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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491319062009

## OMB No 1545-0052

**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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

2018

Open to Public

						Inspection
		ndar year 2018, or tax year beginning 01-01-20	)18 , aı	nd ending 12-31		
		indation ID MARGARET BITAR FOUNDATION		<b>A Employer</b> 1d 91-1847903	lentification numbe	r
		d street (or P O box number if mail is not delivered to street address) URNSIDE SUITE 200	<b>B</b> Telephone nu (503) 254-308	umber (see instruction	ns)	
		n, state or province, country, and ZIP or foreign postal code OR 97216	1	` ′	application is pendin	g, check here
	l l	that apply	former mublic chambi	D.1 Foreign or	rannizations, chock be	
<b>G</b> C	песк аі	☐ Final return ☐ Amended return	former public charity	2 Foreign o	ganizations, check he rganizations meeting ck here and attach co	the 85%
			fa		undation status was t	
_	•		e private foundation	under section	on 507(b)(1)(A), chec	k here • L
I Fa of	ır mark year (f		☑ Cash ☐ Accru		ation is in a 60-montl in 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)				
	2	Check ▶ ☑ If the foundation is <b>not</b> required to attach				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	101	101		
	5a	Gross rents	108,000	108,000		
۵.	ь	Net rental income or (loss) 65,551				
Ξ	6a	Net gain or (loss) from sale of assets not on line 10				
Revenue	b   7	Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2)		C		
œ	8	Net short-term capital gain		_		
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	ь	Less Cost of goods sold				
	С	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	Total. Add lines 1 through 11	108,101	108,101		
	13	Compensation of officers, directors, trustees, etc	0	C		0
_	14	Other employee salaries and wages				
ses	15 16a	Legal fees (attach schedule)				
<u>E</u>	ь	Accounting fees (attach schedule)	1,000	1,000		0
Operating and Administrative Expenses	c	Other professional fees (attach schedule)		,,,,,,		
ΙVΘ	17	Interest				
trat	18	Taxes (attach schedule) (see instructions)	22,192	22,192		0
II S	19	Depreciation (attach schedule) and depletion	18,962	18,962	!	
Ē	20	Occupancy				
Ā	21	Travel, conferences, and meetings				
anc	22	Printing and publications				
bu	23	Other expenses (attach schedule)	<b>9</b> 3,677	3,627		0
ratı	24	Total operating and administrative expenses.				
be T		Add lines 13 through 23	45,831	45,781		0
S	25	Contributions, gifts, grants paid	99,500			99,500
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	145,331	45,781		99,500
	27	Subtract line 26 from line 12				
	a	Excess of revenue over expenses and disbursements	-37,230			
	Ь	Net investment income (if negative, enter -0-)		62,320		
	_ c	Adjusted net income (If negative, enter -0-)				
For	Paper	work Reduction Act Notice, see instructions.		Cat No 11289	X For	m <b>990-PF</b> (2018)

1,997,699

19,872

2,053,245

21,471

625,907

625,907

625,907 625,907

2

3

4

5

6

663,137

-37,230

625,907

625,907

Form 990-PF (2018)

0

663,137

663,137

663,137

		Less allowance for doubtful accounts ▶	'		
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶	'		
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶	'		
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶893,970			
	l	Loss assumulated depresention (attach schedule)	507 724	<b>26</b> 560 762	]

## Less accumulated depreciation (attach schedule) 12 13 Investments—other (attach schedule) . . . . . . . . 21,370 14 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) Other assets (describe > \_ 15 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) 663,137 17 18 Grants payable

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Liabilities

Balances

Fund 26

ö

Assets 27

Net 30

19

20

21

22 23

24

25

28 29

31

Part III

2

Deferred revenue .

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . . .

Other increases not included in line 2 (itemize) ▶ \_\_\_

Other liabilities (describe ▶\_

Part	(a) List and describ	e the kınd(s) of property sold (e g , rehouse, or common stock, 200 shs		(b) How acquir P—Purchas D—Donatio	se   Da	(c) ate acquired no , day, yr )	(d) Date sold (mo , day, yr
1a							
_							
_							
-							
		(f)		(a)			<u> </u> h)
	(e)	Depreciation allowed	Cost or	(g) other basis			r (loss)
	Gross sales price	(or allowable)	plus exp	pense of sale		(e) plus (f	) minus (g)
a							
b							
c							
d							
e							
	Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69			<b>(1)</b>
	(i)	(j)	F	(k)			h) gain minus less than -0-) <b>o</b> i
	FMV as of 12/31/69	Adjusted basis as of 12/31/69		s of col (ı) ol (j), ıf any	"		om col (h))
		43 01 12,31,03	376, 66	, (j), ii aii,			(,,
<u>b</u>							
d							
2		gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi		Part I, line 7	} 2		
	mr are 1, mre o						
Part	V Qualification U	Jnder Section 4940(e) for Re	duced Tax on Ne	t Investmen	t Incom	e	
(For opt	tional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on n	et investment i	ncome )		
76	4040/4)/3)	anna khira wasak bilandi.					
IT Section	on 4940(d)(2) applies, le	eave this part blank					
		e section 4942 tax on the distributal ot qualify under section 4940(e) Do	, ,		eriod?	☐ Y	es 🗹 No
		nount in each column for each year,	•		ntries		
	(a)	• • •				(d)	
	e period years Calendar or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharita		(col	Distribution rat (b) divided by c	col (c))
	2017	42,250		1,976,457			0 021377
	2016	89,850		1,736,022			0 051756
	2015	83,190		1,484,937			0 056023
	2014	86,200		1,479,913			0 058247
	2013	95,150		1,485,175			0 064067
	otal of line 1, column (o	′			2		0 251470
		for the 5-year base period—divide dation has been in existence if less		5 0, or by the	3		0 050294

Page 3

4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 1,803,824 4 5 90,722 **6** Enter 1% of net investment income (1% of Part I, line 27b) . . . . . 623 6 7 91,345 99,500 8 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions Form **990-PF** (2018)

Page **6** 

Pa	rt VII-B	Statements Regard	ding	Activities for Which	Form 4720 May Be	Required (conti	nued)			
5a	During the	year did the foundation i	pay o	ncur any amount to					Yes	No
	(1) Carry	on propaganda, or otherv	vise a	attempt to influence legislation (section 4945(e))?						
	(2) Influe	nce the outcome of any s	pecific	rific public election (see section 4955), or to carry						
	on, dı	rectly or indirectly, any vo	ter re	gistration drive?		· · □、	/aa 🗾	Na		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?							No No		
	(4) Provid	le a grant to an organizati	on ot	her than a charitable, etc	, organization described		es 🛂	NO		
	ın sec	tion 4945(d)(4)(A)? See ii	nstrud	tions		· · □、	res 🗸	N		
	(5) Provid	le for any purpose other t	han r	eligious, charitable, scien	tific, literary, or	י ט	res 🖭	NO		
	educa	tional purposes, or for the	prev	ention of cruelty to childr	en or animals?	· ·	res 🗸			
b	If any ans	wer is "Yes" to 5a(1)-(5),	did a	iny of the transactions fa	ıl to qualıfy under the ex	ا لـــا ceptions described	res 🗹 in	NO		
	Regulation	ns section 53 4945 or in a	curre	nt notice regarding disas	ter assistance? See instr	uctions		5b	,	
	Organizati	ions relying on a current r	otice	regarding disaster assist	ance check here		▶ □			
c	If the ans	wer is "Yes" to question 5	a(4),	does the foundation clain	n exemption from the					
	tax becaus	se it maintained expenditi	ire re	sponsibility for the grant		· · □、	res 🗌			
	If "Yes," a	ttach the statement requi	red b	Regulations section 53	4945-5(d)	י ט	es 🗀	No		
6a	Did the fo	undation, during the year,	, rece	ive any funds, directly or	indirectly, to pay premiu	ıms on				
		I benefit contract?								
ь	Did the fo	undation, during the year,	, pav	premiums, directly or ind	rectly, on a personal be	nefit contract?	res ✓	No   6b	,	No
	If "Yes" to	6b, file Form 8870		, ,	,, ,					
7a		ne during the tax year, wa	s the	foundation a party to a p	rohibited tax shelter tran	nsaction?				
b		the foundation receive ar				ш т	′es	No   7b	,	
8	Is the four	ndation subject to the sec	tion 4	960 tax on payment(s) o	f more than \$1,000,000	in remuneration or				
	excess pa	rachute payment during tl	he ye	ar <sup>9</sup>		· · □、	res 🗸	N-		
		Information About (							S.	
Pa	t VIII	and Contractors		515, 511 666515, 11 456	oco, i cuitadi i i	age,g,			-,	
1	List all of	ficers, directors, truste	es. fo	undation managers ar	d their compensation.	See instructions				
		,,		<b>b)</b> Title, and average	(c) Compensation (If	(d) Contributio	ns to	(a) Evn		
	(a) Na	ame and address		hours per week	not paid, enter	employee benefit p			ense aco allowan	
VA/TLL I	AM F BITAR		DDEC	devoted to position	<b>-0-)</b>	deferred comper	isation 0			
	E BURNSIDE	SLITE 2	2 00	IDENT	U		U			·
	AND, OR 97									
MARY	BITAR KORE	К		PRESIDENT	0		0			C
	E BURNSIDE		2 00							
	AND, OR 97	/216	DIDE	CTOR	•					
	LUCAS E BURNSIDE	CLITE 2	1 00	CTOR	0 0					Ü
	AND, OR 97									
2	Compens	ation of five highest-pa	id en	ployees (other than t	ose included on line 1	.—see instruction:	s). If nor	ne, enter	"NONE	."
				(b) Title, and average		(d) Contribution				
(a)		address of each employee ore than \$50,000	paid	hours per week	(c) Compensation	employee ber		(e) Expense account, other allowances		
	1110	ore triair \$50,000		devoted to position		compensatio		other	allowalic	.63
NON										
					I	Ì				
Tota	I number of	f other employees paid ov	er \$5	0,000			<b>•</b>			С

