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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

oundation

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

OMB No 1545-0052

DLN: 93491133032429

2018

Return	of	Private	Fo
	•		

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.

Open to Public Inspection

A Employer destination number Section 4177 (2015) Section 41			ndar year 2018, or tax year beginning 0	1-01-20	18 , a	nd ei	nding 12-31-		
Discontinuous control (per institucions)								entification numbe	er
Style Determination of Control (No. 1) Seed and the Control (No. 1) Seed							93-1271976		
Cory of town, table or morning, country, and ZiP art foreign possed code Of Check all that apply Intell return Amended return Address change Name change Amended return Amended retu				eet address)	Room/suite		B Telephone nu	mber (see instructio	ns)
## Check all that apply Initial return Initial return Amended return							(503) 804-8367		
Final return				le			C If exemption	application is pendin	g, check here
Controlled Note: A present provided foundation Controlled Cont	G Cl	neck al	Il that apply \qed Initial return \qed Initial r	eturn of a f	former public charity		D 1. Foreign or	ganizations, check h	ere 📘 🔲
H Check type of organization									
## Check type of organization Content Cont							· ·		· -
Tarm market value of all assets at end of year (from Part IV, coll (c), the 16)	_								
of year (from Part II, col. (c).						1	F 16 th - 6 d-		h h
1	of	year (f	from Part II, col (c), ▶ \$ 8 149 568	pecify) _		ıaı			
1	Pa	rt I	Analysis of Revenue and Expenses (Th	e total	· · · · · · · · · · · · · · · · · · ·				(d) Disbursements
2 Check			of amounts in columns (b), (c), and (d) may not necess	I	expenses per	(b)			purposes
Sch B		1		h					
Sch B		2	_	attach					
1000000000000000000000000000000000000		_	Sch B						
Sa Gross rents Net rental income or (loss) Section Secti		_	- ' '	ents	200 220	2	203 457		
Description		-			203,223	1	203,437		
December				[
Net short-term capital gain	<u>e</u>	6a	Net gain or (loss) from sale of assets not on line	10	138,453	3			
Net short-term capital gain	e r	ь	Gross sales price for all assets on line 6a	İ					
8 Net short-term capital gain 9 10come modifications 10come	Rev	7	Capital gain net income (from Part IV, line 2)	4,865,856			138.453		
10a Gross sales less returns and allowances	_	_							
b Less Cost of goods sold		9	Income modifications						
C Gross profit or (loss) (attach schedule)		10a	Gross sales less returns and allowances						
11 Other income (attach schedule) 12 Total. Add lines 1 through 11		ь							
12 Total. Add lines 1 through 11 347,662 341,910									
13 Compensation of officers, directors, trustees, etc 110,000 22,000 14 Other employee salaries and wages					247.605	,	241.010		
14			<u> </u>		<u> </u>		341,910		22,000
15 Pension plans, employee benefits 17,508				ŀ	110,000	,			22,000
26 Total expenses and disbursements. Add lines 24 and 25 584,696 27 Subtract line 26 from line 12	Š		, ,		17,508	3			
26 Total expenses and disbursements. Add lines 24 and 25 584,696 27 Subtract line 26 from line 12	nse	16a	Legal fees (attach schedule)						
26 Total expenses and disbursements. Add lines 24 and 25 584,696 27 Subtract line 26 from line 12	<u>8</u>	ь	Accounting fees (attach schedule)		6,145	5	6,145		
26 Total expenses and disbursements. Add lines 24 and 25 584,696 27 Subtract line 26 from line 12	E G	C	Other professional fees (attach schedule) .		43,625	5	41,863		150
26 Total expenses and disbursements. Add lines 24 and 25 584,696 27 Subtract line 26 from line 12	ativ	17	Interest	[3			
26 Total expenses and disbursements. Add lines 24 and 25 584,696 27 Subtract line 26 from line 12	Stra		, , , , , ,		37,048	3	7,859		1,824
26 Total expenses and disbursements. Add lines 24 and 25 584,696 27 Subtract line 26 from line 12	Ē			\cdots					
26 Total expenses and disbursements. Add lines 24 and 25 584,696 27 Subtract line 26 from line 12	Ac			L		1			
26 Total expenses and disbursements. Add lines 24 and 25 584,696 27 Subtract line 26 from line 12	nd			ŀ					
26 Total expenses and disbursements. Add lines 24 and 25 584,696 27 Subtract line 26 from line 12	ig a		· ·		1,720		365		
26 Total expenses and disbursements. Add lines 24 and 25 584,696 27 Subtract line 26 from line 12	atın			Į.	· · · · · · · · · · · · · · · · · · ·	+			
26 Total expenses and disbursements. Add lines 24 and 25 584,696 27 Subtract line 26 from line 12	ber				216,729	9	56,232		23,974
25 777,451 56,232 584,696 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	0	25	Contributions, gifts, grants paid	[560,722	2			560,722
a Excess of revenue over expenses and disbursements b Net investment income (If negative, enter -0-) c Adjusted net income (If negative, enter -0-)		26		s 24 and	777,451	L	56,232		584,696
disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Output Description		27							
b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		a			-429,769	,			
		ь	• -	·			285,678		
For Paperwork Reduction Act Notice, see instructions. Cat No. 11289X Form 990-PF (2018)									

