Fees | | |
| Accounting Fees | (a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 2,315. \$ 1,158. \$ 1,157. Total \$ 2,315. \$ 1,158. \$ 1,157. | · |
| Statement 4 Form 990-PF, Part I, Line 18 Taxes | | |
| 2016 FOREIGN TAX 2016 OREGON DEPT OF JUSTICE | (a) (b) Net (c) Expenses Investment Adjusted Net Income \$ 2,489. \$ 2,489. 236. 236. 236. \$ 2,725. \$ (0) | (d) Charitable Purposes . \$ 0. |

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|---|---|---|--|
| 2017 | Federal Statements | Page 2 | |
| Client 970A | George&Marion Buerkel Oscar&Ella Zoellner FDN | 20-8027858 | |
| 11/02/18 | | 11·23AM | |
| Statement 5 Form 990-PF, Part I, Line 23 Other Expenses | • | | |
| BALANCING BROKER FEES INVESTMENT BALANCING OR Annual Fee SUPPLIES | (a) (b) Net (c) Expenses Investment Adjusted Net Income \$ 1. \$ 1. 29,239. \$ 29,239405405. 50. \$ 50. 3. \$ 28,888. \$ 28,834. \$ 54. \$ | (d) Charitable Purposes | |
| Statement 6 Form 990-PF, Part IV, Line 1 Capital Gains and Losses for Tax | on Investment Income | | |
| Ttom (a) Door | (b) How (c) Date | (d) Date | |
| Item | Acquired Acquired Purchased 5/06/2013 Purchased 5/06/2013 Purchased 1/01/2017 Purchased 1/01/2015 Purchased 1/01/2017 Purchased 1/01/2015 Purchased 1/01/2015 | Sold 1/25/2017 11/14/2017 7/01/2017 7/01/2017 7/01/2017 7/01/2017 | |
| (e) (f) Gross Deprec. | (g) (h) (i) (j) (k) Cost Gain FMV Adj. Bas. Excess | (l) Gain | |
| Item Sales Allowed 1 15,043. 2 12,671. 3 472,444. 4 405,105. 5 72,872. 6 123,521. 7 | Basis (Loss) 12/31/69 12/31/69 (i)-(j) 8,302. 6,741. 4,941. 7,730. 478,4295,985. 321,458. 83,647. 70,870. 2,002. 113,232. 10,289. Total | (Loss) \$ 6,741. 7,730. -5,985. 83,647. 2,002. 10,289. 100. \$ 104,524. | |
| Statement 7 Form 990-PF, Part VI, Penalty and Balance Due | Interest | | |
| Tax Due Late Payment Penalty . Late Interest | \$ Total \$ | 1,969. 59. 38. 2,066. | |
| Statement 8 Form 990-PF, Part VIII Compensation Explanation | • | | |
| Allen Bingham MR BINGHAM IS A CPA AND WII FOUNDATION. HE WILL CHARGE | L SERVE AS A TAX ADVISOR AND TAX PREPARER FOR THE HIS STANDARD HOURLY FEES FOR THESE SERVICES. | HE HE WILL | |

| 017 | Federal Statements George&Marion Buerkel Oscar&Ella Zoellner FDN | | | | | Page |
|--|--|--------------|------------|------|-----------------------------------|------------------------------|
| ient 970A | Zoellner | FDN | | | | 20-80278 |
| Statement 8 (continued) Form 990-PF, Part VIII Compensation Explanation VOLUNTEER HIS SERVICES AS A I | DIRECTOR OF THE | FOUNDAT | TON | | | 11·234 |
| Statement 9 Form 990-PF, Part VIII, Line 1 | · · · · · · · · · · · · · · · · · · · | | | | • | |
| List of Officers, Directors, Trustees, Name and Address | and Key Employees Title Average 1 Per Week D | and Hours | Com sat | pen- | Contri- bution to _EBP & DC | Expense Account/ Other |
| BRUCE HENDERSON 65573 COUGHANOUR LN NORTH POWDER, OR 97867 | Director 0.50 | | \$ | 0. | | |
| Young Henderson 65573 COUGHANOUR LN North Powder, OR 97867 | President 0.50 | | | 0. | 0. | 0 |
| Allen Bingham PO Box 334 North Powder, OR 97867 | Treasurer 0.50 | | | 0. | 0. | 0 |
| ELMER HILL PO BOX 226 NORTH POWDER, OR 97867 | Director 0.50 | · · | | 0. | 0. | 0 |
| STEVE JONES PO BOX 55 MEACHAM, OR 97859 | Director 0.50 | | | 0. | 0. | ′ 0 |
| DIANA ELLINGSON PO BOX 1026 BAKER CITY, OR 97814 | Secretary 0.50 | | | 0. | 0. | 0 |
| | | Total | \$ | 0. | \$ 0. | \$ 0 |
| Statement 10 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year | | | | | | |

Purpose of Grant

SCHOLARSHIP

Amount

2,500.

