

Return of Private Foundation

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

Forn	コラ	30 <u>-</u> F. F			(a)(I) ITUSE Treated			16(1	2017
		of the Treasury	Do not ente	er social secu	urity numbers on th m990PF for instruc	is form as i tions and th	t may be m	ade public{ <i>O</i> ' / ormation.	Open to Public inspection
			tax year beginning 12/			30/18			
		undation	···/··	<u> </u>	<u> </u>		A Emp	loyer identification number	
_								0007050	
_=			OY GIENGER FOR Modern of mail is not delivered to stree		N	Room/suite		-0981050 phone number (see instructions	· · · · · · · · · · · · · · · · · · ·
		BOX 337	mber it mail is not delivered to stree	et address)		Room/suite		1-783-2462	``
			intry, and ZIP or foreign postal code	 ;		`	1		
C	HIL	OQUIN	OR_	97624			C If exe	emption application is pending,	check nere
G	Check	all that apply	Initial return	Initial retu	ırn of a former public	charity	D 1 F	oreign organizations, check he	ere ►
			Final return	Amended	return		1	oreign organizations meeting t	F
			Address change	Name ch	ange		8	5% test, check here and attach	computation
_			on: X Section 501(c)(3)	exempt privat	e foundation	04		vate foundation status was term	ninated under
	Sectio	n 4947(a)(1) none	xempt charitable trust	Other taxab	le private foundation		secti	on 507(b)(1)(A), check here	▶ ∟
		rket value of all as		nting method	X Cash A	ccrual	li i	foundation is in a 60-month te	
•	-	ear (from Part II, o		her (specify)			unde	r section 507(b)(1)(B), check h	ere
	<u>ie 16)</u>				be on cash basis)				(d) Disbursements
Pi	art I	amounts in columns	evenue and Expenses (The (b), (c), and (d) may not necessarily mn (a) (see instructions))		(a) Revenue and expenses per books		investment come	(c) Adjusted net income	for chantable purposes (cash basis only)
	1	Contributions, gifts,	, grants, etc., received (attach	schedule)		7		1, 11 11 /11	de la
	2		the foundation is not required t	•			4	- 1 S	And promotion .
	3	Interest on savin	ngs and temporary cash in	vestments	2,10		2,105		
<u> </u>	4	Dividends and in	nterest from securities		12,80	0	12,800	12,800	, , , , , , , , , , , , , , , , , , ,
20	5a	Gross rents						,	, , , , ,
8	b	Net rental Incom			3 () () () ()	****			
e <u>ŭ</u>	6a	• • •	sale of assets not on line 10			***	HHHHHH52 5 5		гасининна
MRevenue 2019	_ b	Gross sales price for al	Il assets on line fa	IVFD		***	<u>`````</u>	<u> </u>	
5	7 8	Net short-term c	income (from Hamay line	2	\$			0	· · · · · · · · · · · · · · · · · · ·
Ω	9	Income modifica		3 2019	81	······································	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		may make
y	10a	Gross sales less retur		0 2015	9		`````	7 (
SCANNED	ь	Less Cost of go		X1 119°		***		***************************************	***************************************
S	c	•	oss) (attach-schedule)	N. Y.			, , ,		
G	11	Other income (at	ttach schedule)						
	12	Total. Add lines	1 through 11		14,90	5	14,905	14,905	
Ś	13	Compensation o	of officers, directors, trustee	es, etc	1,80	0	450		1,350
Se	14	Other employee	salaries and wages						
Jer	15	•	employee benefits						· · ·
Ä	16a	Legal fees (attac	•	13.6TT - 1		-			1, 405
ē	b	_	•	MT 1	1,79	<u>'</u>	300	300	1,495
ati	C	·	fees (attach schedule)			 -			<u> </u>
Operating and Administrative Expenses	17 18	Interest Taves (attach sche	edule) (see instructions) S	TMT 2	24	0	117	117	<u> </u>
Ë	19	•	th schedule) and depletion	4		+			
퉏	20	Occupancy	concesso, and depiction			 			·
Ž	21	•	ces, and meetings						
ī	22	Printing and pub							
8	23	Other expenses (att sci		MT 3	1,02	6	157	157	869
Ë	24	Total operating	and administrative expe	nses.					
era		Add lines 13 thro	ough 23		4,86		1,024	574	3,714
ď	25	Contributions, gifts, grain			21,66				21,666
_	26		nd disbursements. Add lines	24 and 25	26,52	7	1,024	574	25,380
	27	Subtract line 26 f			11.60	~	, , , , , , , , , , , , , , , , , , ,	5	A company
	a		e over expenses and disbu		-11,62	450	12 001	Smont	minute in the first of the second
	b		income (if negative, enter				13,881	14,331	
	С	Adjusted net inc	come (if negative, enter -0		<u> </u>	<u>`. </u>		14,331	<u> </u>