7,815,310

8,446,655

154,324

154,324

8,292,331

8,292,331

8,446,655

9

7,757,179

7,879,598

17,036

17,036

7,862,562

7,862,562

7,879,598

2

3

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6

8,292,331

-429,769

7,862,562

7,862,562 Form 990-PF (2018)

8,027,149

8,149,568

Ş	
Asset	

6

7

8

9

10a

b

C 11

12

13

14

15

16

17

18

19

20

21

22

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24

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28

29

31 Part III

Liabilities

Balances

Fund 26

ō

Assets 27

Net 30

2

Receivables due from officers, directors, trustees, and other

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

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

Less allowance for doubtful accounts ▶

Inventories for sale or use

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -

Grants payable

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) > ____

disqualified persons (attach schedule) (see instructions)

Investments—U S and state government obligations (attach schedule)

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 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) .

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

Other notes and loans receivable (attach schedule)

· · · · · · · · · · · · · · · · · · ·						
	e the kınd(s) of property sold (e g , rehouse, or common stock, 200 shs	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
1a See Additional Data Table	e					
b						
С						
d						
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h) r (loss)) minus (g)	
a See Additional Data Table	e					
b						
С						
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) of col (ı) (ı), ıf any	Gains (Col (col (k), but not	h) gain minus less than -0-) or om col (h))	
a See Additional Data Table			377			
b						
С						
d						
e						
Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 -131,319						
			J			
Part V Qualification L	Jnder Section 4940(e) for Re	educed Tax on Net	Investment In	come		
For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on ne	et investment incom	ne)		
if section 4940(d)(2) applies, le	eave this part blank					
if "Yes," the foundation does no	e section 4942 tax on the distributal ot qualify under section 4940(e) Do	not complete this part	·		es 🗸 No	
	nount in each column for each year,	see instructions before	making any entrie			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rat (col (b) divided by c		
2017	387,139		9,287,629		0 041683	
2016	345,745		8,664,605		0 039903	
2015	259,428		8,458,974		0 030669	
2014	159,875		6,174,535		0 025893	
2013	80,910		2,674,697	_	0 030250	
2 Total of line 1, column (d	•				0 168398	
	for the 5-year base period—divide indation has been in existence if less		0, or by the 3		0 033680	
	idation has been in existence if less ncharitable-use assets for 2018 fron		: : : 3		9,158,842	
5 Multiply line 4 by line 3		•	5	1	308,470	
• • • • • • • • • • • • • • • • • • • •	ent income (1% of Part I, line 27b)		6		2,857	
	· · · · · · · · · · · · · · · · · · ·				311,327	
	ons from Part XII, line 4 ,		—		584,696	
	eater than line 7, check the box in Pa			I ng a 1% tax rate Se		
					000 55 15 15 15	