Form 990-PF (2018)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	Foundation Managers, Highly Pa	nid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		- 0
Part IX-A Summary of Direct Charitable Activities		0
List the foundation's four largest direct charitable activities during the tax year. Include releving anity and other beneficiaries served, conferences convened, research papers produc		of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see in	nstructions)	
Describe the two largest program-related investments made by the foundation during the	e tax year on lines 1 and 2	Amount
1		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		• 0
		Form <b>990-PF</b> (2018)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

2

3a 3h

4

5

99.500

98.877

Form 990-PF (2018)

623

2

3

4

5

Amounts set aside for specific charitable projects that satisfy the

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

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Page 9

89,568

89.568

Form 990-PF (2018)

0

	,	
t	XIII	

**b** Total for prior years

a From 2013. . . . . **b** From 2014. . . . c From 2015. . . d From 2016. . . . . e From 2017. . . . .

1 Distributable amount for 2018 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2018

a Enter amount for 2017 only. . . . . .

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$ a Applied to 2017, but not more than line 2a

**b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

(If an amount appears in column (d), the

6 Enter the net total of each column as

**b** Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . c Excess from 2016. . . . d Excess from 2017. . . e Excess from 2018. . .

Subtract lines 7 and 8 from line 6a . . . . . .

indicated below:

**d** Applied to 2018 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

(a)

Corpus

5.628

5,628

5,628

5.628

0

(b)

Years prior to 2017

(c)

2017

4.304

Form 990-PF (20	018)	
Part XIII	Undistributed Income	(see instructions)