Fo	orm 99	0-PF (2017) ELVINE & LEROY GIENGER FOUNDATION	93-09810	50	Page 2
. –	Part	Balance Sheets Atlached schedules and amounts in the description column	Beginning of year	End o	f year
`	rail	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	312,394	300,772	300,772
	2	Savings and temporary cash investments	· · · · · · · · · · · · · · · · · · ·		
	3	Accounts receivable ▶	, ` ,		; ,
		Less allowance for doubtful accounts ▶	2111111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	4	Pledges receivable ▶	``````````````````````````````````````		` ` `
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
1		disqualified persons (attach schedule) (see			
		instructions)	**************************************	an airean an i Thomas an i Thomas	
	7	Other notes and loans receivable (att. schedule)	, ,		S 155
		Less allowance for doubtful accounts ▶ 0			
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	143,333	151,667	151,667
ĕ	10a	Investments – U.S. and state government obligations (attach schedule) STMT 4	160,466	160,466	183,225
	b	Investments – corporate stock (attach schedule)			<u> </u>
	c	Investments – corporate bonds (attach schedule)			······································
	11	Investments – land, buildings, and equipment basis			, ,; ,,
		Less accumulated depreciation (attach sch.) ▶			
	12	Investments – mortgage loans			
ĺ	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis ▶		````	
ĺ		Less accumulated depreciation (attach sch.) ▶			
	15	Other assets (describe ▶)			
- 1	16	Total assets (to be completed by all filers – see the			
\perp		instructions. Also, see page 1, item I)	616,193	612,905	635,664
ı	17	Accounts payable and accrued expenses			
	18	Grants payable	143,333	151,667	*
ĕ.	19	Deferred revenue			ŧ
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			1,11
<u>.</u>	21	Mortgages and other notes payable (attach schedule)			" ", "" ""
_	22	Other liabilities (describe ▶)			
4	23	Total liabilities (add lines 17 through 22)	143,333	151,667	
		Foundations that follow SFAS 117, check here		,	100
Š		and complete lines 24 through 26 and lines 30 and 31.			
悥	24	Unrestricted	472,860	461,238	7 7
ğ	25	Temporanly restricted			is miles mer in
힏	26	Permanently restricted	. – –		
.뒤		Foundations that do not follow SFAS 117, check here	}		1 30
Net Assets or Fund Balances		and complete lines 27 through 31.			(A)
2	27	Capital stock, trust principal, or current funds			fig in min in
se	28	Paid-in or capital surplus, or land, bldg, and equipment fund			1, 1, 1, 1,
AS	29	Retained earnings, accumulated income, endowment, or other funds	450.060	461 020	, %
é	30	Total net assets or fund balances (see instructions)	472,860	461,238	Ŵ. j
	31	Total liabilities and net assets/fund balances (see	616 103	612 005	
ᆚ	<u> </u>	instructions)	616,193	612,905	<u></u>
	Part I		ot garge with		·
7		net assets or fund balances at beginning of year - Part II, column (a), line 30 (must year figure special on prior years return)	st agree with	_	472,860
•		of-year figure reported on prior year's return)		1 2	-11,622
		ramount from Part I, line 27a		2	
		r increases not included in line 2 (itemize) ▶		3 4	461,238
		ines 1, 2, and 3		5	
		eases not included in line 2 (itemize)) line 30	6	461,238
_0	rotal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b	η, iiie 30	1	Form 990-PF (2017)

