

Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation
or **Section 4947(a)(1) Trust Treated as Private Foundation**
▶ **Do not enter social security numbers on this form as it may be made public.**
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052
2018
Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018

| | | |
|--|------------|--|
| Name of foundation THE CURRY STONE FOUNDATION | | A Employer identification number 20-8002857 |
| Number and street (or P.O. box number if mail is not delivered to street address) 985 SW DISK DRIVE STE 110 | Room/suite | B Telephone number (see instructions) (541) 323-2299 |
| City or town, state or province, country, and ZIP or foreign postal code BEND, OR 97702 | | C If exemption application is pending, check here <input type="checkbox"/> |
| G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return | | D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% <input type="checkbox"/> test—check here and attach computation |

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

| | | Beginning of year | End of year | |
|----------|--|-------------------|----------------|-----------------------|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| 1 | Cash—non-interest-bearing | | | |
| 2 | Savings and temporary cash investments | 59,783 | 40,283 | 40,283 |
| 3 | Accounts receivable ▶ _____ | | | |
| | less allowance for doubtful accounts ▶ _____ | | | |

Part VII-A Statements Regarding Activities (continued)

| | | | | |
|-----------|--|-----------|------------|-----------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions. | 11 | | No |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions | 12 | | No |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW CURRYSTONE ORG | 13 | Yes | |
| 14 | The books are in care of THE FOUNDATION Telephone no (541) 323-2299 | | | |

Located at **985 SW DISK DRIVE STE 110 BEND OR** ZIP+4 **97702**

| | | | | |
|-----------|--|-----------|------------|-----------|
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15 | | | |
| 16 | At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country ▶ | 16 | Yes | No |

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

| | | | | |
|-----------|--|--|------------|-----------|
| 1a | During the year did the foundation (either directly or indirectly) | | Yes | No |
| (1) | Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| (2) | Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| (3) | Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| (4) | Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| (5) | Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| (6) | Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| b | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 4947(d) ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

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

| | | Yes | No |
|-----------|---|------------------------------|--|
| 5a | During the year did the foundation pay or incur any amount to | | |
| (1) | Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (2) | Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (3) | Provide a grant to an individual for travel, study, or other similar purposes? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (4) | Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (5) | Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b | If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in | | |

Part VIII

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

12

Abstract

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

| | | |
|---|-----------|--------|
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes | | |
| a Average monthly fair market value of securities. | 1a | 0 |
| b Average of monthly cash balances. | 1b | 64,261 |
| c Fair market value of all other assets (see instructions) | 1c | 0 |

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶

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

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

| | Tax year | Prior 3 years | | | (e) Total |
|--|----------|---------------|----------|----------|-----------|
| | (a) 2018 | (b) 2017 | (c) 2016 | (d) 2015 | |
| 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 | | | | | |
| (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 | | | | | |

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

1 Information Regarding Foundation Managers:

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

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

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

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

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed
DELIGHT STONE
220 NW OREGON AVENUE STE 201
BEND, OR 97701
(541) 323-2299

b The form in which applications should be submitted and information and materials they should include
CONTACT THE FOUNDATION FOR APPLICATION GUIDELINES

c Any submission deadlines
AWARDS ARE CONSIDERED SEMIANNUALLY, IN MARCH AND OCTOBER

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
MOST FUNDING GOES TO PROJECTS SUBMITTED BY INDIVIDUALS ALREADY WORKING TOWARDS HEALTHY COMMUNITY

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

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

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (e) Related or exempt function income (See instructions) |
|--|-----------------------------|----------------------|--------------------------------------|----------------------|---|
| | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | |
| 1 Program service revenue | | | | | |
| a _____ | | | | | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| f _____ | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments. | | | | | |