ation Status

Donee <u>Relationship</u>

None

Name and Address

Concordia University of Chicago 7400 Augusta St River Forest IL 60305

| 2017 | Federal Statements George&Marion Buerkel Oscar&Ella | | | | Page 4 |
|---|---|---------------------------|---------------------|----|------------|
| Client 970A | Zoellner Fl | ON COSCAIGE | | | 20-8027858 |
| 11/02/18 Statement 10 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year | | | | | 11·23AM |
| Name and Address | Donee <u>Relationship</u> | Found- ation Status | Purpose of Grant | | Amount |
| Michigan Lutheran Seminary 2777 HARDIN ST SAGINAW MI 48602 | None | | SCHOLARSHIP | \$ | 10,000. |
| MARTIN LUTHER COLLEGE 1995 LUTHER CT NEW ULM MN 56073 | None | | SCHOLARSHIP | | 2,500. |
| OSU PO BOX 228 NORTH POWDER OR 97867 | None | | SCHOLARSHIP | | 4,000. |
| EOU ONE UNIVERSITY BLVD LAGRANDE OR 97850 | None | | SCHOLARSHIP | | 7,500. |
| CROSSROADS ART CENTER 2020 AUBURN AVE BAKER CITY OR 97814 | None | | COMMUNITY GRANT | | 10,000. |
| NORTH POWDER CHARTER SCHOOL 333 G ST NORTH POWDER OR 97867 | None | | COMMUNITY GRANT | | 6,000. |
| EASTERN OREGON MUSEUM 610 THIRD ST HAINES OR 97833 | None | | COMMUNITY GRANT | | 8,000. |
| HAINES UNITED METHODIST CHURCH 45917 QUAIL RD HAINES OR 97833 | None | | COMMUNITY GRANT | | 3,000. |
| PORTLAND STATE UNIVERSITY PO BOX 851 PORTLAND OR 97207 | None | | SCHOLARSHIP | | 7,000. |
| COLUMBIA GORGE COMMUNITY COLLEGE 400 EAST SCENIC DRIVE THE DALLES OR 97058 | None | | SCHOLARSHIP | | 4,000. |
| WALLA WALLA COMMUNITY COLLEGE 500 TANSICK WAY WALLA WALLA WA 99362 | None | | SCHOLARSHIP | | 3,000. |
| UNIVERSITY OF HAWAII 2500 CAMPUS RD HONOLULU HI 96822 | None | | SCHOLARSHIP | | 4,000. |
| | | | | | 1 |

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| 2017 | Federal State | | | | Page 5 |
|---|--------------------------------------|---------------------------|-----------------|----------------|------------|
| Client 970A | George&Marion Buerke Zoellner FDI | ii Oscar&Eii N | а | | 20-8027858 |
| 11/02/18 | | | | | 11·23AM |
| Statement 10 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year | | | | | |
| Name and Address | Donee Relationship | Found- ation Status | Purpose Gran | | Amount |
| CAL POLY ADMIN BLDG ROOM 212 SAN LUIS OBISPO CA 93407 | None | | SCHOLARSHI | P \$ | 4,500. |
| TREASURE VALLEY CC 205 S 6TH AVE ONTARIO OR 97914 | None | | SCHOLARSHI | P | 2,000. |
| UNIVERSITY OF OREGON 1278 UNIVERSITY ST EUGENE OR 97403 | None | | SCHOLARSHI | P | 2,000. |
| BOISE STATE UNIVERSITY 1910 W UNIVERSITY DR BOISE ID 83725 | None | | SCHOLARSHI | P | 4,500. |
| GALLATIN COLLEGE 101 HAMILTON HALL BOZEMAN MT 59715 | None | | SCHOLARSHI | P | 3,000. |
| DIVIDE CAMP PO BOX 49 JOSEPH OR 97846 | None | | COMMUNITY | GRANT | 5,000. |
| BAKER CO COMMUNITY LITERACY 2400 RESORT ST BAKER CITY OR 97814 | None | | COMMUNITY | GRANT | 3,000. |
| EASTERN OREGON REGIONAL THEATER 2101 MAIN ST #113 BAKER CITY OR 97814 | None | | COMMUNITY | GRANT | 12,000. |
| BEST FRIENDS OF BAKER PO BOX 183 BAKER CITY OR 97814 | None | | COMMUNITY | GRANT | 3,500. |
| HUNT OF A LIFETIME 5829 SOUTHGATE DR KLAMATH FALLS OR 97603 | None | | COMMUNITY | GRANT | 5,000. |
| FIRST PRESBYTERIAN CHURCH 1995 4TH ST BAKER CITY OR 97814 | None | | COMMUNITY | GRANT | 8,000. |
| NORTH POWDER COMMUNITY PARTNER PO BOX 1 NORTH POWDER OR 97867 | None | | COMMUNITY | GRANT | 2,000. |
| CASA 1995 3rd St BAKER CITY OR 97814 | None | | COMMUNITY | GRANT | 4,000. |
| | • | | | Total <u>宴</u> | 130,000. |