TOTAL PROPERTY OF THE PARTY OF		& LEROY GIENGER FOU			3-0981050)			Page 3
_Faitiv 1	(a) List and describe the	nd Losses for Tax on Investment kind(s) of property sold (for example, real estate ehouse, or common stock, 200 shs MLC Co)		;	(b) How acquired P – Purchase D – Donation		Date acqu		(d) Date sold (mo , day, yr)
1a N/A									
_ c						L			
_ d									
_e						L			
(e) Gro	ss sales price	(f) Depreciation allowed (or allowable)) Cost or other			(((h) Gain oi e) plus (f) n	
_ <u>a</u>						↓			
_ <u>b</u>			<u> </u>			<u> </u>			
_ <u>c</u>			 			ļ			
_ <u>d</u>			 						
_ e	lu far agasta abauma	some and the state of the state	ioundation on '	12/24/60		├	. —		
Complete of	nly for assets showing	gain in column (h) and owned by the				1			i) gain minus
(ı) FMV	as of 12/31/69	(j) Adjusted basis as of 12/31/69	1	k) Excess of over col (j), i				osses (from	ss than -0-) or n col (h))
						ļ			
b									
_ d									
ее			<u> </u>		· <u>·</u>	L			
If gain, also Part I, line 8 Part V (For optional use) If section 4940(d)	Qualification Une by domestic private (1)(2) applies, leave thi		enter -0- in ced Tax on 0(a) tax on net	investme	nt income)	3 ome			Yes X No
		on 4942 tax on the distributable amouly fy under section 4940(e). Do not comp		n the base	e period?				res _A_ No
		ach column for each year, see the inst	i	making a	any entries				
	(a) ase period years ar (or tax year beginning in)	(b) Adjusted qualifying distribution		<u>_</u>	(c)	ts		Distrib	(d) ution ratio ided by col (c))
	2016	26	,329		485,	964	<u> </u>		0.054179
	2015		,998		522,				0.049778
	2014		,682		574,				0.039484
	2013	18	,674		581,	924			0.032090
	2012	18	,996		581,	924			0.032643
2 Total of line							2		0.208174
_		-year base period – divide the total on as been in existence if less than 5 year		or by the			3		0.041635
4 Enter the ne	t value of noncharitab	le-use assets for 2017 from Part X, lin	e 5				4		456,502
5 Multiply line	4 by line 3						5		19,006
6 Enter 1% of	net investment incom	e (1% of Part I, line 27b)					6		139
7 Add lines 5	and 6						7		19,145

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

25,380

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

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	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)			
1a	1 1 2	1		
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	- 1	% 5	. 120
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1 -		139
	here ▶ X and enter 1% of Part I, line 27b		, X,	
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of	`` .		
	Part I, line 12, col. (b)	ļ		_
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		139
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	············	139
6	Credits/Payments ⁻			1,5
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a],	`	
b	Exempt foreign organizations – tax withheld at source 6b	` ,		
С	Tax paid with application for extension of time to file (Form 8868)	Ι,		, ,
d	Backup withholding erroneously withheld 6d		, ,,	1
7	Total credits and payments Add lines 6a through 6d	7		
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		139
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
1	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶	11	_	
Pa	art VII-A Statements Regarding Activities			
1a				Yes No
	participate or intervene in any political campaign?		1a	X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	Instructions for the definition		16	x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			`\
С	Did the foundation file Form 1120-POL for this year?		10	l x
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			1.4%
	(1) On the foundation. ▶ \$ (2) On foundation managers ▶ \$			11/2
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	_		
	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2 1	x
_	If "Yes," attach a detailed description of the activities		, T	
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
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/2		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	., -	5	х
-	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.			
•	By language in the governing instrument, or		\ \ 	. # *
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	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 Par	t XV	7	X
, Ba	Enter the states to which the foundation reports or with which it is registered. See instructions.	,	· · ·	
-	OR			1 200
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	x
D.	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		1	·
•	4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017? See instructions for Part XIV. If "Yes,"		\`````\` `	\\"\ 1
			9	$\mathbf{x} \mid \nu$
^	complete Part XIV			
J	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		10	x
	names and addresses)-PF (2017)
			rum JJ(r = = (∠U1/)