Enter gross	amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
-	n service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	function income (See instructions )
е						
_	and contracts from government agencies					
3 Interes	t on savings and temporary cash					
4 Divider	nds and interest from securities			14	101	
	ntal income or (loss) from real estate					
	financed property			16	65,551	
	ntal income or (loss) from personal property			10	03,331	
	nvestment income					
8 Gain or	r (loss) from sales of assets other than					
	ome or (loss) from special events					
	profit or (loss) from sales of inventory					
	revenue <b>a</b>					
d						
d e						
e 12 Subtot	al Add columns (b), (d), and (e).		0		65,652	
e 12 Subtot 13 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0		65,652 <b>3</b>	65,652
e 12 Subtot 13 Total. (See w	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations )		13	<u> </u>	
e 12 Subtot 13 Total. (See w	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations )  le Accomplish  income is report	nment of Exempled in column (e) of	13  pt Purposes  Part XVI-A contribu	ted importantly to	65,652
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which	lations )  le Accomplish  income is report	nment of Exempled in column (e) of	13  pt Purposes  Part XVI-A contribu	ted importantly to	65,652
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations )  le Accomplish  income is report	nment of Exempled in column (e) of	13  pt Purposes  Part XVI-A contribu	ted importantly to	65,652
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations )  le Accomplish  income is report	nment of Exempled in column (e) of	pt Purposes  Part XVI-A contribu	ted importantly to	65,652
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations )  le Accomplish  income is report	nment of Exempled in column (e) of	pt Purposes  Part XVI-A contribu	ted importantly to	65,652
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations )  le Accomplish  income is report	nment of Exempled in column (e) of	pt Purposes  Part XVI-A contribu	ted importantly to	65,652
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations )  le Accomplish  income is report	nment of Exempled in column (e) of	pt Purposes  Part XVI-A contribu	ted importantly to	65,652
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations )  le Accomplish  income is report	nment of Exempled in column (e) of	pt Purposes  Part XVI-A contribu	ted importantly to	65,652
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e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations )  le Accomplish  income is report	nment of Exempled in column (e) of	pt Purposes  Part XVI-A contribu	ted importantly to	65,652
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations )  le Accomplish  income is report	nment of Exempled in column (e) of	pt Purposes  Part XVI-A contribu	ted importantly to	65,652
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e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations )  le Accomplish  income is report	nment of Exempled in column (e) of	pt Purposes  Part XVI-A contribu	ted importantly to	65,652
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations )  le Accomplish  income is report	nment of Exempled in column (e) of	pt Purposes  Part XVI-A contribu	ted importantly to	65,652
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations )  le Accomplish  income is report	nment of Exempled in column (e) of	pt Purposes  Part XVI-A contribu	ted importantly to	65,652
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations )  le Accomplish  income is report	nment of Exempled in column (e) of	pt Purposes  Part XVI-A contribu	ted importantly to	65,652
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations )  le Accomplish  income is report	nment of Exempled in column (e) of	pt Purposes  Part XVI-A contribu	ted importantly to	65,652
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations )  le Accomplish  income is report	nment of Exempled in column (e) of	pt Purposes  Part XVI-A contribu	ted importantly to	65,652
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations )  le Accomplish  income is report	nment of Exempled in column (e) of	pt Purposes  Part XVI-A contribu	ted importantly to	65,652
e 12 Subtot 13 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations )  le Accomplish  income is report	nment of Exempled in column (e) of	pt Purposes  Part XVI-A contribu	ted importantly to	65,652

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

Part	XVI		Information Re Exempt Organiz		ransfers To	and Transaction	ons and Relatio	onships With Noncha	ritable		
		rganız		directly enga				on described in section 50	L	Yes	No
<b>a</b> Tra	nsfers	from	the reporting found	dation to a n	oncharitable ex	empt organization	n of				
(1)	Casl	ո							1a(1)		No
(2)	Othe	er ass	ets						1a(2)		No
	er tra										
			ssets to a nonchar						1b(1) 1b(2)		No
(2) Purchases of assets from a noncharitable exempt organization											No
(3) Rental of facilities, equipment, or other assets											No
• •			oan guarantees.						1b(4) 1b(5)		No No
									1b(5)		No
					_				1c		No
								lways show the fair marke			
of t	he go	ods, c	ther assets, or serv	ıces given b	y the reporting	foundation If the	foundation receive	ed less than fair market va ets, or services received			
(a) Line	No	(b)	Amount involved	(c) Name of	noncharitable exe	empt organization	(d) Description o	f transfers, transactions, and s	narıng arra	ıngemer	nts
<b>2a</b> Is 1	he fou	ındatı	on directly or indire	ctly affiliated	d with, or relate	ed to, one or more	tax-exempt orgar	nizations			
					n 501(c)(3)) or	ın section 527? .		🗆 Yes	<b>✓</b> No		
b If "	Yes,"		ete the following so  ) Name of organizatio		1 (	<b>b)</b> Type of organizat	ion	(c) Description of rela	tionship		
	Line	der ne	enalties of periury	declare tha	t I have evamir	and this return in	cluding accompany	ing schedules and stateme	nte and	to the	hest
	of	ny kn		it is true, co				than taxpayer) is based o			
Sign		****	,	-		2019-11-15	*****	May retu	the IRS d	ıscuss tl	his
Here		_				_	— <u>)                                    </u>		the prepa	rer sho	wn
	<u> </u>	Signa	ature of officer or tr	ustee		Date	′ Title	(see	ınstr )?	<b>√</b> Yes	□ <sub>No</sub>
		Pr	int/Type preparer's	name	Preparer's Sig	nature	Date	Check if self-			
			AMY KUTZKEY				2019-11-15	employed ▶ □	P0093	4183	
Paid	250						2019-11-13				
Prep Use		1	m's name ► PERK	INS & COMP	ANY PC			Firm's	EIN ▶93	-09289	924
		Fır	m's address ► 12	11 SW FIFTH	I AVE SUITE 10	000		Dhana	no /F07	1) 771	0226
PORTLAND, OR 972043710						rnone	no (503	, 221-	0330		