EIN: 20-8002857

| Category / Item | Cost / Other Basis | Accumulated Depreciation | Book Value | End of Year Fair Market Value |
|--|--------------------|--------------------------|------------|-------------------------------|
| MACBOOK AIR COMPUTER | 2,155 | 2,155 | 0 | |
| MACBOOK SOFTWARE | 1,299 | 1,299 | 0 | |
| 6 TB HARD DRIVE | 525 | 525 | 0 | |
| MACBOOK AIR COMPUTER & SOFTWARE | 1,667 | 1,667 | 0 | |
| ADOBE SOFTWARE | 699 | 699 | 0 | |
| VIDEO CAMERA ACCESSORIES | 1,317 | 1,317 | 0 | |
| HARD DRIVES | 435 | 435 | 0 | |
| MONITOR, KEYBOARD & MOUSE | 1,275 | 1,275 | 0 | |
| IPAD (TARYN) | 630 | 452 | 178 | |
| HARD DRIVE 2015 VIDEO | 899 | 570 | 329 | |
| HARD DRIVE | 3,203 | 2,030 | 1,173 | |
| MACBOOK AIR AND VIDEO EDITING SOFTWARE | 2,754 | 872 | 1,882 | |

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

- | | | | |
|--|--|--------------|-----------|
| 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | Yes | No |
| a Transfers from the reporting foundation to a noncharitable exempt organization of | | | |
| (1) Cash. | | 1a(1) | No |
| (2) Other assets. | | 1a(2) | No |
| b Other transactions | | | |
| (1) Sales of assets to a noncharitable exempt organization. | | 1b(1) | No |
| (2) Purchases of assets from a noncharitable exempt organization. | | 1b(2) | No |
| (3) Rental of facilities, equipment, or other assets. | | 1b(3) | No |
| (4) Reimbursement arrangements. | | 1b(4) | No |
| (5) Loans or loan guarantees. | | 1b(5) | No |
| (6) Performance of services or membership or fundraising solicitations. | | 1b(6) | No |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. | | 1c | No |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received | | | |

[illegible]

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

| b If "Yes," complete the following schedule | | |
|---|--------------------------|---------------------------------|
| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
| | | |
| | | |
| | | |
| | | |

| | | | |
|------------------|--|---------------|----------------|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | |
| | ***** | 2019-04-24 | ***** |
| | _____ Signature of officer or trustee | _____ Date | _____ Title |

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

| | | | | | |
|---------------------------------------|---|----------------------|------|---|--|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's Signature | Date | Check if self-employed <input type="checkbox"/> | PTIN P01274011 |
| | ANGELA M WUSSTIG CPA | | | | |
| | Firm's name ▶ GROVE MUELLER & SWANK PC | | | | |
| | Firm's address ▶ 475 COTTAGE STREET NE SUITE 200 SALEM, OR 97301 | | | | Firm's EIN ▶ 93-0874157 Phone no (503) 581-7788 |

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

| (a) Name and address | Title, and average hours per week (b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
|---|--|---|---|---------------------------------------|
| DELIGHT STONE 985 SW DISK DRIVE SUITE 110 BEND, OR 97702 | PRESIDENT 2 00 | 0 | 0 | 0 |
| LOUISA SILVA THROUGH JUNE 2018 985 SW DISK DRIVE SUITE 110 BEND, OR 97702 | | | | |
| TERRIE KOLODZIEJ JULY THROUGH DECEMBER 985 SW DISK DRIVE SUITE 110 BEND, OR 97702 | VICE-PRESIDENT 2 00 | 0 | 0 | 0 |
| CLIFFORD CURRY 985 SW DISK DRIVE SUITE 110 BEND, OR 97702 | | | | |
| GARY FEUERSTEIN 985 SW DISK DRIVE SUITE 110 BEND, OR 97702 | DIRECTOR 2 00 | 0 | 0 | 0 |
| ANDRE ALMEDIA 985 SW DISK DRIVE SUITE 110 BEND, OR 97702 | | | | |