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P	art VII-B Statements Regard	ing Activities for Which Fo	rm 4720 May Be R	equired (cont	inued)	··········		,
5a	During the year did the foundation pay of	or incur any amount to					i '	13
	(1) Carry on propaganda, or otherwise	attempt to influence legislation (sec	ction 4945(e))?	Y	es 🗓 No			
	(2) Influence the outcome of any specif	ic public election (see section 4955	i), or to carry on,		_		1	,
	directly or indirectly, any voter regist	tration drive?		Y	es X No		10 1	ĺ.
	(3) Provide a grant to an individual for t	ravel, study, or other similar purpos	ses?	_ Y	es 🗓 No		`	
	(4) Provide a grant to an organization o	ther than a charitable, etc , organiz	ation described in				\	13
	section 4945(d)(4)(A)? See instructi	ons		Y	es 🛚 X No			3
	(5) Provide for any purpose other than i	religious, charitable, scientific, litera	ary, or educational			· `	i \.'	100
	purposes, or for the prevention of cr	uelty to children or animals?		Y	es 🗓 No			
b	If any answer is "Yes" to 5a(1)-(5), did a	iny of the transactions fail to qualify	under the exceptions d	escribed in			i ''	
	Regulations section 53.4945 or in a curr	ent notice regarding disaster assist	tance? See instructions		N/A	5b		
	Organizations relying on a current notice	e regarding disaster assistance, che	eck here		▶ □		[
С	If the answer is "Yes" to question 5a(4),	does the foundation claim exemption	on from the tax	_	_			. `
	because it maintained expenditure response	onsibility for the grant?		N/A 🗌 Y	es 🗌 No		, ,	,
	If "Yes," attach the statement required b	y Regulations section 53 4945-5(d)		["	" ·
6a	Did the foundation, during the year, rece	eive any funds, directly or indirectly,	to pay premiums					. "
	on a personal benefit contract?			<u> </u>	es 🛚 X No		, `I	١,
b	Did the foundation, during the year, pay	premiums, directly or indirectly, on	a personal benefit contr	act?		6b		X
	If "Yes" to 6b, file Form 8870						,	
7a	At any time during the tax year, was the	foundation a party to a prohibited t	ax shelter transaction?	_ Y	es 🗓 No			
b	If "Yes," did the foundation receive any p				N/A	7b		<u> </u>
P	ct:VIII 、 Information About Of	fficers, Directors, Trustees	, Foundation Mana	agers, Highly	Paid Employ	ees,		
	and Contractors_							
1 (ist all officers, directors, trustees, and	foundation managers and their	compensation. See ins	tructions.				
			(b) Title, and average	(c) Compensation	(d) Contributions to	(-) F.		
	(a) Name and a	address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred		pense ad r allowar	
			devoted to position	enter -0-)	compensation	↓		
L.	A. GIENGER	CHILOQUIN	DIRECTOR					
HC	30, BOX 55	OR 97624	1.00	0	0	<u> </u>		0
NO	RMA L. HILL	CHILOQUIN	SECRETARY/TR					
нс	30, BOX 136-B	OR 97624	1.00	0	0	↓		0
AL	YSON TOTTEN	KLAMATH FALLS	PRESIDENT		•			
89	49 HIGHWAY 66	OR 97601	2.00	1,800	0	ــــــ		0
						<u> </u>		
2	Compensation of five highest-paid en	nployees (other than those includ	ded on line 1 – see inst	tructions). If none	e, enter			
	"NONE."							
			(b) Title, and average		(d) Contributions to employee benefit	(a) Ev	pense ac	count
	(a) Name and address of each employee	paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		r allowar	
			devoted to posidon		compensation	 		
МО	NE							
						├	——	
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						—		
						₩.		
				}		1		
						Ь		
				ľ		ĺ		
	 			l		Ь		
otai	number of other employees paid over \$5	0,000			▶	[0

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Part VIII Information About Officers, Directors, Trustees, Foundation Mand Contractors (continued)	anagers, Highly Paid Em	
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	<u> </u>	b
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the nui organizations and other beneficianes served, conferences convened, research papers produced, etc.	nber of	Expenses
1 EDUCATION		
		25,380
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 1 N/A		Amount
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	•	Form 990-PF (2017)
		FURIT 5 50-1 1 (2017)

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

Form 990-PF (2017)