Page **6**

Pa	rt VII-B	Statements Regard	ling A	Activities for Which	Form 4720 May Be	Required	d (continue	ed)				
5a	During the	year did the foundation p	pay or	incur any amount to							Yes	No
	(1) Carry	on propaganda, or otherw	vise at	tempt to influence legisl	ation (section 4945(e))?		□ v					
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955), or to carry											
	on, dir	ectly or indirectly, any vol	ter re	gistration drive?			\Box					
	(3) Provid	le a grant to an individual	for tra	- avel, study, or other sım	ılar purposes?		∐ Yes		No			
	(4) Provid	le a grant to an organization	on oth	ner than a charitable, etc	; , organization described		☐ Yes	•	No			
	ın sed	tion 4945(d)(4)(A)? See in	nstruct	tions			\Box ,	✓				
	(5) Provid	le for any purpose other th	han re	ligious, charitable, scien	tific, literary, or		☐ Yes	•	No			
	educa	tional purposes, or for the	preve	ention of cruelty to childr	en or animals?		☐ Yes	✓				
b	If any ans	wer is "Yes" to 5a(1)-(5),	dıd a	ny of the transactions fa	nl to qualify under the ex	ceptions de		•	NO			
	Regulation	s section 53 4945 or in a	curre	nt notice regarding disas	ter assistance? See instr	uctions				5b		
	Organizati	ons relying on a current n	otice	regarding disaster assist	ance check here		🕨					
c	If the ansv	wer is "Yes" to question 5a	a(4), c	loes the foundation clain	n exemption from the			ш				
	tax becaus	se it maintained expenditu	ire res	ponsibility for the grant	·		☐ Yes	П	No			
	If "Yes," a	ttach the statement requir	red by	Regulations section 53	4945-5(d)		□ res	ш	NO			
6a	Did the fo	undation, during the year,	recei	ve any funds, directly or	indirectly, to pay premiu	ıms on						
	a personal	benefit contract?					□ v	✓	N -			
b	Did the fo	undation, during the year,	pay p	remiums, directly or ind	lirectly, on a personal bei	nefit contra	ct?Yes		No	6 b		No
	If "Yes" to	6b, file Form 8870										
7a	At any tim	e during the tax year, was	s the 1	foundation a party to a p	orohibited tax shelter tran	saction?	□ v ₌₌	✓	N.			
b	If yes, dıd	the foundation receive an	y pro	ceeds or have any net in	come attributable to the	transaction	.º res	. 🖭	NO	7b		
8	Is the four	ndation subject to the sect	tion 49	960 tax on payment(s) o	of more than \$1,000,000	ın remuner	ation or					
	excess pai	rachute payment during th	ne yea	r [,]			☐ Yes	✓	No			
		Information About C	Office	ers. Directors. Trust	tees. Foundation Ma	nagers. I				vees.		
Pa	rt VIII	and Contractors		,	,	J ,	<i>J</i> ,		•	• '		
1	List all of	ficers, directors, trustee	es, fo	undation managers ar	nd their compensation.	See instru	uctions					
) Title, and average	(c) Compensation (If		ntributions t	:0	(5)	Evnen		t
	(a) Na	me and address		hours per week	not paid, enter		benefit plan				se acc Iowano	
VDIC:	TEN KERN		SECRE	devoted to position	-0-)	dererred	l compensat	0	_			
	SW BURTON	DRIVE	9 00	IAKI	27,500			U	Ί			
	LAND, OR 97											
MICH	AEL D KERN		DIREC	TOR	82,500			0				C
	SW BURTON		29 00									
	LAND, OR 97 A SANFORD	221	DIREC	TOP	0							
	AUREL AVE		1 00	.TOR	U			0	'			
	INGAME, CA	94010										
2	Compens	ation of five highest-pai	id em	ployees (other than tl	hose included on line 1	.—see inst	ructions). I	[f no	ne, e	nter "	NONE.	''
, ,				(b) Title, and average			ntributions t			_		
(a)	Name and a	address of each employee ore than \$50,000	paid	hours per week	(c) Compensation	emple	oyee benefit and deferre	.			se acco	
	1110	7 C CHUIT \$50,000		devoted to position			ipensation	"	0.0	iici uii	omanic	
NON	Ē											
Tota	I number of	other employees paid ove	er \$50),000			. •					

Form 990-PF (2018)		Page 7
Part VIII Information About Officers, Directors, Trust and Contractors (continued)	ees, Foundation Managers, Highly I	Paid Employees,
3 Five highest-paid independent contractors for professional s	services (see instructions). If none, ente	er "NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		<u> </u>
Part IX-A Summary of Direct Charitable Activities	de velevent statistical information such as the number	of
List the foundation's four largest direct charitable activities during the tax year Inclu organizations and other beneficiaries served, conferences convened, research papers	s produced, etc	Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments	•	A
Describe the two largest program-related investments made by the foundation du 1 N/A	uring the tax year on lines 1 and 2	Amount
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		. •
		Form 990-PF (2018)