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
AGIA SOPHIA SCHOOL 14485 SW WALKER RD PORTLAND, OR 97006		CONTIUING SERVICES	1,500

ALBERTINA KERR424 NE 22ND AVENUE PORTLAND, OR 97232		CONTIUING SERVICES	1,500
ALZHEIMERS ASSOCIATION 1650 NW NATIO PARKWAY SUITE 190		CONTIUING SERVICES	1,500

Total .

PORTLAND, OR 97232			
ALZHEIMERS ASSOCIATION 1650 NW NATIO PARKWAY SUITE 190 PORTLAND, OR 97209		CONTIUING SERVICES	1,500

ALZHEIMERS ASSOCIATION 1650 NW NATIO PARKWAY SUITE 190 PORTLAND, OR 97209		CONTIUING SERVICES	1,500

Recipient If recipient is an individual, show any relationship to status of status of

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ASHA-INC 11124 NE HALSEY STREET 589 PORTLAND, OR 97220			CONTIUING SERVICES	1,000
BLANCHET HOUSE OF HOSPITALITY 310 NW GLISAN PORTLAND, OR 97209			CONTIUING SERVICES	1,500
BOYS AND GIRLS AID 9320 SW BARBUR BLVD 200 PORTLAND, OR 97219			CONTIUING SERVICES	2,000

Total . .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
CAMP ANGELOS32149 SE STEVENS RD CORBETT, OR 97019		CONTIUING SERVICES	1,500

,		
PPELLA ROMANA D SW MAIN ST STE 714 RTLAND, OR 97205		CONTIUING SERVICES

Total .

CAPPELLA ROMANA 620 SW MAIN ST STE 714 PORTLAND, OR 97205		CONTIUING SERVICES	1,500
CENTRAL EAST ROTARY FOUNDATION		CONTIUING SERVICES	10,000

PORTLAND, OR 97205			
CENTRAL EAST ROTARY FOUNDATION PO BOX 30477 PORTLAND, OR 97294		CONTIUING SERVICES	10,000
PORTLAND, OR 9/294	!		1

CENTRAL EAST ROTARY FOUNDATION PO BOX 30477		CONTIUING SERVICES	10,000
PORTLAND, OR 97294			

Recipient If recipient is an individual, show any relationship to status of contribution Status of contribution

any foundation manager

Name and address (home or business)

DOUGY CENTERPO BOX 86852

PORTLAND, OR 97286

Total .

	or substantial contributor		
a Paid during the year			
CHILDREN'S CANCER ASSOCIATION 1200 NW NATIO PARKWAY SUITE 140 PORTLAND, OR 97209		CONTIUING SERVICES	1,000
DE LA SALLE NORTH CATHOLIC HIGH SCHOOL 7528 N FENWICK AVE PORTLAND, OR 97217		CONTIUING SERVICES	3,000

recipient

CONTIUING SERVICES

1,500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

			15.000
DRESS FOR SUCCESS 1532 B NE 37TH AVENUE PORTLAND, OR 97232		CONTIUING SERVICES	5,000
a Paid during the year			

PORTLAND, OR 97232		
EDWARDS CENTER INCPO BOX 6269 ALOHA, OR 97007	CONTIUING SERVICES	15,000
EVA KHALLAF SCHOLARSHIP FUND PO BOX 66465	CONTIUING SERVICES	1,500