P	art X間 . Undistributed Income (see instructions	s)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
	line 7	, , , , , , ,	< 3.		
2	Undistributed income, if any, as of the end of 2017	" and a draw to	and grange margines or frances	in the man with	they study
а	Enter amount for 2016 only			· · · · · · · · · · · · · · · · · · ·	Name.
b	Total for prior years 20 , 20 , 20	**************************************			
3	Excess distributions carryover, if any, to 2017	anne (attention)	, "", config "	Comment and a	100 M
·a	From 2012	Werest Camera	man in a commentaring	(Salaning Halla)	Par South Adamine
b	From 2013	Commercial Commercial	, winn		
c	From 2014	HINNS	a sinii		a in the second
d	From 2015	- Marie 1970			
e e	From 2016		,		Same week a summer
f	Total of lines 3a through e		33.5 (3.00)	Commercial	" " " " " " " " " " " " " " " " " " "
4	Qualifying distributions for 2017 from Part XII,	Annu wing Commy	. "ann	Section 1	time "
•	line 4 ▶ \$ 25,380	1111			work with the same
а			1 12	, , , , , , , , , , , , , , , , , , , ,	
	Applied to undistributed income of prior years				, ,
_	(Election required – see instructions)]		(1)
c	Treated as distributions out of corpus (Election				· · · · · · · · · · · · · · · · · · ·
	required – see instructions)				
d	Applied to 2017 distributable amount		V	······································	
e	Remaining amount distributed out of corpus	25,380			Water American
5	Excess distributions carryover applied to 2017				
•	(If an amount appears in column (d), the same	900 Silver Sulfage	· " " Killing		Wine.
	amount must be shown in column (a))	medius	attens	្រស់ ្នំ អាម្រាវិង : ស សម្រាស់សំពីវិទី	A STATE OF THE PARTY OF THE PAR
6	Enter the not total of each column as	Comment of Facilities	marinam (rindar 100	number Suns on	See to June mine
	Indicated bulow.	Allen Miller	t ji sody tami cat	La Composition Committee	
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	25,380	The same of the same	"Halles and	Samuel Commercial Comm
b	Prior years' undistributed income Subtract			N 10	
	line 4b from line 2b	<u> </u>		`	
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has	3.5		* ,	
	been issued, or on which the section 4942(a)			, ,	, , ,
	tax has been previously assessed				. 1
d	Subtract line 6c from line 6b Taxable	4			N 1
	amount – see instructions	1 1 1			1
е	Undistributed income for 2016 Subtract line		2		
	4a from line 2a Taxable amount - see		tu mity "mi"		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	instructions		<i>\$</i> ;		```
f	Undistributed income for 2017 Subtract lines			1 1	
	4d and 5 from line 1. This amount must be	1 m 1 1			
	distributed in 2018		, (4	* `	
7	Amounts treated as distributions out of corpus	1		*	
	to satisfy requirements imposed by section			The same sine	30
	170(b)(1)(F) or 4942(g)(3) (Election may be		` ` ` `	` ' (\$
	required—see instructions)			· · · · · · · · · · · · · · · · · · ·	
8	Excess distributions carryover from 2012 not]	", ", ","		in in the
	applied on line 5 or line 7 (see instructions)		(<u> </u>		<u> </u>
9	Excess distributions carryover to 2018.	1	λ, ` ` ` ` `		3 %
	Subtract lines 7 and 8 from line 6a		```````````````		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
10	Analysis of line 9.		Landing and the land of the la		man in the state of
a	Excess from 2013	more difficulties of the comme	Carrier C 2 a	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Charles Const
b	Excess from 2014	The second second	canjinea.	(IIII)	2 semi
¢	Excess from 2015	Sa Contraction	dummin miner	200 S. 2000 Mills	Name Time the
d	Fxcess from 2016	CANAL CHIEF STORM	1 - 2 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	Auminimische anne 3	73117 (100 m) 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
е	Excess from 2017	ļ	1		man and the first of the first