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

| |
|----------------|
| DELIGHT STONE |
| CLIFFORD CURRY |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| ABUL HASANAT MOHAMMED REZWAN HOUSE 3 ROAD 2 SHEYALBARI RUPNAGAR R/A MIRPUR DHAKA 1216 BG | NONE | | SOCIAL DESIGN CIRCLE | 1,500 |
| AIA SAN FRANCISCO 130 SUTTER ST SUITE 600 SAN FRANCISCO, CA 94104 | NONE | PC | GENERAL SUPPORT | 5,000 |
| ASSOCIATION SEMILLIAS PARA EL DESARROLLO S CALLE PERENE 236 SATIPO PE | NONE | NC | SOCIAL DESIGN CIRCLE | 1,500 |
| Total | | | 3a | 64,500 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| GEOHAZARDS INTERNATIONAL 687 BAY ROAD MENLO, CA 94025 | NONE | PC | GENERAL SUPPORT | 5,000 |
| OPEN ARCHITECTURE COLLABORATIVE 554 58TH ST OAKLAND, CA 94609 | NONE | PC | 2018 TRAINING PROGRAM MATCH | 20,000 |
| OPEN SOURCE ECOLOGY 909 SW WILLOW RD MAYSVILLE, MO 64469 | NONE | PC | SOCIAL DESIGN CIRCLE WINNER | 1,500 |
| Total ▶ 3a | | | | 64,500 |

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

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|-------------------------------------|--------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| UC REGENTS UNIVERSITY OF CALIFORNIA SAN DIEGO LA JOLLA, CA 92093 | NONE | PC | CROSS-BORDER INITIATE | 30,000 |
| Total ▶ 3a | | | | 64,500 |

TY 2018 Accounting Fees Schedule**Name:** THE CURRY STONE FOUNDATION**EIN:** 20-8002857

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-----------------|---------------|----------------------------------|--------------------------------|--|
| ACCOUNTING | 2,000 | 1,000 | | 1,000 |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2018 Depreciation Schedule

Name: THE CURRY STONE FOUNDATION

EIN: 20-8002857

Depreciation Schedule

| Description of Property | Date Acquired | Cost or Other Basis | Prior Years' Depreciation | Computation Method | Rate / Life (# of years) | Current Year's Depreciation Expense | Net Investment Income | Adjusted Net Income | Cost of Goods Sold Not Included |
|--|---------------|---------------------|---------------------------|--------------------|--------------------------|-------------------------------------|-----------------------|---------------------|---------------------------------|
| MACBOOK AIR COMPUTER | 2011-12-03 | 2,155 | 2,155 | SL | 5 000000000000 | 0 | 0 | | |
| MACBOOK SOFTWARE | 2011-12-05 | 1,299 | 1,299 | SL | 3 000000000000 | 0 | 0 | | |
| 6 TB HARD DRIVE | 2011-12-12 | 525 | 525 | SL | 5 000000000000 | 0 | 0 | | |
| MACBOOK AIR COMPUTER & SOFTWARE | 2012-02-10 | 1,667 | 1,667 | SL | 5 000000000000 | 0 | 0 | | |
| ADOBE SOFTWARE | 2012-03-13 | 699 | 699 | SL | 3 000000000000 | 0 | 0 | | |
| VIDEO CAMERA ACCESSORIES | 2012-06-13 | 1,317 | 1,317 | SL | 5 000000000000 | 0 | 0 | | |
| HARD DRIVES | 2012-08-01 | 435 | 435 | SL | 5 000000000000 | 0 | 0 | | |
| MONITOR, KEYBOARD & MOUSE | 2013-03-01 | 1,275 | 1,233 | SL | 5 000000000000 | 42 | 0 | | |
| IPAD (TARYN) | 2015-06-09 | 630 | 326 | SL | 5 000000000000 | 126 | 0 | | |
| HARD DRIVE 2015 VIDEO | 2015-10-22 | 899 | 390 | SL | 5 000000000000 | 180 | 0 | | |
| HARD DRIVE | 2015-10-29 | 3,203 | 1,389 | SL | 5 000000000000 | 641 | 0 | | |
| MACBOOK AIR AND VIDEO EDITING SOFTWARE | 2017-05-17 | 2,754 | 321 | SL | 5 000000000000 | 551 | 0 | | |