99,500

ALOHA, OR 97007			
EVA KHALLAF SCHOLARSHIP FUND PO BOX 66465 PORTLAND, OR 97290		CONTIUING SERVICES	1,50

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
FIELDS OF LIFE USA 13203 SE 172ND AVE		CONTIUING SERVICES	500
HAPPY VALLEY OR 97086			

HAPPY VALLEY, OR 97086			
RIENDS OF SABEL NORTH AMERICA O BOX 3192		CONTIUING SERVICES	

·			
FRIENDS OF SABEL NORTH AMERICA PO BOX 3192		CONTIUING SERVICES	1,500
GREENWOOD VILLAGE, CO 80155			

PO BOX 3192 GREENWOOD VILLAGE, CO 80155			
GUIDE DOGS32901 SE KELSO ROAD		CONTIUING SERVICES	1,000

GREENWOOD VILLAGE, CO 80133			
GUIDE DOGS32901 SE KELSO ROAD BORING, OR 97009		CONTIUING SERVICES	1,000

99,500

GUIDE DOGS32901 SE KELSO ROAD		CONTIUING SERVICES	1
BORING, OR 97009			

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
HALPRIN LANDSCAPE CONSERVACY 150 SW HARRISION SUITE 200 PORTLAND, OR 97201		CONTIUING SERVICES	1,500

101111111111111111111111111111111111111			
HELLENIC-AMERICAN CULTRUAL CENTER & MUSEUM (HACCM)		CONTIUING SERVICES	
3131 NE GLISAN ST			
PORTLAND OR 97232			

Total .

CENTER & MUSEUM (HACCM) 3131 NE GLISAN ST PORTLAND, OR 97232			
LAKE OSWEGO SCHOOL DISTRICT FOUNDATION PO BOX 70		CONTIUING SERVICES	1,000

1,000

PORTLAND, OR 9/232			
LAKE OSWEGO SCHOOL DISTRICT FOUNDATION PO BOX 70 LAKE OSWEGO, OR 97034		CONTIUING SERVICES	1,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
LEBANESE AMERICAN UNIVERSITY 211 EAST 46TH STREET NEW YORK NY 100172935		CONTIUING SERVICES	1,000

NEW YORK, NY 100172935			
LOAVES & FISHES CENTER INC 7710 SW 31ST AVE PORTLAND, OR 972800477		CONTIUING SERVICES	1,500

7710 SW 31ST AVE PORTLAND, OR 972800477			
MAKE-A-WISH FOUNDATION OF OREGON 2000 SW 1ST AVE		CONTIUING SERVICES	2,000

TORTE-IND, OR 372000477			
MAKE-A-WISH FOUNDATION OF OREGON 2000 SW 1ST AVE PORTLAND, OR 97201		CONTIUING SERVICES	2,000

MAKE-A-WISH FOUNDATION OF		CONTIDING SERVICES	2,000
OREGON			
2000 SW 1ST AVE			
PORTLAND, OR 97201			
			i e

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

Total .

	I		
MOTHER'S AGAINST DRUNK DRIVERS (MADD)		CONTIUING SERVICES	1,500
511 E JOHN CARPENTER FRWY SUITE			
700			
IRVING. TX 750628187			

IRVING, TX 750628187			
MUSCULAR DYSTROPHY ASSOCIATION 4800 SW MACADAM AVE 205		CONTIUING SERVICES	1,500
PORTLAND, OR 972393929			

4800 SW MACADAM AVE 205 PORTLAND, OR 972393929		CONTIOING SERVICES	1,500
NW CATHOLIC COUNSELING CENTER		CONTIUING SERVICES	1,500