P	art XIV Private Operating Fou	indations (see in	structions and Par	t VII-A, question 9	3)	
1a						
	foundation, and the ruling is effective for	2017, enter the date of	of the ruling	•		N/
b	Check box to indicate whether the foundate		-	ped in section X 49	942(J)(3) or 494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	investment return from Part X for					
	each year listed	14,331	12,759	16,870	26,114	70,07
b	85% of line 2a	12,181	10,845	14,340	,22,197	59,56
C	Qualifying distributions from Part XII,					i
	line 4 for each year listed	25,380	26,452	26,244	22,942	101,01
ď	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities			<i></i>		
	Subtract line 2d from line 2c	25,380	26,452	/26,244	22,942	101,01
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test – enter					
	(1) Value of all assets			, 		
	(2) Value of assets qualifying under		/ /			
L	section 4942(j)(3)(B)(i) "Endowment" alternative test – enter 2/3					
b	of minimum investment return shown in					
	Part X, line 6 for each year listed	15,217	/16,199	11,247	17,409	60,07
С	"Support" alternative test – enter		1=0,200			
٠	(1) Total support other than gross					
	investment income (interest,		/			
	dividends, rents, payments on		/			
	securities loans (section		/			
	512(a)(5)), or royalties)	A				
	(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					
Pa	irt XV Supplementary Inform	• •	-	the foundation ha	ad \$5,000 or more	e in assets at
	any time during the ye		tions.)			
1	Information Regarding Foundation Ma	-				
а	List any managers of the foundation who				-	
	before the close of any tax year (but only	if they have contribute	ed more than \$5,000).	(See section 507(d)(2)	1.)	
_	N/A List any managers of the foundation who	nun 109/ ar mara af t	he steek of a corporate	on for an equally lorge	nortion of the	
ь	ownership of a partnership or other entity)		•		portion of the	
	N/A	O WINGI THE IOUIIGAL	ion nas a 1076 or great	or antorest		
2	Information Regarding Contribution, G	rant Gift Loan Sch	olarship etc Progra	ms.		
-			to preselected charitab		oes not accept	
	unsolicited requests for funds. If the found					
	complete items 2a, b, c, and d See instru			. o, o, go	,	
a	The name, address, and telephone number		f the person to whom a	pplications should be	addressed	
	GIENGER FOUNDATION 5		·			
	P.O. BOX 337 CHILOQU					_
b	The form in which applications should be			y should include.		
	APPLICATION FORMS			·		
С						
	TWO WEEKS BEFORE GRA	DUATION				
d	Any restrictions or limitations on awards, s	such as by geographic	cal areas, charitable fie	elds, kinds of institution	ns, or other	
	factors					
	GEOGRAPHICAL/LIMITED	NUMBER OF	SCHOLARSHII	PS PER YEAR		
						OOO DE

Part:XV Supplementary Information (co	ontinued)	 <u>`</u>		
3 Grants and Contributions Paid During the		uture Payment	· · · · · · · · · · · · · · · · · · ·	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
SEE STATEMENT 6				
			1	
				21,66
		ĺ		
ę				
		1	1	
			1	
		}	1	
1		}		
. }				
Total		<u> </u>	▶ 3a	21,666
b Approved for future payment			T	
SEE STATEMENT 7				
			'	
		1		151,667
				^
		-		
Total			▶ 3b	151,667

	Part XVI-A	Analysis of Income-Producing A	ctivities				-
En	ter gross amo	ounts unless otherwise indicated	Unrelate	ed business income	Excluded	by section 512, 513, or 514	(e)
1	Program sei	rvice revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
•	-				 		
	ь		-				
	f					- /-	
	g Fees an	d contracts from government agencies		-	"		
2	-	dues and assessments					
		savings and temporary cash investments			3	2,105	
4		nd interest from securities			3	12,800	
5	Net rental in	come or (loss) from real estate	- `	- Manninghilipanga n	* Y. *		Minnenner,
	a Debt-fina	anced property					
	b Not debt	t-financed property					
6	Net rental in	come or (loss) from personal property					
7	Other invest	ment income			<u> </u>		
8	Gain or (loss	s) from sales of assets other than inventory					·
		or (loss) from special events			 		
	· ·	or (loss) from sales of inventory			+		
11	Other revenu	ue a	_	<u> </u>	\longrightarrow		
	b		_		 		
			_		1		
	d		_		+		
	e		_			74 005	
		d columns (b), (d), and (e)	£	<u>_</u>		14,905	
		ne 12, columns (b), (d), and (e)				13	14,905
		in line 13 instructions to verify calculations)	Assamplishm	ont of Exampt D	urnocos	· · · · · · · · · · · · · · · · · · ·	
	art XVI-B	Relationship of Activities to the Activities to the Activities to the Activity for which income					
	Line No. ▼	accomplishment of the foundation's exempt pur	•				
	N/A	accompliantion of the realization of exempt par	poocs (outer alone	by providing rendered	040 ps.	posso, (coomistical	
							
							
							· -
					-		
							
						<u> </u>	<u> </u>
]						
							

Sign	
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Use Only

Signature of officer or to

PRESIDENT

Print/Type preparer's name

EANNING. NATALIE

Date 01/07/19

PTIN

Firm's EIN ▶

Phone no

P00132255

20-4686385

Check

Paid NATALIE E. FANNING, CPA Preparer Firm's name ▶

Firm's address ▶

ISLER GROUP, LLC 626 S 7TH ST

OR 97601 KLAMATH FALLS.