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

Amounts set aside for specific charitable projects that satisfy the

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

3

4

5

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

3a 3h

4

5

584.696

2.857

581.839

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127,162

327,923

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(d)

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9	0-PF	(20)1	8)
ı	7411	١			ī	ı

b Total for prior years

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

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

6 Enter the net total of each column as

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract

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)

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

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

indicated below:

d Applied to 2018 distributable amount. e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

same amount must be shown in column (a))

0-PF	(2	018	3)	
VIII	7				

Form 990-PF (2	018)
Part XIII	Undistribut

711	11 330-F1 (2)	310)	
P	art XIII	Undistributed Income (see instru-	ctions)
1	Distributab	le amount for 2018 from Part XI, line 7	
_	The decision of		

- m Part XI, line 7 2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only.
 - 2015 , 20____ , 20____ Excess distributions carryover, if any, to 2018

(a)

Corpus

(b)

Years prior to 2017

33,720

33.720

33,720

(c)

2017

457,534

factors



Linter gros	s amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Progra	m service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
g Fees	and contracts from government agencies					
	ership dues and assessments st on savings and temporary cash					
invest	ments					
	nds and interest from securities					209,229
	ntal income or (loss) from real estate					
	e-financed property					
	ntal income or (loss) from personal property					
	investment income					
	r (loss) from sales of assets other than					
invent	•					138,453
	come or (loss) from special events profit or (loss) from sales of inventory					
	revenue a					
d						
	tal Add columns (b), (d), and (e).					247.603
	Add line 12, columns (b), (d), and (e).			13	3	347,682 347,682
(See w	orksheet in line 13 instructions to verify calcu	lations)				
Part XV	I-B Relationship of Activities to the					
Line No.	· · · · · · · · · · · · · · · · · · ·			ıf Part X\/I-∆ contribii		
▼	Explain below how each activity for which the accomplishment of the foundation's exinstructions)					J
▼	the accomplishment of the foundation's ex					
T	the accomplishment of the foundation's ex					
V	the accomplishment of the foundation's ex					
V	the accomplishment of the foundation's ex					
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	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
1111	Exempt Organizations

Part	XATI	Exempt Organi	zations									
1 Did	the org	anization directly or in han section 501(c)(3)	directly enga						on 501		Yes	No
a Tran	nsfers f	om the reporting foun	dation to a r	oncharitable ex	empt organizatio	on of						
(1) Cash									. 1	1(1)		No
(2) Other assets								. 1	1(2)		No	
		actions							۔ ا			l
		of assets to a nonchar	-	-					_)(1)		No
		ases of assets from a r								o(2) o(3)		No No
	(3) Rental of facilities, equipment, or other assets									$\frac{3}{3}$		No
(5) Loans or loan guarantees)(5)		No		
		nance of services or m								(6)		No
٠.		facılıtıes, equipment, r	·	-						1c		No
		er to any of the above								ıe		
		ls, other assets, or ser saction or sharing arra										
Ша	ny uan	saction or snaring arra	ingement, sn	ow in column (c	u) the value of the	ie good	us, other asser	is, or services recei	veu			
(a) Line	No	(b) Amount involved	(c) Name of	noncharitable exe	mpt organization	(d	Description of	transfers, transactions	, and sharin	arra	ngemen	its
2a Is th	ne foun	dation directly or indire	ectly affiliate	d with, or relate	d to, one or mor	e tax-e	exempt organi	zations	_			
		n section 501(c) (other		n 501(c)(3)) or	ın section 527? .			Ц Ү	es 🗹 i	lo		
b If "\	es," co	mplete the following s										
		(a) Name of organization	on	(1	b) Type of organiza	ation		(c) Description	n of relations	nıp		
	of my	r penalties of perjury, vknowledge and belief n preparer has any kno	, it is true, c									
Sign Here	*	*****	wieuge		2019-04-30		*****		May the return	RS dı	scuss th	าเร
пеге	 ▶ −				Dete		Table		with the below	orepa	rer shov	vn
	5	ignature of officer or trustee		Г	Date		' Title		(see inst)2 [√ γes	□No
		Print/Type preparer's	name	Preparer's Sigi	nature	Dat	te	Check if self-		00-		
Paid		JAMES E HARNISH				2	2019-04-30	employed ▶ □		UU26	5400	
Prep		Firm's name ► FOR	D BLACK & C	O PC					Fırm's EIN	▶ 0?	-06000	181
Use (Only	F	.01 CW ETE C	T AV/E CTE 3.53					I IIII 3 LIIV			
				T AVE STE 260					Phone no	(503) 228-0	0228
PORTLAND, OR 972014751												