PORTLAND, OR 972393929			
NW CATHOLIC COUNSELING CENTER PO BOX 56142		CONTIUING SERVICES	1,500
PORTIAND OR 97238			1

▶ 3a

NW CATHOLIC COUNSELING CENTER		CONTIUING SERVICES	1,!
PO BOX 56142			
PORTLAND OR 97238			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

a Paid during the year			
OHSU KNIGHT CANCER INSTITUTE 3181 SW JACKSON PARK RD CR145 PORTLAND, OR 972393098		CONTIUING SERVICES	1,500
OMMP6200 VIRGINIA AVE SUITE 210		CONTIUING SERVICES	7,500

OMMP6200 VIRGINIA AVE SUITE 210 PORTLAND, OR 97239		CONTIUING SERVICES	7,500
OREGON HUMAN SOCIETY PO BOX 11364		CONTIUING SERVICES	1,000

PORTLAND, OR 97239		CONTIDING SERVICES	/,5
OREGON HUMAN SOCIETY PO BOX 11364 PORTIAND OR 97211		CONTIUING SERVICES	1,0

TORTEAND, OR 37233			
OREGON HUMAN SOCIETY PO BOX 11364 PORTLAND, OR 97211		CONTIUING SERVICES	1,000

PO BOX 11364		
PORTLAND, OR 97211		

PORTLAND, OR 97211		
Total	 	99,500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
OREGON SCOTTISH RITE CLINICS - SPEECH 709 SW 15TH AVE PORTLAND, OR 97205		CONTIUING SERVICES	1,000

PORTLAND, OR 97205			
PARKINSON'S DISEASE FOUNDATION 8880 SW NIMBUS AVE B BEAVERTON, OR 97008		CONTIUING SERVICES	1,500
DODTI AND DECCHE MICCION		CONTILIING CERVICES	1 500

PARKINSON'S DISEASE FOUNDATION 8880 SW NIMBUS AVE B BEAVERTON, OR 97008		CONTIUING SERVICES	1,500
PORTLAND RESCUE MISSION PO BOX 3713 PORTLAND OR 972083713		CONTIUING SERVICES	1,500

BEAVERTON, OR 97008			
PORTLAND RESCUE MISSION PO BOX 3713 PORTLAND, OR 972083713		CONTIUING SERVICES	1,500

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

a Paid during the year			
PROJECT MEXICO & ST INNOCENT ORPHANAGE PO BOX 120028 CHULA VISTA, CA 919123128		CONTIUING SERVICES	2,000
PROVIDENCE CHILD CENTER		CONTIUING SERVICES	3,500

PROVIDENCE CHILD CENTER FOUNDATION PO BOX 4900 UNIT 16 PORTLAND, OR 972084900		CONTIUING SERVICES	3,500
RONALD MCDONALD HOUSE CHARITIES		CONTIUING SERVICES	1,500

▶ 3a

PORTLAND, OR 972084900			
RONALD MCDONALD HOUSE CHARITIES OF OREGON & SW WASHINGTON 2620 N COMMERCIAL AVE PORTLAND, OR 972271631		CONTIUING SERVICES	1,50

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

a Paid during the year			
ROSEMARY ANDERSON HIGH SCHOOL 717 N KILLINGSWORTH CT PORTLAND, OR 97217		CONTIUING SERVICES	2,500

RILAND, OR 9/21/		
HOOLHOUSE SUPPLIES L6 NE 122ND AVE RTI AND, OR 97230		CONTIUING SERVICES

or substantial contributor

Total .

SCHOOLHOUSE SUPPLIES		CONTIUING SERVICES	1,500
4916 NE 122ND AVE			
PORTLAND, OR 97230			

4916 NE 122ND AVE PORTLAND, OR 97230			
SERENDIPITYPO BOX 33350		CONTIUING SERVICES	2,000

CONTIUING SERVICES	2,000
	CONTIUING SERVICES

SERENDIPITYPO BOX 33350		CONTIUING SERVICES	
PORTLAND, OR 97292			

SEKENDIFIT IFO BOX 33330		CONTIONA SERVICES	
PORTLAND, OR 97292			<u> </u>

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

a Paid during the year			
SPECIAL OLYMPICS-OREGON 419 NE 10TH AVE PORTLAND, OR 97232		CONTIUING SERVICES	3,000
ST JUDE CHILDREN'S RESEARCH		CONTIUING SERVICES	3,000

recipient

419 NE 10TH AVE PORTLAND, OR 97232			
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE		CONTIUING SERVICES	3,

any foundation manager

or substantial contributor

Name and address (home or business)