TY 2018 Land, Etc. Schedule

Name: THE CURRY STONE FOUNDATION

EIN: 20-8002857

| Category / Item | Cost / Other Basis | Accumulated Depreciation | Book Value | End of Year Fair Market Value |
|--|---------------------------|---------------------------------|-------------------|--------------------------------------|
| MACBOOK AIR COMPUTER | 2,155 | 2,155 | 0 | |
| MACBOOK SOFTWARE | 1,299 | 1,299 | 0 | |
| 6 TB HARD DRIVE | 525 | 525 | 0 | |
| MACBOOK AIR COMPUTER & SOFTWARE | 1,667 | 1,667 | 0 | |
| ADOBE SOFTWARE | 699 | 699 | 0 | |
| VIDEO CAMERA ACCESSORIES | 1,317 | 1,317 | 0 | |
| HARD DRIVES | 435 | 435 | 0 | |
| MONITOR, KEYBOARD & MOUSE | 1,275 | 1,275 | 0 | |
| IPAD (TARYN) | 630 | 452 | 178 | |
| HARD DRIVE 2015 VIDEO | 899 | 570 | 329 | |
| HARD DRIVE | 3,203 | 2,030 | 1,173 | |
| MACBOOK AIR AND VIDEO EDITING SOFTWARE | 2,754 | 872 | 1,882 | |

TY 2018 Legal Fees Schedule**Name:** THE CURRY STONE FOUNDATION**EIN:** 20-8002857

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|------------|--------|--------------------------|------------------------|---|
| LEGAL FEES | 3,485 | 0 | | 3,485 |

TY 2018 Other Expenses Schedule**Name:** THE CURRY STONE FOUNDATION**EIN:** 20-8002857**Other Expenses Schedule**

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-----------------|--------------------------------------|--------------------------|------------------------|---|
| OFFICE EXPENSES | 7,576 | 0 | | 7,576 |
| ADVERTISING | 4,072 | 0 | | 4,072 |
| INSURANCE | 2,250 | 0 | | 2,250 |

TY 2018 Other Increases Schedule

Name: THE CURRY STONE FOUNDATION
EIN: 20-8002857

| Description | Amount |
|----------------------|--------|
| CURRENCY TRANSLATION | 10,100 |

TY 2018 Other Professional Fees Schedule**Name:** THE CURRY STONE FOUNDATION**EIN:** 20-8002857

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|------------------|---------------|----------------------------------|--------------------------------|--|
| WEBSITE/VIDEO | 182,483 | 0 | | 182,483 |
| PRIZE MANAGEMENT | 152,352 | 0 | | 152,352 |
| PODCASTS | 144,988 | 0 | | 144,988 |
| WRITER | 29,167 | 0 | | 29,167 |
| SOCIAL MEDIA | 56 | 0 | | 56 |
| PUBLICIST | 101,839 | 0 | | 101,839 |
| TRANSCRIPTION | 9,517 | 0 | | 9,517 |

TY 2018 Taxes Schedule**Name:** THE CURRY STONE FOUNDATION**EIN:** 20-8002857

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-------------|--------|--------------------------|------------------------|---|
| STATE TAXES | 306 | 0 | | 306 |

| | | |
|--|---|------------------|
| Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small> | Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Go to www.irs.gov/Form990 for the latest information | OMB No 1545-0047 |
| | | 2018 |

| | |
|---|---|
| Name of the organization THE CURRY STONE FOUNDATION | Employer identification number 20-8002857 |
|---|---|

Organization type (check one)

| | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)() (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input checked="" type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 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) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ 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.

| | |
|---|---|
| Name of organization THE CURRY STONE FOUNDATION | Employer identification number 20-8002857 |
|---|---|

Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 1 | LITTLE FISH FAMILY TRUST 985 SW DISK DRIVE SUITE 110 BEND, OR 97702 | \$ 828,200 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

Name of organization

Employer identification number

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)(3) or (4) that files Form 990 or 990-EZ that received from any one contributor

| | |
|---|---|
| Name of organization THE CURRY STONE FOUNDATION | Employer identification number 20-8002857 |
|---|---|

| | |
|-----------------|--|
| Part III | Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed |
|-----------------|--|

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|---------------------------------------|--|-------------------------------------|
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee | |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee | |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee | |
| | _____ | _____ | _____ |
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| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee | |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee | |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee | |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee | |