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OMB No. 1545-0052

DLN: 93491317018229

Form 95)	0	_	P	F
% ∫					

Department of the Treasury Internal Revenue Service

Blanche Fischer Foundation

Portland, OR 97225

G Check all that apply

Return of Private Foundation 2018 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. Open to Public ▶ Go to www.irs.gov/Form990PF for instructions and the latest information. Inspection For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018 A Employer identification number Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) (503) 246-4941 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here \square Initial return ☐ Initial return of a former public charity D 1. Foreign organizations, check here ☐ Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation ☐ Name change Address change **E** If private foundation status was terminated under section 507(b)(1)(A), check here ✓ Section 501(c)(3) exempt private foundation **H** Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end **✓** Cash J Accounting method F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here of year (from Part II, col (c), ☐ Other (specify) (Part I, column (d) must be on cash basis) (d) Disbursements (b) Net investment Adjusted net (c) for charitable expenses per books purposes (cash basis only) 36,732 36,732 36,732 145,745 145,745 7,013 اروه 17,321 17,321 17,321 199.798 199.798 61.066 1,200 400 800 800 27,646 470 27,176 27,646

line 16) >\$ 2,476,989 Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) Contributions, gifts, grants, etc , received (attach schedule) Check \blacktriangleright lacksquare if the foundation is **not** required to attach 2 Interest on savings and temporary cash investments Dividends and interest from securities 4 Gross rents 5a Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications . . 10a Gross sales less returns and allowances Less Cost of goods sold b Gross profit or (loss) (attach schedule) Other income (attach schedule) 12 Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc 13 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses Legal fees (attach schedule) . رو Accounting fees (attach schedule) 1,560 520 1,040 1,040 ارچە 16,178 16.178 16,178 Other professional fees (attach schedule) 17 1,587 [چە 3,826 2,239 3,826 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 300 300 1,740 20 1.740 0 1.740 0 21 Travel, conferences, and meetings 1,899 1,899 1,899 22 Printing and publications . Other expenses (attach schedule) 3,572 3,572 3,572 24 Total operating and administrative expenses. Add lines 13 through 23 . . . 57,921 19,807 56,701 38,114 25 Contributions, gifts, grants paid 44.143 44.143 26 Total expenses and disbursements. Add lines 24 and 102.064 19,807 38,114 100.844 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements Net investment income (If negative, enter -0-) 179,991 Adjusted net income (if negative, enter -0-) . . . 22,952

For Paperwork Reduction Act Notice, see instructions.

		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 ▶		'	
S	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
As	10 a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	1,457,379	1,546,763	
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	227,700	9 227,700	

227,700 Land, buildings, and equipment basis ▶ __ 14 700 400 Less accumulated depreciation (attach schedule) ▶ 843 15 Other assets (describe -2,767 2,767 2,767 Total assets (to be completed by all filers—see the 16 instructions Also, see page 1, item I) 1,736,823 1,834,906 2,476,989 17 Accounts payable and accrued expenses 60 72 18 Grants payable 19 Deferred revenue

2,188,846

400

1,834,906

1 2

3

4

5

1,734,811

1,832,545

1,832,545 Form **990-PF** (2018)

97,734

0

1,734,811 1,736,823

			- 1		l	
les	19	Deferred revenue				
풀	20	Loans from officers, directors, trustees, and other disqualified persons				
Liabilities	21	Mortgages and other notes payable (attach schedule)				
_	22	Other liabilities (describe	9	1,952	ارچھ	2,289
	23	Total liabilities(add lines 17 through 22)		2,012		2,361
5		Foundations that follow SFAS 117, check here				
		and complete lines 24 through 26 and lines 30 and 31.				
Ē	24	Unrestricted		1,734,811		1,832,545
Balance	25	Temporarily restricted				
nua	26	Permanently restricted				
-		Foundations that do not follow SFAS 117, check here				
ō		and complete lines 27 through 31.				
ets	27	Capital stock, trust principal, or current funds				
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
Net	30	Total net assets or fund balances (see instructions)		1,734,811		1,832,545

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

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

Analysis of Changes in Net Assets or Fund Balances

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

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

31

Part III

2

3

Capital Callis a	na Losses for Tax on Lifeest	mene zneome			
• •	the kınd(s) of property sold (e g , ehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a NFS LLC 5797			Р		
b NFS LLC 5797	Р				
c Capital Gains Dividends			Р		
d					
e					
(e) Gross sales price	(f) Depreciation allowed	Cost or	(g) other basis	Gain o	h) r (loss)
•	(or allowable)	pius exp	ense of sale	(e) plus (r) minus (g)
	0,444		42,431		7,013
	,570		302,179		84,391
c 54	,341				54,341
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) s of col (ı) l (յ), ıf any	Gains (Col (col (k), but not	h) gain minus less than -0-) or om col (h))
a					7,013
b					84,391
c					54,341
d					
e					
	or (net capital loss) ain or (loss) as defined in sections : t I, line 8, column (c) (see instructi		·	3	7,013
Part V Qualification U	nder Section 4940(e) for Re	educed Tax on Net	Investment Inc	come	
	ivate foundations subject to the sec				
If section 4940(d)(2) applies, lea	•	ccion is ro(a) cax on in	te investment incom	- /	
If "Yes," the foundation does not	section 4942 tax on the distributal qualify under section 4940(e) Do	not complete this part	·		es 🔽 No
1 Enter the appropriate am	ount in each column for each year,	see instructions before	e making any entries	<u> </u>	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	ole-use assets	(d) Distribution rat (col (b) divided by c	
2017	76,779		1,793,608		0 042807
2016	78,505		1,688,241		0 046501
2015	112,743		1,803,337		0 062519
2014	86,634		1,890,761		0 045820
2013	72,862		1,763,828		0 041309
2 Total of line 1, column (d)		2		0 238956
•	for the 5-year base period—divide				
number of years the found	dation has been in existence if less charitable-use assets for 2018 from	than 5 years	3 4		0 047791 1,765,579
5 Multiply line 4 by line 3			5		84,379
6 Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		1,800
			7		86,179
	ons from Part XII, line 4 ,				100,844
	ater than line 7, check the box in Pa				<u>-</u>

Form	990-PF (201	<u> </u>							F	age 6
Pai	rt VII-B	Statements Regard	ding	Activities for Which	Form 4720 May Be	Required (continue	d)			
5a	_	year did the foundation		•					Yes	No
	(1) Carry o	on propaganda, or other	vise a	ttempt to influence legisl	ation (section 4945(e))?	☐ Yes	✓ N	lo		
	(2) Influen	ce the outcome of any s	pecifi	public election (see sect	tion 4955), or to carry			.		
	on, directly or indirectly, any voter registration drive?							lo		
	(3) Provide	e a grant to an individual	for t	ravel, study, or other sım	ılar purposes?	Yes		lo		
	(4) Provide	e a grant to an organizat	ion ot	her than a charitable, etc	c , organization described					
				ctions		· · 🗌 Yes	✓ N	lo		
	(5) Provide	for any purpose other t	han r	eligious, charitable, scien	itific, literary, or					
			•	ention of cruelty to childi		⊔ Yes	✓ N	lo		
b				ny of the transactions fa						
	=			ent notice regarding disas			•	5b		
	-			regarding disaster assist						
С	If the answ	er is "Yes" to question 5	a(4),	does the foundation clain	n exemption from the					
		·		sponsibility for the grant		· · 🗌 Yes	\square N	lo		
	If "Yes," at	tach the statement requi	red b	y Regulations section 53	4945-5(d)					
6a	Did the fou	ndation, during the year	, rece	ive any funds, directly or	· indirectly, to pay premit	ıms on				
	•					⊔ Yes	✓ N	lo		
b	Did the fou	ndation, during the year	, pay	premiums, directly or inc	lirectly, on a personal be	nefit contract?		6b		No
		6b, file Form 8870								
7a	At any time	during the tax year, wa	s the	foundation a party to a p	prohibited tax shelter trai	nsaction? Yes	✓ N	lo		
b	If yes, did t	the foundation receive a	ny pro	oceeds or have any net in	come attributable to the	transaction?		7b		
8		-		960 tax on payment(s) o						
	excess para	achute payment during t	he ye	ar ⁹		· · 🗌 Yes	✓ N	ı _o		
	· VIII	Information About	Offic	ers, Directors, Trust	tees, Foundation Ma			ployees	,	
-61	t VIII	and Contractors								
1	List all offi	cers, directors, truste	es, fo	oundation managers ar	nd their compensation.	See instructions				
			(b) Title, and average	(c) Compensation (If	(d) Contributions to		(e) Exper	ise acc	ount
	(a) Nar	ne and address		hours per week	not paid, enter	employee benefit plans	and	other a		
DENIN	IS WEIRICH		DDEC	devoted to position IDENT	- 0-)	deferred compensation	-			
		HER FDN 1509 SW	2 00	IDENT			0			(
SUNS	ET BLVD 1-B									
	_AND, OR 972	:39	<u> </u>				_			
	LA BURNETT		TREA 4 00	SURER	1,200		이			(
	LANCHE FISCE ET BLVD 1-B	HER FDN 1509 SW								
	_AND, OR 972	:39								
SUSA	N WEILAND			ETARY	0		0			(
		HER FDN 1509 SW	2 00							
	ET BLVD 1-B _AND, OR 972	139								
CATH'	Y SANDERS		GRAN	IT CHAIR	0		0			(
		HER FDN 1509 SW	2 00							
	ET BLVD 1-B _AND, OR 972	239								
2			id en	nployees (other than t	hose included on line 1	l—see instructions). I	f none	e, enter "	NONE	."
						(d) Contributions to				
(a)		dress of each employee	paid	(b) Title, and average hours per week	(c) Compensation	employee benefit		e) Expen		
	mor	re than \$50,000		devoted to position	(0)	plans and deferred compensation		other al	owanc	es
NON	=					compensation				
11011	-									
					+	+	-+			
							+			
							\perp			
Tota	I number of	other employees paid ov	er \$5	0,000	 .					(
								Form 99	0-PF	2018

Form 990-PF (2018)		Page 7
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	, Foundation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional servi	ces (see instructions). If none, enter "NOI	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include re	levant statistical information such as the number of	Expenses
organizations and other beneficiaries served, conferences convened, research papers prod 1 CHARITABLE ACTIVITIES CONSIST SOLELY OF GIVING MONEY TO OR FO	i	
PEOPLE SHOWING FINANCIAL NEED IN THE STATE OF OREGON	R DISABLED OR FITTSICALLY HANDICAFFED	0
2		
3		
4		
Post IV P. Common of Program Polated Investments (co.	instructions)	
Part IX-B Summary of Program-Related Investments (see Describe the two largest program-related investments made by the foundation during the second	· · · · · · · · · · · · · · · · · · ·	Amount
1	the tax year off lines I and 2	Amount
•		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		
Total Add Mics Editough 5	· · · · · · · · · · · · · · · · · · ·	0 Form 990-PF (2018)
		101111 330-FF (2016)

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

За 3h

4

5

100.844

1.800

99.044

Form 990-PF (2018)

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

3

4

5

e From 2017.

XII, line 4 ▶ \$

indicated below:

Form **990-PF** (2018)

Form 990-PF (2018)				Page 9
Part XIII Undistributed Income (see instruc	tions)			
	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
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				
b Total for prior years 20, 20, 20				
2 Evenes distributions correspond if any to 2019				

3 Excess distributions carryover, if any, to 2018 a From 2013. **b** From 2014. . . . c From 2015. . d From 2016. . . .

f Total of lines 3a through e.

4 Qualifying distributions for 2018 from Part

a Applied to 2017, but not more than line 2a

same amount must be shown in column (a)) 6 Enter the net total of each column as

b Applied to undistributed income of prior years (Election required—see instructions). required—see instructions).

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

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount 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

c Treated as distributions out of corpus (Election **d** Applied to 2018 distributable amount. e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2018

or	m 990-PF (2018)					Page 10
:	Part XIV Private Operating Found	lations (see ınstrud	tions and Part VI	II-A, question 9)		
	If the foundation has received a ruling or de foundation, and the ruling is effective for 20	18, enter the date of	the ruling	≀ ▶∟		
b	Check box to indicate whether the organizat	ion is a private operat	ıng foundatıon desc	ribed in section 🗹	4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Iotai
	year listed	22,952	16,234	11,798	29,291	80,275
b	85% of line 2a	19,509	13,799	10,028	24,897	68,234
С	Qualifying distributions from Part XII, line 4 for each year listed	100,844	76,779	78,505	113,521	369,649
d	Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	0
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	100,844	76,779	78,505	113,521	369,649
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
Ь	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	58,853	59,787	56,275	60,111	235,026
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					0
	(3) Largest amount of support					0
	from an exempt organization (4) Gross investment income					0
	Supplementary Information	(Complete this p	art only if the fo	oundation had \$	5.000 or more i	
Pa	assets at any time during th		-	,	,	
а	Information Regarding Foundation Man List any managers of the foundation who have before the close of any tax year (but only if	ve contributed more th				ו
b	List any managers of the foundation who ow ownership of a partnership or other entity)			, , ,	rge portion of the	
2	Information Regarding Contribution, Gr	ant, Gift, Loan, Scho	olarship, etc., Prog	grams:		
	Check here ▶ ☐ If the foundation only make unsolicited requests for funds. If the foundation other conditions, complete items 2a, b, c, a	ition makes gifts, gran	eselected charitable ts, etc to individua	e organizations and o	does not accept under	
а	The name, address, and telephone number BLANCHE FISCHER FOUNDATION 4931 SW 76TH AVE 346 PORTLAND, OR 97225 (503) 246-4941 INFOBFF@QUESTOFFICE NET	or e-mail address of th	ne person to whom	applications should	be addressed	

b The form in which applications should be submitted and information and materials they should include

PER APPLICATION - SEE COPY OF APPLICATION ATTACHED

c Any submission deadlines

OREGON

NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors APPLICANTS MUST HAVE DISABILITIES OF A PHYSICAL NATURE AND DEMONSTRATE FINANCIAL NEED WHILE RESIDING IN THE STATE OF



Business code Amount Exclusion code Amount (See instructions a box of the second of th	Enter gro	ss amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
b c d	_						function income (See instructions)
c d d							
d e g Fees and contracts from government agencies 2 Membership dues and assessments							
g Fees and contracts from government agencies 2 Membership dues and assessments							
g Fees and contracts from government agencies 2 Membership dues and assessments							
Membership dues and assessments. Interest on savings and temporary cash investments Dividends and interest from securities. Dividends and interest from securities. Note trental income or (loss) from real estate a Debt-financed property. Not debt-financed property. Note investment income or (loss) from personal property To their investment income. Interest on savings and temporary cash investment income or (loss) from personal property Note investment income. Interest on savings and temporary cash investment income. Interest on savings and interest from securities. Interest on savings and temporary cash investment income. Interest on savings and interest from securities. Interest on savings and savin	f						
3 Interest on savings and temporary cash investments	_						
4 Dividends and interest from securities	3 Intere	est on savings and temporary cash					
5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property c Net rental income or (loss) from personal property 7 Other investment income							36.73
a Debt-financed property							30,73.
6 Net rental income or (loss) from personal property 7 Other investment income							
7 Other investment income							
8 Gain or (loss) from sales of assets other than inventory							
9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue a b c d e 12 Subtotal Add columns (b), (d), and (e). 13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No. This ORGANIZATION ENGAGES IN NO SERVICE PER SE, AND SEEKS NO 4 CONTRIBUTIONS IT MAINTAINS ITS INVESTMENTS AND FROM THAT SOURCE 7 OBTAINS THE FUNDS THAT IT PAYS OUT TO OR FOR QUALIFYING APPLICANTS							17,32:
9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue a b c d e 12 Subtotal Add columns (b), (d), and (e). 13 Total. Add line 12, columns (b), (d), and (e). See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No. V Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions) 3 THIS ORGANIZATION ENGAGES IN NO SERVICE PER SE, AND SEEKS NO 4 CONTRIBUTIONS IT MAINTAINS ITS INVESTMENTS AND FROM THAT SOURCE 5 OBTAINS THE FUNDS THAT IT PAYS OUT TO OR FOR QUALIFYING APPLICANTS							145 741
10 Gross profit or (loss) from sales of inventory 11 Other revenue a b c d e 12 Subtotal Add columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No. This Organization Engages in No Service PER SE, AND SEEKS NO CONTRIBUTIONS IT MAINTAINS ITS INVESTMENTS AND FROM THAT SOURCE OBTAINS THE FUNDS THAT IT PAYS OUT TO OR FOR QUALIFYING APPLICANTS		<u>'</u>					143,74.
b		· · · · · · · · · · · · · · · · · · ·					
c	11 Other	revenue a					
d							
e							
12 Subtotal Add columns (b), (d), and (e)	d						
13 Total. Add line 12, columns (b), (d), and (e)				(0 199.799
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No. This Organization Engages In No Service PER SE, AND SEEKS NO CONTRIBUTIONS IT MAINTAINS ITS INVESTMENTS AND FROM THAT SOURCE OBTAINS THE FUNDS THAT IT PAYS OUT TO OR FOR QUALIFYING APPLICANTS							199,798
Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions) THIS ORGANIZATION ENGAGES IN NO SERVICE PER SE, AND SEEKS NO CONTRIBUTIONS IT MAINTAINS ITS INVESTMENTS AND FROM THAT SOURCE OBTAINS THE FUNDS THAT IT PAYS OUT TO OR FOR QUALIFYING APPLICANTS	(See \	worksheet in line 13 instructions to verify calcu	ılatıons)				,
the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions) THIS ORGANIZATION ENGAGES IN NO SERVICE PER SE, AND SEEKS NO CONTRIBUTIONS IT MAINTAINS ITS INVESTMENTS AND FROM THAT SOURCE OBTAINS THE FUNDS THAT IT PAYS OUT TO OR FOR QUALIFYING APPLICANTS	Part X\	_					
THIS ORGANIZATION ENGAGES IN NO SERVICE PER SE, AND SEEKS NO CONTRIBUTIONS IT MAINTAINS ITS INVESTMENTS AND FROM THAT SOURCE OBTAINS THE FUNDS THAT IT PAYS OUT TO OR FOR QUALIFYING APPLICANTS		the accomplishment of the foundation's ex					0
7 OBTAINS THE FUNDS THAT IT PAYS OUT TO OR FOR QUALIFYING APPLICANTS	3	,	VICE PER SE, AN	D SEEKS NO			
	4	CONTRIBUTIONS IT MAINTAINS ITS INVEST	TMENTS AND FR	OM THAT SOURCE			
AND CHARITABLE ORGANIZATIONS, WHICH ALSO HAVE 501(C) (3) STATUS	7				i		
	11	AND CHARITABLE ORGANIZATIONS, WHICH	ALSO HAVE 50:	L(C) (3) STATUS			
		+					
		+					
					<u> </u>		

11 (20	10)
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
VII	Exempt Organizations

Part XVII	Exempt Organia	-	icis io e	ilia iralisactio	iis aliu Kelat	ionsinps with Non	iciiai itabie		
	ganization directly or in- than section 501(c)(3)	dırectly engage ır					on 501	Yes	No
a Transfers	from the reporting foun	dation to a nonch	arıtable exe	empt organization	of				
(1) Cash							. 1a(1)		No
(2) Othe	rassets						. 1a(2)		No
b Other tran	nsactions								
(1) Sales	of assets to a nonchari	table exempt org	anızatıon.				. 1b(1)		No
(2) Purch	nases of assets from a n	oncharitable exer	npt organız	ation			1b(2)		No
(3) Renta	al of facilities, equipmen	nt, or other assets					1b(3)		No
(4) Reim	bursement arrangemen	ts					. 1b(4)		No
	s or loan guarantees.						. 1b(5)		No
	mance of services or m	•	-				. 1b(6)		No
-	f facilities, equipment, n		•						No
	wer to any of the above ods, other assets, or serv								
	nsaction or sharing arra								
/- X I N - 1	/b> A	l (-> N			(4) D	-6 h6 h			
(a) Line No	(b) Amount involved	(c) Name of noncl	iaritable exer	mpt organization	(a) Description	of transfers, transactions,	and snaring arra	ingemen	ts
2a Is the four	ndation directly or indire	ectly affiliated with	n, or relate	d to, one or more t	tax-exempt org	anizations	_		
described	ın section 501(c) (other	than section 501	(c)(3)) or ı	n section 527? .		⊔Y∈	es 🗹 No		
b If "Yes," c	omplete the following so		1						
	(a) Name of organization	on	(E) Type of organizatio	on	(c) Description	of relationship		
of m	er penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, correc							
Sian	****			2019-11-15	*****	*	May the IRS d return with the prepa		
	Signature of officer or to	rustee		Date	Title		below (see instr)?	_	
•	Print/Type preparer's	name Pre	parer's Sigr	nature	Date	Check if self-	PTIN P0027	8422	
Paid	Timothy R Filkins					employed ▶ ☐	F0027	J74J	
Preparer Jse Only	Third Strainer Third	ns Group				F	Firm's EIN ▶83	-17611	53
-	Firm's address ► 12	909 SW 68th Par	kway Suite	250					
	Ро	rtland, OR 97223	3			F	Phone no (503	3) 675-4	1360

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				
Hanson Phyllis1839 NE 14th Ave 605 Portland, OR 97212	none	N/A	Portable Air Conditioners	299

F D -2F2 C 42-4 D		NI/A	Dantalala Aur Canaditianana	300
Shapiro Matthew532 NW Everett St 214 Portland, OR 97209	none	N/A	Portable Air Conditioners	299

rtiand, OR 97209				
eeman Pamela352 S 43rd Place	none	N/A	Portable Air Conditioners	299

42,466

Freeman Pamela352 S 43rd Place	none	N/A	Portable Air Conditioners	2
Springfield OR 97478	1			

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 any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
Dement Loura 1218 SW Washington St 416 Portland, OR 97205	none	N/A	Portable Air Conditioners	299
	l .			

Portland, OR 97205				
Fasciani Phyllis1839 NE 14th 405 Portland, OR 97212	none	N/A	Portable Air Conditioners	299
Brotherson Kathryn	none	N/A	Portable Air Conditioners	299

Portland, OR 97212 Brotherson Kathryn	none	N/A	Portable Air Conditioners	299
1839 NE 14th Ave 207 Portland, OR 97212	none	IV/A	Portable Air Collutioners	233
Total			▶ 3a	42,466

Recipient Foundation Purpose of grant or If recipient is an individual, 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				
Banville Tammy833 W Jacksons 18 Medford, OR 97500	none	N/A	Ramp	600
Russell Tawnya16083 S Hwy 211	none	N/A	Lift Chair	1,059

Wickham Bamola 628 Arbor Ct	nono	N/A	Walker Tray and Speaker Clides	
Russell Tawnya16083 S Hwy 211 Molalla, OR 97038	none	N/A	Lift Chair	1,0

Molalla, OR 97038				
Wickham Pamela628 Arbor Ct	none	N/A	Walker Tray and Sneaker Glides	37

· · · · · · · · · · · · · · · · · · ·				
Nickham Pamela628 Arbor Ct	none	N/A	Walker Tray and Sneaker Glides	:
ndependence OR 97351				

Nickham Pamela628 Arbor Ct	none	N/A	Walker Tray and Sneaker Glides	:
ndependence, OR 97351			·	

Recipient Foundation Purpose of grant or If recipient is an individual, 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				
Watson Leonard701 SW 257th 52 Troutdale, OR 97060	none	N/A	Lift Conversion	1,200
·				

Troutdale, OR 97060				
Hill Barbara76571 Walker St Oakridge, OR 97463	none	N/A	Orthotic Shoes	300

Hill Barbara76571 Walker St Oakridge, OR 97463	none	N/A	Orthotic Shoes	300
Werner Rehekah2450 NW 5th	none	N/A	Reductdion Kit	950

Oakridge, OR 97463				
Werner Rebekah2450 NW 5th	none	N/A	Reductdion Kit	950
Crockam OP 07020		1		

				i
Werner Rebekah2450 NW 5th	none	N/A	Reductdion Kit	95
Gresham, OR 97030				I

Werner Rebekan2450 NW 5th none	N/A	Reductdion Kit	,
Gresham, OR 97030			

42,466

Gresham, OR 97030		

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

	or substantial contributor			
a Paid during the year				
Linn Brian1401 Hawthorne St Forest Grove, OR 97116	none	N/A	Portable Ramp	150

Forest Grove, OR 97116		.,,,	. Grand Ramp	
Farmen Michael211 SE 220th Ave Gresham, OR 97030	none	N/A	Driving Evaluation	400

Farmen Michael211 SE 220th Ave Gresham, OR 97030	none	N/A	Driving Evaluation	400
Linn Brian 1401 Hawthorne St	none	N/A	Ramp	528

Gresham, OR 97030				
Linn Brian1401 Hawthorne St	none	N/A	Ramp	528

Linn Brian1401 Hawthorne St	none	N/A	Ramp	528
Forest Grove, OR 97116			·	

42,466

Linn Brian1401 Hawthorne St	none	N/A	Ramp	5
Forest Grove, OR 97116				

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 any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

Markham Norman 2500 N Williams Ave 216 Portland, OR 97227	none	N/A	Portable Air Conditioners	349
Gomez Jesus532 NW Everett 216	none	N/A	Portable Air Conditioners	349

Fortialia, OK 97227				
Gomez Jesus532 NW Everett 216 Portland, OR 97209	none	N/A	Portable Air Conditioners	349
Morales Carmen 1218 SW Washington St 515	none	N/A	Portable Air Conditioners	349

Portland, OR 97209	none	IN/A	Portable All Conditioners	349
Morales Carmen 1218 SW Washington St 515 Portland, OR 97205	none	N/A	Portable Air Conditioners	349

42,466

Morales Carmen 1218 SW Washington St 515	none	N/A	Portable Air Conditioners	3
Portland, OR 97205				

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

or substantial contributor

Total .

	or substantial contributor			
a Paid during the year				
Adams Gary1839 NE 14th Ave 505 Portland, OR 97212	none	N/A	Portable Air Conditioners	349

1-C K-th		NI/A	Dantable Am Canditionana	
DeLong Russell2500 N Williams Ave 304 Portland, OR 97227	none	N/A	Portable Air Conditioners	
ortiand, OK 97212				

DeLong Russell2500 N Williams Ave 304 Portland, OR 97227	none	N/A	Portable Air Conditioners	349
McCroy Kathleen 1218 SW Washington St 412	none	N/A	Portable Air Conditioners	349

Portiand, OR 97227				
McCroy Kathleen 1218 SW Washington St 412	none	N/A	Portable Air Conditioners	349
Portland, OR 97205				

McCroy Kathleen	none	N/A	Portable Air Conditioners	:
1218 SW Washington St 412				
Portland, OR 97205				

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

a Paid during the year				
Hostetler Deborah 2500 N Williams Ave 106	none	N/A	Portable Air Conditioners	349

rtland, OR 97227			
alton Linda1839 NE 14th Ave 506	none	N/A	Portable Air Conditioners

Total .

or substantial contributor

Fortiand, OK 37227				
Walton Linda1839 NE 14th Ave 506 Portland, OR 97212	none	N/A	Portable Air Conditioners	

Portland, OR 97212	none	N/A	Portable Air Conditioners	349
Patterson Walter532 NW Everett St 314	none	N/A	Portable Air Conditioners	349

Portland, OR 97212				
Patterson Walter532 NW Everett St 314	none	N/A	Portable Air Conditioners	34

·				1
Patterson Walter532 NW Everett St 314 Portland, OR 97209	none	N/A	Portable Air Conditioners	34

atterson Walter532 NW Everett St 314	none	N/A	Portable Air Conditioners	34
ortland, OR 97209				

Portland, OR 97209	 .,,	

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

or substantial contributor

	or substantial continuation			
a Paid during the year				
Hagen Betty1839 NE 1th Ave 206 Portland, OR 97212	none	N/A	Portable Air Conditioners	349

ortiand, OR 9/212				
all Larry532 NW Everett St 213 ortland, OR 97209	none	N/A	Portable Air Conditioners	

Hall Larry532 NW Everett St 213 Portland, OR 97209	none	N/A	Portable Air Conditioners	349
Thompson Johanna 1218 SW Washington St 315	none	N/A	Portable Air Conditioners	349

	Portland, OR 97209				
П	Thompson Johanna 1218 SW Washington St 315	none	N/A	Portable Air Conditioners	349
ı	Portland, OR 97205		l		

Thompson Johanna 1218 SW Washington St 315 Portland, OR 97205	none	N/A	Portable Air Conditioners	349

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

a Paid during the year				
Binder Patricia1839 NE 14th Ave 216 Portland, OR 97212	none	N/A	Portable Air Conditioners	349

tson Margaret 5 NE Schuyler St 509	none	N/A	Portable Air Conditioners

or substantial contributor

Total .

Watson Margaret	none	N/A	Portable Air Conditioners	
915 NE Schuyler St 509				
Portland, OR 97212				

Merrell Tama3307 Fairview Way Ant A	none	N/A	Portable Air Conditioners	340
915 NE Schuyler St 509 Portland, OR 97212				

349

Portland, OR 97212				
Merrell Tama3307 Fairview Way Apt A	none	N/A	Portable Air Conditioners	349

Merrell Tama3307 Fairview Way Apt A	none	N/A	Portable Air Conditioners	349
West Linn, OR 97068				

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

	or substantial contributor			
a Paid during the year				
Mercier Ruby2500 N Williams Ave 201	none	N/A	Portable Air Conditioners	349

Portland, OR 97227		.,,		
Hake Harald2500 N Williams 17 Portland, OR 97227	none	N/A	Smart Devices (automate home)	3

Hake Harald2500 N Williams 17 Portland, OR 97227	none	N/A	Smart Devices (automate home)	893
Palmer Robert 20145 NE Sandy Blvd Space 11	none	N/A	Used Powerchair	1,000

Portland, OR 9/22/				
Palmer Robert 20145 NE Sandy Blvd Space 11	none	N/A	Used Powerchair	1,000
Portland, OR 97024				

Palmer Robert 20145 NE Sandy Blvd Space 11 Portland, OR 97024	none	N/A	Used Powerchair	1,000
Total			▶ 3a	42,466

Recipient Foundation Purpose of grant or If recipient is an individual, 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				
Hooker Cheryl810 N Elizabeth L MiltonFreewater, OR 97862	none	N/A	Tires	868

Hooker Cheryl810 N Elizabeth L MiltonFreewater, OR 97862	none	N/A	Tires	868
Jacobson Marshall4926 SE Robin Rd	none	N/A	Ramp	1,200

Stom Robert 6281 Hwy 20 Space 7	none	N/Δ	Ramn	1 200
Jacobson Marshall4926 SE Robin Rd Milwaukie, OR 97267	none	N/A	Ramp	1,200

Milwaukie, OR 97267				
Stom Robert6281 Hwy 20 Space 7	none	N/A	Ramp	1,200

Stom Robert6281 Hwy 20 Space 7	none	N/A	Ramp	1,20
Foster, OR 97345				

Stom Robert6281 Hwy 20 Space 7	none	N/A	Ramp	1
Foster, OR 97345				

Foster, OR 97345		
Total	 ▶ 3a	42,466

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

or cubetantial contributor

	or substantial contributor			
a Paid during the year				
Nelson Cora532 NW Everett 226	none	N/A	Portable Air Conditioners	339

Portland, OR 97209	none	IN/A	Portable All Collditioners	33
Hunter Daniel1550 NW 14th Ave 511 Portland, OR 97209	none	N/A	Powerchair Repair	50

Hunter Daniel1550 NW 14th Ave 511 Portland, OR 97209	none	N/A	Powerchair Repair	501
LaFerriere Von 4882 Lancaster Dr NE 137	none	N/A	Portable Air Conditioners	329

Fortiand, OK 97209				
LaFerriere Von 4882 Lancaster Dr NE 137 Salem, OR 97305	none	N/A	Portable Air Conditioners	329

LaFerriere Von	none	N/A	Portable Air Conditioners	329
4882 Lancaster Dr NE 137 Salem, OR 97305				

Salem, OR 97305		
Total	 ▶ 3a	42,466

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				
Wilmath Billy110 SW Arthur St 101 Portland, OR 97201	none	N/A	Compression Garments	240

Portland, OR 97201				
Hernandez Viola 2500 N Williams Ave 305 Portland, OR 97227	none	N/A	Portable Air Conditioners	349

Portland, OR 97227				
Alderman Michael 2500 N Williams Ave 419 Portland OR 97227	none	N/A	Portable Air Conditioners	349

Tordana, or 37227				
Alderman Michael 2500 N Williams Ave 419 Portland, OR 97227	none	N/A	Portable Air Conditioners	349

2500 N Williams Ave 419 Portland, OR 97227	none	I V/ A	Totable All Collaborationers	343
Total			▶ 3a	42,466

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				
Howe Janet915 NE Schuyler St 207	none	N/A	Portable Air Conditioners	349

Portland, OR 97212	none	N/A	Portable All Conditioners	
Matthews Don2500 N Williams Ave 418 Portland, OR 97227	none	N/A	Portable Air Conditioners	

atthews Don2500 N Williams Ave 418 ortland, OR 97227	none	N/A	Portable Air Conditioners	
athews Benjamin	none	N/A	Portable Air Conditioners	

Portland, OR 97227				
Mathews Benjamin 1218 SW Washington St 506	none	N/A	Portable Air Conditioners	349
D				1

Mathews Benjamin none N/A Portable Air Conditioners 1218 SW Washington St 506 Portland, OR 97205	349

349

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				
Jenks Roland	none	N/A	Portable Air Conditioners	349

Portland, OR 97205				
Palın Tom915 NE Schuyler St 612	none	N/A	Portable Air Conditioners	

Tordana, OK 37203				
Palin Tom915 NE Schuyler St 612 Portland, OR 97212	none	N/A	Portable Air Conditioners	349

Portland, OR 97212	Hone		Totable All Conditioners	349
Walther Donald1889 NE 14th 419	none	N/A	Portable Air Conditioners	349

Portland, OR 97212				
Walther Donald1889 NE 14th 419	none	N/A	Portable Air Conditioners	349

Walther Donald1889 NE 14th 419 Portland, OR 97212	none	N/A	Portable Air Conditioners	349

Walther Donald1889 NE 14th 419	none	N/A	Portable Air Conditioners	1
Portland, OR 97212				

Recipient Purpose of grant or If recipient is an individual, Foundation 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				
Ahmed Samaa 4601 SE Cesar E Chavez Blvd 407	none	N/A	Portable Air Conditioners	349

Portland, OR 97202				
Panko Mikel2500 N Williams Ave 415 Portland, OR 97227	none	N/A	Portable Air Conditioners	349

Portland, OR 97227	none	N/A	Portable Air Conditioners	349
White Warren1125 SW 12th Ave 605 Portland, OR 97205	none	N/A	Portable Air Conditioner	319

				l
White Warren1125 SW 12th Ave 605 Portland, OR 97205	none	N/A	Portable Air Conditioner	319
				(

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 (nome or business)	or substantial contributor			
a Paid during the year				
LaBleu Gren	none	N/A	Portable Air Conditioner	319

2500 N Williams ave Apt 420 Portland, OR 97227				
Taylor Katherine1115 SW 11th Ave 316	none	N/A	Portable Air Conditioner	319

Taylor Katherine1115 SW 11th Ave 316 Portland, OR 97205	none	N/A	Portable Air Conditioner	319
Dempsey Laurie915 NE Schuyler St 106	none	N/A	Portable Air Conditioner	319

Portland, OR 97205	none	1,471	Totalia in Conditional	
Dempsey Laurie915 NE Schuyler St 106 Portland, OR 97212	none	N/A	Portable Air Conditioner	

Dempsey Laurie915 NE Schuyler St 106 Portland, OR 97212	none	N/A	Portable Air Conditioner	319
Total			▶ 3a	42,466

Recipient Purpose of grant or If recipient is an individual, Foundation 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				
Medina Wanda2500 N Williams Ave 320 Portland, OR 97227	none	N/A	Portable Air Conditioner	319

Portiand, OR 97227				
Duncan Doug34311 Matthews Rd Eugene, OR 97405	none	N/A	Hand Rails	373

Eugene, OR 97405	The state of the s	1471	Traina Traina	3,73
Moon Joyce1839 NE 14th Ave 414	none	N/A	Box Fan and Bottle Mister	26

				·
Moon Joyce1839 NE 14th Ave 414 Portland, OR 97212	none	N/A	Box Fan and Bottle Mister	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation 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				
Koch Karınne1839 NE 14th Ave 219 Portland, OR 97212	none	N/A	Box Fan and Bottle Mister	26

Sage George915 NE Schuyler St 803 Portland, OR 97212	none	N/A	Portable Air Conditioner	400
Parks Thomas915 NE Schuyler St 308	none	N/A	Portable Air Conditioner	400

42,466

Portland, OR 97212				
Parks Thomas915 NE Schuyler St 308	none	N/A	Portable Air Conditioner	400

·				
Parks Thomas915 NE Schuyler St 308	none	N/A	Portable Air Conditioner	40
Portland, OR 97212				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation 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				
Koch Karınne1839 NE 14th Ave 219 Portland, OR 97212	none	N/A	Portable Air Conditioner	400

Maria 1 1000 NE 1411- Ava 414		NI/A	A	
Moon Joyce1839 NE 14th Ave 414 Portland, OR 97212	none	N/A	Portable Air Conditioner	400
T .				

Portland, OR 97212				
Moon Joyce1839 NE 14th Ave 414	none	N/A	Applicance Extension Cord - 6 ft	9
Portland, OR 97212				

-				i .
Moon Joyce1839 NE 14th Ave 414	none	N/A	Applicance Extension Cord - 6 ft	,
Portland, OR 97212				1

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation 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				
Kiessling Luella285 Calico Street NW Salem, OR 97304	none	N/A	Recliner - Tandlenburg	887

Salem, OK 97504				
Malcom Kımberly 915 NE Schuyler St 812 Portland, OR 97212	none	N/A	Portable Air Conditioner	400
Hernandez Veronica	none	N/A	Portable Air Conditioner	400

Portland, OR 97212				
Hernandez Veronica 1839 NE 14th Ave Apt 418 Portland, OR 97212	none	N/A	Portable Air Conditioner	400

Total .

Recipient
Recipient
Recipient
If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient
Amount
Show any relationship to any foundation manager or substantial contributor

Recipient
Foundation status of recipient
recipient

Recipient
Foundation status of recipient

Recipient is an individual, show any relationship to any foundation manager or substantial contributor

Munro John1115 SW 11th Ave 424 Portland, OR 97205	none	N/A	Portable Air Conditioner	400
Coffey Edwina 915 NE Schuyler St Apt 111 Portland, OR 97212	none	N/A	Portable Air Conditioner	400

915 NE Schuyler St Apt 111 Portland, OR 97212		,		
Guaderrama Mario 655 NW Hoyt St Apt 821 Portland, OR 97209	none	N/A	Portable Air Conditioner	400

Total . .

42,466

▶ 3a

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

	or substantial contributor			
a Paid during the year				
Fine Daniel915 NE Schuyler St 905	none	N/A	Portable Air Conditioner	400

Portland, OR 97212				
Newman David920 NW Kearney St 406 Portland, OR 97209	none	N/A	Portable Air Conditioner	400

Newman David920 NW Kearney St 406 Portland, OR 97209	none	N/A	Portable Air Conditioner	400
		1	l	400

Portland, OR 97209	Hone	IVA	Tortable All Collationer	400
Hall Kelly915 NE Schuyler 901	none	N/A	Portable Air Conditioner	400

Portland, OR 97209		·		
Hall Kelly915 NE Schuyler 901	none	N/A	Portable Air Conditioner	400

Hall Kelly915 NE Schuyler 901	none	N/A	Portable Air Conditioner	400
Portland, OR 97212				1

Hall Kelly915 NE Schuyler 901	none	N/A	Portable Air Conditioner	40
Portland, OR 97212				

	 1,		
Portland, OR 97212			

Recipient Purpose of grant or If recipient is an individual, Foundation 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				
Hauber Mary5416 Donald St Eugene, OR 97405	none	N/A	Glasses	350

, , , , , , , , , , , , , , , , , , ,				
Roynon Cheryl655 NW Hoyt St 519 Portland, OR 97209	none	N/A	Portable Air Conditioner	400

Portland, OR 97209				
Halliday Beverly57 South High Road	none	N/A	materials for a ramp	735

Halliday Beverly57 South High Road	none	N/A	materials for a ramp	735
Tygh Valley, OR 97063		1		1

42,466

Halliday Beverly57 South High Road	none	N/A	materials for a ramp	7
Tygh Valley, OR 97063			, i	

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				
Anizan Lawrence	none	N/A	Portable Air Conditioner	315

Portland, OR 97209				
Huddleston Millicent655 NW Hoyt St 718	none	N/A	Portable Air Conditioner	

Total .

ı	Torridita) or 37203				
	Huddleston Millicent655 NW Hoyt St 718 Portland, OR 97204	none	N/A	Portable Air Conditioner	

Huddleston Millicent655 NW Hoyt St 718 Portland, OR 97204	none	N/A	Portable Air Conditioner	315
Ohearn Kazuko1839 NE 14th Ave 501	none	N/A	Portable Air Conditioner	500

Portland, OR 97204				
Ohearn Kazuko1839 NE 14th Ave 501	none	N/A	Portable Air Conditioner	500

Portiand, OR 97204				
Ohearn Kazuko1839 NE 14th Ave 501 Portland, OR 97212	none	N/A	Portable Air Conditioner	500

Dhearn Kazuko1839 NE 14th Ave 501	none	N/A	Portable Air Conditioner	500
Portland, OR 97212				

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 any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
Ingram Correy1177 SE Stark 221 Portland, OR 97214	none	N/A	Portable Air Conditioner	500
Smith Hyang	none	N/A	Portable Air Conditioner	500

Smith Hyang 4601 SE Cesar E Chavez 504 Portland, OR 97202	none	N/A	Portable Air Conditioner	500
Morris DeRay	none	N/A	Portable Air Conditioner	500

Portland, OR 97202				
Morris DeRay 915 NE Schuyler St Apt 109 Portland, OR 97212	none	N/A	Portable Air Conditioner	500

Total .

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

any foundation manager

none

Name and address (home or business)

Wilcox Wesley2500 N Williams Ave 308

Portland, OR 97227

Total .

	or substantial contributor			
a Paid during the year				
Labaron Floren 1136 SW Montgomery St 215 Portland, OR 97201	none	N/A	Tuition - Summer	1,200
Harris Ronald 1437 SE Martin Luther King Jr Blvd 301	none	N/A	Portable Air Conditioner	300

N/A

Portable Air Conditioner

300

42,466

recipient

Portiand, OK 97201				
Harrıs Ronald 1437 SE Martın Luther Kıng Jr Blvd	none	N/A	Portable Air Conditioner	;
301				
Portland OR 97219				

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

<u> </u>	or substantial contributor			
a Paid during the year				
Gonzalez Isy7709 SW Pfaffle St Apt 33 Portland, OR 97223	none	N/A	Battery - Mobility Scooter	44

Portland, OR 97223	none	IN/A	Battery - Mobility Scooter	44
Walden Heather 1218 SW Washington 212	none	N/A	Portable Air Conditioner	300

Walden Heather 1218 SW Washington 212 Portland, OR 97205	none	N/A	Portable Air Conditioner	300

1218 SW Washington 212 Portland, OR 97205	none	N/A	Portable Air Conditioner	300
Annyas Coleen655 NW Hoyt 815	none	N/A	Portable Air Conditioner	300

Portland, OR 97205				
Annyas Coleen655 NW Hoyt 815 Portland, OR 97209	none	N/A	Portable Air Conditioner (replacement of V08-10-01)	300

Annyas Coleen655 NW Hoyt 815 Portland, OR 97209	none	N/A	Portable Air Conditioner (replacement of V08-10-01)	300
Total			▶ 3a	42,466

Recipient If recipient is an individual, Purpose of grant or Foundation 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				
Burks Becky2057 Best Ln	none	N/A	Scooter Batteries	250

Eugene, OR 97401	none	N/A	Scooter Batteries	250
Cater Frances1322 NW Studebaker Dr	none	N/A	Driving Evaluation	350

Cater Frances1322 NW Studebaker Dr Prineville, OR 97754	none	N/A	Driving Evaluation	350
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	1	· · · · · · · · · · · · · · · · · · ·	

	Prineville, OR 97754	none	IN/A	Driving Evaluation	350
1	Menard Victor5335 Main St Spc 6	none	N/A	Hearing Aids	660

Timetine, or 37731				
Menard Victor5335 Main St Spc 6	none	N/A	Hearing Aids	660
Springfield, OR 97478				

42,466

Menard Victor5335 Main St Spc 6	none	N/A	Hearing Aids	ſ
Springfield, OR 97478				

Total .

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

or substantial contributor

	or substantial continuation			
a Paid during the year				
Tattoo Ken8896 SE Jannsen Rd	none	N/A	Scooter Repair	108

Clackamas, OR 97015		·	•	
Wickham Pamela628 Arbor Ct Independence, OR 97351	none	N/A	Tens Unit	112

Wickham Pamela628 Arbor Ct Independence, OR 97351	none	N/A	Tens Unit	112
Grossman Jan 731 SW Salmon St 417	none	N/A	Air Durifier	529

Independence, OR 97351		-		
Grossman Ian731 SW Salmon St 417	none	N/A	Air Purifier	529

'				
Grossman Ian731 SW Salmon St 417	none	N/A	Air Purifier	529
Portland, OR 97205				

Grossman Ian731 SW Salmon St 417	none	N/A	Air Purifier	5:
Portland, OR 97205				

103511all Iall/31 3W Sallion 3t 41/	Hone	IN/ A	All Fullilei	-
ortland, OR 97205				

ortiand, OR 97205		
Total	 ▶ 3a	42,466

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

or substantial contributor.

	or substantial continuator		
a Paid during the year			
Hassan Ali3845 NE Hoyt St Apt 312 Portland, OR 97203	none	Samsung Tracfone (\$94 99), Phone Case (\$7 90)	103

Portland, OR 97203			Phone Case (\$7 90)	
Weiland Susan1000 Villard Ave Cottage Grove, OR 97424	Board Member	N/A	LG Tracfone	121

Cottage Grove, OR 97424	Board Member	N/A	La Tracione	121
Wickham Pamela628 Arbor Ct	none	N/A	Incrediwear compression socks	22

Collage Grove, OR 97424				
Wickham Pamela628 Arbor Ct Independence, OR 97351	none	N/A	Incrediwear compression socks	22

Wickham Pamela628 Arbor Ct	none	N/A	Incrediwear compression socks	
Independence, OR 97351				

Recipient Purpose of grant or If recipient is an individual, Foundation 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				
Wickham Pamela628 Arbor Ct Independence, OR 97351	none	N/A	Compression Socks	32

Chambers Lloyd1350 W Main St Sheridan, OR 97378	none	N/A	Assistive Devices	143
Independence, OR 97351				1

Sheridan, OR ⁹⁷³⁷⁸		r		
Chambers Lloyd1350 W Main St	none	N/A	Transfer Bench	110

Chambers Lloyd1350 W Main St	none	N/A	Transfer Bench	1:
Sheridan, OR 97378				

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

Steingold Myrna1487 Rockydale Rd

Cave Junction, OR 97523

Total .

none

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
Jaentsch Deborah	none	N/A	Washing Machine	537

14290 Marjorie Lane 1086 Oregon City, OR 97045	Hone	11,77	Washing Hachine	33,
Campbell Nataliahu395 River Rd Eugene, OR 97404	none	N/A	Equine Physical Therapy	640

N/A	Equine Physical Therapy	
N/A	ramp	

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

	Hame and address (nome or basiness)	or substantial contributor		
	a Paid during the year			
1				

Thompson Tamara7446 SE Ogden St Portland, OR 97206	none	N/A	Compression Glove and Sleeve	749
Mellick Emily405 SW 11th 49	none	N/A	Assistive Devices	64

,			
llick Emily405 SW 11th 49 miston, OR 97838	none	N/A	Assistive Devices

M II E 40E CW 44V 40		8178		
Mellick Emily405 SW 11th 49 Hermiston, OR 97838	none	N/A	Assistive Devices	64

Hermiston, OR 97838				
Mellick Emily405 SW 11th 49	none	N/A	Assistive Devices	155

lellick Emily405 SW 11th 49	none	N/A	Assistive Devices	15:
lermiston, OR 97838				

Mellick Emily405 SW 11th 49	none	N/A	Assistive Devices	I
Hermiston, OR 97838				1

o, 100 0 11 12 11 15	1	1,	7.00.00.70	
ermiston, OR 97838				

Terrinston, OK 37030		
Hermiston, OR 97838		Ì

Total		42.466

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data	1 -	D	LN: 93491317018229
TY 2018 Accounting Fe	es Sched	lule			
	Name: E	Blanche Fis	cher Foundation		
EIN: 93-0790099					
Category	Amou	unt N	let Investment	Adjusted Net	Disbursements
Category	Amou		Income	Income	for Charitable Purposes
ACCOUNTING		1,560	520	1,040	1,040

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317018229
Note: To capture the full content of this	document, please	e select landscape mode (11" $ imes$ 8.5") when printing.
TY 2018 Depreciation Schedule	2	
•		
Name:	Blanche Fischer F	Foundation
EIN:	93-0790099	

	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
FILE CABINET	2001-08-29	343	343	SL	10 000000000000	0	0	0	

3 000000000000

300

300

200 SL

COMPUTER

2017-04-20

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TY 2018 General Explanation Attachment

Name: Blanche Fischer Foundation

EIN: 93-0790099

General Evolanation Attachment

seneral Explanation Attachment						
Identifier	Return Reference	Explanation				
1	INVESTMENTS IN CORPORATE STOCK	Form 990-PF Part II Line 10b	Form 990-PF - BLANCHE FISCHER FOUNDATION FID # 93-0790099 2018 SCHEDULE A Part II Line 10b, Investments in corporate stock Beg of year End of year Book value Book value Mkt value ALLIANZGI EMERGING MKTS OPP 69,558 48,707 50,956 AMERICAN BEACON MID CAP VALUE cI - 13,538 10,336 AMERICAN CENTURY MID CAP VALUE 81,075 77,197 70,487 ARTISAN INTERNATIONAL INVESTOR 137,794 130,342 126,251 CREDIT SUISSE COMMID RTRN STRTGY 91,130 61,784 36,765 FEDERATED STRATEGIC VALUE DIVIDEND 134,051 161,647 135,210 GATEWAY FUND 81,960 68,786 75,607 INVESCO SMALL CAP GROWTH 47,238 56,547 50,598 JANUS HENDERSON GROWTH AND INCOME 93,760 - MERGER FUND 74,691 79,844 821,594 MFS INTERNATIONAL VALUE 142,128 113,032 115,863 NEUBERGER BERMAN REAL ESTATE 44,389 34,044 31,143 PIMCO STOCKSPLUS TOTAL RETURN 183,463 226,989 201,892 WELLS FARGO UTILITY & TELECOMM 39,088 31,396 49,358 FRANKLIN FLOATING RATE - 65,947 62,975 LOOMIS SAYLES BOND RETAIL SHARES 140,413 110,511 93,611 SEGALL BRY ANT HAMILL PLUS BOND - 129,732 127,911 TEMPLETON GLOBAL BOND 32,543 53,122 48,700 WESTERN ASSET TOTAL RTN 64,096 83,499 79,591 Total 1,457,379 1,546,663 2,188,846			

 Identifier
 Return Reference
 Explanation

 2
 SUPPLEMENTARY INFORMATION - PART XV LINE
 BlancheFischerFoundation4931 SW 76TH AVE , #346Portland, OR 97225Phone part of the part of

equipment or for such other purposes as the foundation finds appropriate Please Note

COPY OF
APPLICATION

2B
private, nonprofit charitable institution founded in 1981 for the purpose of assisting persons who have a disability that challenges them physically and who have financial need. There are three criteria for consideration for a grant from the foundation 1. You must be an Oregon resident, 2. You must have a disability of a physical nature, and 3. You must demonstrate financial need. Applicants may apply for financial aid for education, special.

General Explanation Attachment

Ge

eneral Explanation Attachment					
ldentifier	Return Reference	Explanation			
3	LATE FILING PENALTY ABATEMENT REQUEST	FORM 990 LATE FILING PENALTY	EXPLANATION FOR LATE FILING OF FORM 990-PF FOR CALENDAR Y EAR 2018 This return is being filed late through no fault of the Blanche Fischer Foundation or its directors. The accounting firm that has prepared the form 990-PF for the Foundation for many years merged with another firm in 2018. In the process of merging the two firms, this file was accidently misplaced and was not updated into the new firm. Therefore there was no extension filed for this return. In previous years the extension was automatically filed for the foundation by the accounting firm, thus, the Foundation had no know ledge that the extension filing had been missed until the expiration date of the extension was approaching (11-15-2019). Since the Foundation had not yet received the return for filing, they contacted the accounting firm to check on the status of the return preparation. It was not until then that it was discovered that the file had not been updated into the new firm and that neither the extension nor the return had been prepared or filed. Upon learning of this, the accounting firm immediately completed the preparation of the return for filing. It is now being filed before the extension deadline of 11-15-2019, which would have applied had the file not been lost in the merger. The late filing was completely due to the accounting firms losing the foundation's file during the merger and was through no fault or negligence of the Foundation. The Foundation took all reasonable steps to have the return prepared and filed as soon as they became aw are of the issue. For this reason we respectfully request the abetment of any late filing penalties for the filing of form 990-PF for calendar year 2018.		

eme GRAPHIC Print - DO NOT PROCESS	AS FIIEU DALA -	DLN: 33431317010222
TY 2018 Investments Corporat	e Stock Schedule	
Name: B	Blanche Fischer Foundatio	n

DIN. 02401217010220

ofile CDADUTC print DO NOT DDOCESS As Filed Date

EIII: 93-0790099		
Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
VARIOUS MUTUAL FUNDS	1,546,763	2,188,846

ETN: 02 0700000

Y 2018 Investments - Other	Schedule		
Name:	Blanche Fischer Foundation		
EIN:	93-0790099		
vestments Other Schedule 2			
Category/ Item	Listed at Cost o	r Book Value	End of Year Fair

AT COST

FMV

DIN. 02/01217019220

Market Value

227,700

227,700

ofile CRADUIC print - DO NOT PROCESS | As Filed Data -

ROCK QUARRY

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317018229
TY 2018 Land, Etc. Schedule		

Category / Item	Cost / Other	Accumulated
E	IN: 93-0790099	
Nan	ne: Blanche Fisch	ner Foundation

FILE CABINET

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E	IN: 93-0790099			
	Cost / Other	Accumulated Depreciation	Book Value	End of Year Fair

EIN: 93-0790099	
Cost / Other	Accumulated
Dacie	Donucciation

TY	2018	Other	Assets	Schedule

efile GRAPHIC print - DO NOT PROCESS

Name: Blanche Fischer Foundation

As Filed Data -

	EIN:	93-0790099	
Other Assets Schedule			

End of Year - Book Value

2,767

Market Value

2,767

Description

ARTIFACTS AND PAINTINGS, DRIFTWOOD LIBRARY

DLN: 93491317018229

End of Year - Fair

Beginning of Year -Book Value

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	: 93491317018229	
TY 2018 Other Expenses Schedule					
ı					
Name:	Blanche Fischer	Foundation			
EIN:	93-0790099				
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
LICENSES & FEES	50	0	50	50	
OFFICE AND TELEPHONE	1,950	0	1,950	1,950	
INSURANCE	1,572	0	1,572	1,572	

TY 2018 Other Income Schedule	

Name: Blanche Fischer Foundation

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

Other Income Schedule			
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
SALE OF ROCK IN PLACE FROM QUARRY	17,321	17,321	17,321

DLN: 93491317018229

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491317018229
TY 2018 Other Liabilities Sche	dule			
Name:	Blanche Fische	er Foundation	1	
EIN:	93-0790099			
Description	n		Beginning of Year - Book Value	End of Year - Book Value
PAYROLL TAX WITHHELD			1,952	2,289

Name: Blanche Fischer Foundation EIN: 93-0790099 Category Amount Net Investment Adjusted Net Disbursements							
TY 2018 Other Professional Fees Schedule Name: Blanche Fischer Foundation							
efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLI	N: 93491317018229			

16,178

16,178

INVESTMENT FESS

Purposes

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	led Data - DLN: 93491317018229		
TY 2018 Taxes Schedule				
Name: Blanche Fischer Foundation EIN: 93-0790099				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	2,379	792	1,587	2,379
OREGON DEPT OF JUSTICE	263	263	0	263
U S TREASURY	1,184	1,184	0	1,184