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (d) (b) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation STIFEL - 2836 Р STIFEL - 2836 Ρ STIFEL - 4029 Ρ STIFEL - 4029 Р Ρ STIFEL - 4029 Р UBS - 39545 UBS - 39545 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Gain or (loss) (e) Gross sales price Depreciation allowed Cost or other basis (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 30.605 35,765 -5,160 176,156 204,498 -28,342871,756 972,797 -101,041 2,529,609 2,381,459 148,150 202 202 563,021 588,139 -25,118 618.723 544,745 73,978 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -5,160 -28,342-101,041 148.150 202 -25,118 73,978

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			
ALL CLASSICAL PORTLAND 211 SE CARUTHERS ST		SUPPORT	11,000

SUITE 200 PORTLAND, OR 97214		
ALLIANCE FRANCHISE 1425 SW 20TH AVENUE		SUPPORT

PORTLAND, OR 97214			
ALLIANCE FRANCHISE 1425 SW 20TH AVENUE SUITE 102 PORTLAND, OR 97201		SUPPORT	2,000
· · · · · · · · · · · · · · · · · · ·	l		

1425 SW 20TH AVENUE SUITE 102 PORTLAND, OR 97201			
AMERICAN INTSTITUTE CONSERVATION 727 15TH STREET NW SUITE 500	NONE	SUPPORT	1,000

SUITE 102 PORTLAND, OR 97201			
AMERICAN INTSTITUTE CONSERVATION 727 15TH STREET NW SUITE 500 WASHINGTON DC 200052141	NONE	SUPPORT	1,00

PORTLAND, OR 9/201			
AMERICAN INTSTITUTE CONSERVATION 727 15TH STREET NW SUITE 500 WASHINGTON, DC 200052141	NONE	SUPPORT	1,000
Total		 ▶ 3a	560,722

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

recipient

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

a Paid during the year			
ARCS FOUNDATIONPO BOX 2063 PORTLAND, OR 97208		SUPPORT	3,000
ARTISTS REPERTORY THEATRE		SUPPORT	5,000

ARTISTS REPERTORY THEATRE SUPPORT

or substantial contributor

Name and address (home or business)

1515 SW MORRISON ST PORTLAND, OR 97205 BENEVITY32 W 25TH AVENUE 203

SUPPORT 1,250

SAN MATEO, CA 944032266

Recipient If recipient is an individual, show any relationship to status of
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
BENSON TECH FOUNDATION 546 NORTHEAST 12TH AVENUE PORTLAND, OR 97232			SUPPORT	30,000
BOYS AND GIRSL AID 018 SW BOUNDRY CT PORTLAND, OR 97239			SUPPORT	17,000
COLLINGS FOUNDATION 137 BARTON ROAD STOW, MA 01775			SUPPORT	1,350

560,722

Total . .

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

a Paid during the year			
DOVE LEWIS1945 NW PETTYGROVE ST PORTLAND, OR 97209		SUPPORT	7,550
OREGON RAIL HERITAGE FOUNDATION		SUPPORT	6,000

OREGON RAIL HERITAGE FOUNDATION SUPPORT

Total .

or substantial contributor

FRIENDS OF SPPO BOX 42443 PORTLAND, OR 97242			
FRIENDS OF THE COLUMBIA GORGE 333 SW 5TH AVE SUITE 300		SUPPORT	1,0
PORTLAND, OR 97204			

PORTLAND, OR 9/242			
FRIENDS OF THE COLUMBIA GORGE 333 SW 5TH AVE SUITE 300 PORTLAND, OR 97204		SUPPORT	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			
GIRLS BUILD PORTLANDORG 3625 N MISSISSIPPI ST PORTLAND. OR 97227		SUPPORT	5,000