VICTORY ACADEMYDO BOY 430		CONTILIENC SERVICES	
501 ST JUDE PLACE MEMPHIS, TN 381059959			
HOSPITAL		CONTIOING SERVICES	

501 ST JUDE PLACE MEMPHIS, TN 381059959			
VICTORY ACADEMYPO BOX 428		CONTIUING SERVICES	1,0

MEMPHIS, TN 381059959			
VICTORY ACADEMYPO BOX 428		CONTIUING SERVICES	1

1121111115, 114 301033333			
VICTORY ACADEMYPO BOX 428 TUALATIN, OR 97062		CONTIUING SERVICES	1,000

TUALATIN, OR 97062		
Total	 ▶ 3a	99,500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

Name and address (nome or business)	or substantial contributor		
a Paid during the year			
VOICES IN CARE OF CAROL STADY		CONTIUING SERVICES	1,000

recipient

99,500

VOICES IN CARE OF CAROL STADY
1825 NE 79TH
PORTLAND, OR 97213

CONTIUING SERV

Total.

any foundation manager

efile GRAPHIC print - DO NOT P	ROCESS As File	ed Data -		С	LN: 93491319062009		
TY 2018 Accounting Fees Schedule							
	Name: FRAN	K AND MA	ARGARET BIT	AR FOUNDATION			
EIN: 91-1847903							
CIN: 31-104/303							
Category	Amount		Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ACCOUNTING FEES	1,	,000	1,000		0		

## TY 2018 Depreciation Schedule

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name: FRANK AND MARGARET BITAR FOUNDATION

\_\_\_\_

		<b>EIN</b> : 9	1-1847903						
	Depreci	ation 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
BUILDING - 10750 NE SANDY BLVD	1999-04-20	578,200	276,751	SL	39 000000000000	14,826	14,826		
ROOF	2002-09-06	63,975	25,148	SL	39 000000000000	1,640	1,640		
BUILDING IMPROVEMENTS	2007-03-15	2,532	701	SL	39 000000000000	65	65		
LAND	1999-04-20	212,800		L	0 %	0	0		
NEW LED LIGHTING	2016-05-25	26,463	2,646	SL	15 000000000000	1,764	1,764		
HVAC UNIT	2016-06-28	10,000	1,000	SL	15 000000000000	667	667		

DLN: 93491319062009

vestments - Land Sc		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93491319062009

Name: FRANK AND MARGARET BITAR FOUNDATION

<b>EIN:</b> 91-184/903						
Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value		
BUILDING - 10750 NE SANDY BLVD	578,200	291,577	286,623	1,715,560		
ROOF	63,975	26,788	37,187	37,187		
BUILDING IMPROVEMENTS	2,532	766	1,766	1,766		
LAND	212,800	0	212,800	212,800		
NEW LED LIGHTING	26,463	4,410	22,053	22,053		
HVAC UNIT	10,000	1,667	8,333	8,333		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491319062009					
TY 2018 Investments - Other Schedule							
Name: F	Frank and marg	ARET BITAR FOUNDATION					

<b>EIN:</b> 91-164/903						
Investments Other Schedule 2						
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value			
TRANSAMERICA MUTUAL FUND	AT COST	21,471	19,872			

ETNI: 01 1047002

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLI	N: 93491319062009			
TY 2018 Other Expenses Schedule							
	FRANK AND MA	RGARET BITAR F	OUNDATION				
CIIN: Other Expenses Schedule	91-104/903						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
OREGON BUSINESS LICENSE	50	0		0			
OREGON ANNUAL REPORT FEE	156	156		0			
REPAIRS AND MAINTENANCE	372	372		0			

3,077

3,077

INSURANCE EXPENESE

OFFICE SUPPLIES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491319062009
TY 2018 Taxes Schedule				
Name:	FRANK AND	MARGARET BITAR	FOUNDATION	
EIN:	91-1847903			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
2017 AND 2018 TAXES	2,176	2,176		0

20,016

20,016

PROPERTY TAXES