541-882-2575 Form 990-PF (2017)

73274 ELVINE & LEROY GIENGER FOUNDATION 93-0981050 FYE: 11/30/2018	i i	Federal Statements		1/7/2019 4:31 PM
Statem.	ent 1 - Form 990-PF, F	Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees	inting Fees	
Description INDIRECT ACCOUNTING FEES TOTAL	\$ 1,795 \$ 1,795	Net Investment \$ 300	Adjusted Net	Charitable Purpose \$ 1,495
σ	Statement 2 - Form 990	- Form 990-PF, Part I, Line 18 - T	- Taxes	
US TREASURY OREGON DEPT. OF JUSTICE CORPORATION DIVISION 2018 ANNUAL TOTAL	Fotal \$	Net Investment \$ 67 50	Adjusted Net \$ 67 50	Charitable Purpose
Staten	Statement 3 - Form 990-PF,	- Form 990-PF, Part I, Line 23 - Other Expenses	Expenses	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES MISCELLANEOUS ROUNDING TOTAL	\$ 1,024 \$ \$ \$ \$ \$ \$ \$ \$	\$ 157	\$ 157	\$ 867
			•	,
	,		,	1-3

73274 ELVINE & LEROY GIENGER FOUNDATION 93-0981050 FYE: 11/30/2018

Federal Statements

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990-PF, Part II, Line 1

Fair Market Value	\$ 183,225	\$ 183,225
Basis of Valuation	MARKET MARKET MARKET	
End of Year	160,466	160,466
Beginning of Year	\$ 160,466 \$	\$ 160,466
Description	U.S. TREASURY BOND, DUE 11/15/21 U.S. TREASURY BOND, DUE 11/15/16 U.S. TREASURY BOND, DUE 5/15/16	TOTAL

73274 ELVINE & LEROY GIENGER FOUNDATION 1/7/2019 4:31 PM **Federal Statements** 93-0981050 FYE: 11/30/2018 Statement 5 - Form 990-PF, Part X, Line 4 - Cash Deemed Held - Greater Amount Explanation Description Amount 34,167 34,167 TOTAL Form 990-PF, Part XV, Line 2b - Application Format and Required Contents Description APPLICATION FORMS Form 990-PF, Part XV, Line 2c - Submission Deadlines Description TWO WEEKS BEFORE GRADUATION

Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

GEOGRAPHICAL/LIMITED NUMBER OF SCHOLARSHIPS PER YEAR

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Federal Statements 73274 ELVINE & LEROY GIENGER FOUNDATION

93-0981050 FYE: 11/30/2018

ions Paid During the	
a - Grants and Contribut	Year
990-PF, Part XV, Line 3	> 1
Statement 6 - Form	

Name		Address	SS:			
Address	Rel	Relationship	Status	1	Purpose	Amonnt
ŢŢ		P.O. BOX 202				
CHILOQUIN OR 97624 BRADON HOAGIEN	AN L	370 00		EDUCATION		1,667
CHILOQUIN OR 97624	NA NA			FDIICATION		833
		P.O. BOX 31				000
SPRAGUE RIVER OR 97639	NA			EDUCATION		1,667
AMS		P.O. BOX 613				•
CHILOQUIN OR 97624 FEDAIN OPTEGA	NA V	יר בייתייאי שנייניראי	T & C C C C C C C C C C C C C C C C C C	EDUCATION		833
CHILOOUIN OR 97624	r VV		MODO SOTINI KOM	FDIICATION		002 0
		P.O. BOX 572				000
CHILOQUIN OR 97624	NA			EDUCATION	•	1,667
CHEYENNE BANKS		34694 KERRY DRIVE	RIVE) H
CHILOQUIN OR 97624	NA			EDUCATION		1,667
BRE MALDONADO	ц	P.O. BOX 483				
CHILOQUIN OR 97624	NA		٠	EDUCATION		1.667
ROMAN COHEN	۳)	30053 SPRAGUE	SPRAGUE RIVER ROAD			
CHILOQUIN OR 97601	NA			EDUCATION		2,500
JESSICA SPENCER	(r)	37023 AGENCY 1	AGENCY LAKELOOP RD	•		
CHILOQUIN OR 97624	NA			EDUCATION		2.500
DAKOTA KNIGHT	(r)	37283 HWY 97 I	Z			
CHILOQUIN OR 97624	NA			EDUCATION		833
	14	P.O. BOX 1339		•		
CHILOQUIN OR 97624	NA			EDUCATION		833
DARIUS MILLER	щ	P.O. BOX.1401				
CHILOQUIN OR 97601	NA			EDUCATION		833
	14	P.O. BOX 1401		•		
CHILOQUIN, OR 97601	NA			EDUCATION		833
		3331 SHOREVIEW DRIVE	V DRIVE			
CHILOQUIN OR 97601	NA			EDUCATION		. 833

	Federal	
73274 ELVINE & LEROY GIENGER FOUNDATION	93-0981050	FYE: 11/30/2018

Il Statements

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21,666 Amount Statement 6 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued) Purpose Status Address Relationship Address Name TOTAL

Name		Address	S			
Address	R	Relationship	Status	ľ	Purpose	Amount
BRADON HOAGLEN		PO BOX 245				
CHILOQUIN OR 97624	NA	NA		EDUCATION		1.250
SHAY DUPRIS		PO BOX 1023				1
CHILOQUIN OR 97624	NA	NA		EDUCATION		1,250
JACOB ALLPHIN		PO BOX 355				
SPRAGUE RIVER OR 97639	NA	NA		EDUCATION		9.167
JOSEPHINE MONTOYA		30974 MODOC POINT ROAD	NT ROAD			
CHILOQUIN OR 97624	NA	NA		EDUCATION		10.000
HANNAH THOMPSON .		PO BOX 503				
FORT KLAMATH OR 97626	NA	NA		EDUCATION		4.166
AUSTIN HAYNES		13974 SPRAGUE F	RAGUE RIVER ROAD			9
CHILOQUIN OR 97624	NA	NA		EDUCATION		5.000
KARA CHAPLINE		P.O. BOX 31				
SPRAGUE RIVER OR 97639	NA			EDUCATION		2.500
GABRIELLA WILLIAMS		P.O. BOX 613				
CHILOQUIN OR 97624	NA	NA		EDUCATION		6.667
DAVID MORRIS		P.O. BOX 758				
CHILOQUIN OR 97624	NA	NA		EDUCATION		4.166
EFRAIN ORTEGA		42025 MODOC JOI	DOC JOINT ROAD) -
CHILOQUIN OR 97624	NA	NA		EDUCATION		1.667
TANNAYA PARISH		P.O. BOX 572				1
CHILOQUIN OR 97624	NA.			EDUCATION		2,500
KALISE PELTON		33831 WITAM BLU	TAM BLUFF DRIVE			
CHILOQUIN OR 97624	NA	NA		EDUCATION		7,500

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73274 ELVINE & LEROY GIENGER FOUNDATION 93-0981050

Federal Statements

FYE: 11/30/2018

Statement 7 - Form 990-PF, Part XV, Line 3b - Grants and Contributions Approved for Future Pmt (continued)

Name	Address		
Address	Relationship Status	Purpose Amount	unt
MATTHEW SPENCER	37023 AGENCY LAKELOOP RD		
CHILOQUIN OR 97624	NA EDUCATION	4	4,166
JONATHAN THORNTON			
CHILOQUIN OR 97624	NA EDUCATION	9	6,667
CHEYENNE BANKS	IVE		-
CHILOQUIN OR 97624	NA EDUCATION		5,000
WILLIAM GIBSON	ROLAN LANE		•
CHILOQUIN OR 97624	NA EDUCATION	10	10,000
CAMERON KOVACK	36735 HWY 97 N		-
CHILOQUIN OR 97624	NA EDUCATION	10	10,000
BRE MALDONADO			
CHILOQUIN OR 97624	NA EDUCATION		5,000
JENNIFER RUSSEL			
CHILOQUIN OR 97624	NA EDUCATION		2,500
ROMAN COHEN	30053 SPRAGUE RIVER ROAD		
CHILOQUIN OR 97601	NA EDUCATION	9	6,667
CHRISTOPHER SMITH	3331 SHOREVIEW DRIVE		•
CHILOQUIN OR 97601	NA EDUCATION	8	8,333
JESSICA SPENCER	8		
CHILOQUIN OR 97624	NA EDUCATION	9	6,667
DAKOTA KNIGHT			•
CHILOQUIN OR 97624	NA EDUCATION	(*)	3,333
SAHALIE CRAIN	P.O. BOX 1339	•	
CHILOQUIN OR 97624	NA EDUCATION		9,167
LEO MILLER	P.O. BOX 1401		,
CHILOQUIN OR 97601	NA EDUCATION		9,167
DARIUS MILLER	P.O. BOX 1401		
CHILOQUIN OR 97601	NA EDUCATION	01	9,167
TOTAL		151	151,667