D, OR 97227			
HEROES THAN LUCAS ST TON SC 29425		SUPPORT	6,

LEGACY FOUNDATIONPO BOX 4484		SUPPORT	6,000
HELPING HEROES 99 JONATHAN LUCAS ST CHARLESTON, SC 29425		SUPPORT	6,000

CHARLESTON, SC 29425			
LEGACY FOUNDATIONPO BOX 4484 PORTLAND, OR 97208		SUPPORT	6,000

560,722

*			
LEGACY FOUNDATIONPO BOX 4484		SUPPORT	6,00
PORTLAND, OR 97208			·

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

Name and address (home or business)

2203 LLOYD CENTER PORTLAND, OR 97232 NORTH COASTPO BOX 67

SEASIDE, OR 97138

Total .

·	or substantial contributor		
a Paid during the year			
LEUKEMIA & LYMPHOMA SOCIETY 6915 SW MACADAM AVE SUITE 100 PORTLAND, OR 97219		SUPPORT	10,000
LLOYD ECODISTRICT		SUPPORT	5.000

recipient

SUPPORT

1,000

6915 SW MACADAM AVE SUITE 100 PORTLAND, OR 97219			
LLOYD ECODISTRICT		SUPPORT	5,

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

or cubetantial contributor

Name and address (home or business)

923 SW WASHINGTON ST PORTLAND, OR 97205

Total .

	or substantial contributor		
a Paid during the year			
OREGON FOOD BANK 7900 NE 33RD DRIVE PORTLAND, OR 97211		SUPPORT	10,000
OREGON PUBLIC BROADCASTING 7140 SW MACADAM AVENUE		SUPPORT	33,500

recipient

PORTLAND, OR 97211			
OREGON PUBLIC BROADCASTING 7140 SW MACADAM AVENUE PORTLAND, OR 97219		SUPPORT	33,500
OREGON SYMPHONY		SUPPORT	178,122

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)

Maine and address (nome or business)	or substantial contributor		
a Paid during the year			
PARISH OF ST MARK1025 NW 21ST AVE PORTLAND, OR 97209		SUPPORT	5,000

<i>'</i>			
PLANNED PARENT DEVELOPMENT 3727 NE MARTIN LUTHER KING JR BLVD PORTLAND, OR 97212		SUPPORT	5,000
PLANNED PARENTHOOD		SUPPORT	500

KING JR BLVD PORTLAND, OR 97212			
PLANNED PARENTHOOD 3727 NE MARTIN LUTHER KING JR BLVD PORTI AND, OR 97212		SUPPORT	500

Total	 	▶ 3a	560,722
PLANNED PARENTHOOD 3727 NE MARTIN LUTHER KING JR BLVD PORTLAND, OR 97212		SUPPORT	500
PORTLAND, OR 97212			

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

or substantial contributor

Total .

a Paid during the year			
PORTLAND SUMMER 1120 SW FIFTH AVENUE		SUPPORT	2,000

PORTLAND, OR 97204			
PROJECT ACCESS NOW714 SW 20TH PL PORTLAND, OR 97205		SUPPORT	16,000
PROVIDENCE ST VINCENT MED FOUND		SUPPORT	7,500

PORTLAND, OR 97205		3011 01(1	10,000
PROVIDENCE ST VINCENT MED FOUND PO BOX 3375 PORTLAND, OR 97208		SUPPORT	7,500

Recipient Foundation Purpose of grant or Amount If recipient is an individual, 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			
PSU FOUNDATION 2125 SW 4TH AVE 510		SUPPORT	121,250

PORTLAND, OR 97201			
SCANDINAVIAN HERITAGE FOUNDATION 8800 SW OLESON RD		SUPPORT	1,000
PORTLAND, OR 97223			

FOUNDATION 8800 SW OLESON RD PORTLAND, OR 97223		SOFFORT	1,000
SUNSHINE DIVISION 12436 SE STARK ST		SUPPORT	5,000

8800 SW OLESON RD PORTLAND, OR 97223			
SUNSHINE DIVISION 12436 SE STARK ST PORTLAND OR 97733		SUPPORT	5,000

•			
SUNSHINE DIVISION 12436 SE STARK ST PORTLAND, OR 97233		SUPPORT	5,000
Total	 	▶ 3a	560,722

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

or substantial contributor

Total .

a Paid during the year			
TP FOREVER5386 SW JOSHUA ST TUALATIN, OR 97062		SUPPORT	10,000

TRANSITION PROJECT 665 NW HOYT STREET PORTLAND, OR 97209		SUPPORT	5,000

665 NW HOYT STREET PORTLAND, OR 97209			-,
UNIVERSITY OF MICHIGAN 500 S STATE ST		SUPPORT	500

ř			
UNIVERSITY OF MICHIGAN 500 S STATE ST ANN ARBOR, MI 48109		SUPPORT	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			
VIRGINIA GARCIA MEMORIAL FOUNDATION		SUPPORT	24,500
PO BOX 486 CORNELIUS. OR 97113			

CORNELIUS, OR 97113			
WILLIAM TEMPLE HOUSE 2023 NW HOYT STREET PORTLAND, OR 97209		SUPPORT	15,

2023 NW HOYT STREET PORTLAND, OR 97209		SUPPORT	15,000
UNIVERSITY OF PORTLAND 5000 N WILLAMETTE BLVD		SUPPORT	1,700

2023 NW HOYT STREET PORTLAND, OR 97209		- SOLI SKI	13,
UNIVERSITY OF PORTLAND 5000 N WILLAMETTE BLVD		SUPPORT	1,7

PORTLAND, OR 97209			
UNIVERSITY OF PORTLAND 5000 N WILLAMETTE BLVD PORTLAND, OR 97203		SUPPORT	1,700

Total	 	▶ 3a	560,722
PORTLAND, OR 97203			
5000 N WILLAMETTE BLVD			

efile GRAPHIC print - DO NOT P	ROCESS	As Filed D	ata -			DLN: 93491133032429
TY 2018 Accounting Fe	es Sche	edule				
	Name:	AUSPLUN	ND TOOZE FAM	ILY F	OUNDATION	
EIN: 93-1271976						
		70 12/1				1
Category	Amo	ount	Net Investme Income	ent	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING		6,145		5,145		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491133032429
TV 2018 Investments Company	to Ctool: Cobo	4	
TY 2018 Investments Corpora	te stock sched	uule	
	ALICELLINE TOOT	E FANATINA FOLINDATION	
Name:	AUSPLUND 100ZI	E FAMILY FOUNDATION	
EIN:	93-1271976		

22.41 33 12/13/0				
Investments Corporation Stock Schedule				
Name of Stock	End of Year Value		f Year Fair ket Value	
STOCK PORTFOLIO	7,75	57,179	8,027,149	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLI	N: 93491133032429		
TY 2018 Other Expenses School	edule					
Name:	AUSPLUND TOC	ZE FAMILY FOUN	IDATION			
EIN: 93-1271976						
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
EXPENSES						
CREDIT CARD FEE	175					
ADR FEES	365	365				
INSURANCE	1,180					

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DI	LN: 93491133032429		
TY 2018 Other Liabilities Sche	dule					
				•		
Nama	ALICOLLINID TO	SOZE EARATIV	Z COLUNID ATTONI	,		
Name:	Name: AUSPLUND TOOZE FAMILY FOUNDATION					
EIN: 93-1271976						
Description	n	ı	Beginning of Year	End of Year -		
		!	- Book Value	Book Value		
CREDIT CARD PAYABLE			153,324	16,036		
OTHER PAYABLE			1,000	1,000		

efile GRAPHIC print - DO NOT PROCI	ESS As Filed Data	-	DL	N: 93491133032429			
TY 2018 Other Professional Fees Schedule							
				,			
Nome of ALICPLUMD TOOZE FAMILY FOUNDATION							
Name: AUSPLUND TOOZE FAMILY FOUNDATION							
EIN: 93-1271976							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
ADVISOR FEE	41,264	41,264					
PAYROLL SERVICE	749	599	·	150			
LEGAL	1,612		·				

efile GRAPHIC print - DO NOT PROCES	S As Filed Data	DLN: 934911330324		N: 93491133032429			
TY 2018 Taxes Schedule							
Name: AUSPLUND TOOZE FAMILY FOUNDATION							
EIN: 93-1271976							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
FOREIGN TAXES	7,859	7,859					
OREGON CT-12	1,129						
OREGON FEE	50						

9,121

18,889

1,824

PAYROLL TAXES

FEDERAL TAX PAYMENTS