990-PF

## Return of Private Foundation

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

1912

2019

Department of the Treasury Internal Revenue Service ▶Do not enter social security numbers on this form as it may be made public. ▶Go to www.irs.gov/Form990PF for instructions and the latest information.

Onen in Public inspection

		dar year 2019 or tax year beginning , a	and ending	•			
			and ending		A Empl	oyer identification number	
F	TIRS	T FRUITS FOUNDATION			26	-3413764	
		d street (or P O box number if mail is not delivered to street address)	Ro	om/suite		hone number (see instruction	ns)
	PO BOX 2744				54	<u>1-689-0913</u>	/
	•	i, state or province, country, and ZIP or foreign postal code			C If exe	mption application is pending	check here
	UGE	NE OR 97402				p	,
G	Check a	all that apply 🔲 Initial return 🔲 Initial retu	rn of a former public ch	narity	D 1 Fc	oreign organizations, check h	ere •
		Final return Amended	return		2 Fc	reign organizations meeting	the
		Address change Name cha	inge		85	% test, check here and attac	h computation
Н	Check t	type of organization $\overline{\mathrm{X}}$ Section 501(c)(3) exempt private	foundation	$\triangle \$	E If priva	ate foundation status was ter	minated under
	Section	n 4947(a)(1) nonexempt charitable trust Other taxabl	le private foundation		sectio	n 507(b)(1)(A), check here	▶ ∐
IF	air mar	rket value of all assets at J Accounting method	X Cash Acc	rual	F If the	foundation is in a 60-month to	ermination
e	nd of y	ear (from Part II, col. (c), Other (specify)			under	section 507(b)(1)(B), check	here •
	ne 16)	▶ \$ 296, 137 (Part I, column (d), must	be on cash basis)				
P	art !	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net inv	vaetment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	inco		income	purposes
	T 4	· · · · · · · · · · · · · · · · · · ·	228,096				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	220,096				
	2	Check ► if the foundation is <b>not</b> required to attach Sch B		<u>.</u>	, , , , , , , , , , , , , , , , , , , ,		
	3	Interest on savings and temporary cash investments					
	4 5-	Dividends and interest from securities					
	5a	Gross rents	***************************************	***************************************			
ne	b	Net rental income or (loss)					
SS. evenue	6a	Net gain or (loss) from sale of assets not on line 10					
%ુ	b	Gross sales price for all assets on line 6a					
$\bar{\Sigma}_{\infty}$	7	Capital gain net income (from Part IV, line 2)	***************************************		0	C	
<u> </u>	8.	Net short-term capital gain					/
DONNACO Sev	9	Income modifications					
כ	10a	Gross sales less returns and allowances					
= =	b	Less Cost of goods sold  Gross profit or (loss) (attach schedule)					
=	11	Other income (attach schedule)					
9	12	Total. Add lines 1 through 11	228,096		0	C	)
<b>-</b> —	13	Compensation of officers, directors, trustees, etc	220,090				<u>'                                    </u>
es s	14	Other employee salaries and wages					
enses	15	Pension plans, employee benefits					
ğ	16a	Legal fees (attach schedule)					
Exp	b	Accounting fees (attach schedule)			RECE	IVED	
Ve V	0	Other professional fees (attach schedule)				SS	
Operating and Administrative	17	Interest		巖	ΙΔΝ <b>1</b>	<b>5</b> 2021	
stı	18	Taxes (attach schedule) (see instructions)		ଥ	ALCIA Y	5 2021 <b>9</b>	
Ξ	19	Depreciation (attach schedule) and depletion					
퉏	20	Occupancy		(	OGDE	N, UI	
ĕ	21	Travel, conferences, and meetings					
pu	22	Printing and publications					
<u> </u>	23	Other expenses (att sch ) STMT 1	9,835				9,835
Ë	24	Total operating and administrative expenses.	. ,				
Ē		Add lines 13 through 23	9,835		0	c	9,835
ed.	25	Contributions, gifts, grants paid	231,090				231,090
0	26	Total expenses and disbursements. Add lines 24 and 25	240,925		0	C	T
	27	Subtract line 26 from line 12	= ,				
	- ' a	Excess of revenue over expenses and disbursements	-12,829				
	b	Net investment income (if negative, enter -0-)	/		0		
	C	Adjusted net income (if negative, enter -0-)				C	)

26-	_ 2 /	12	76	1

Page 2

	Part II	Balance Sheets Attached schedules and amounts in the description colur should be for end-of-year amounts only. (See instructions	nn	Beginning of year	End	of year
	raiti	should be for end-of-year amounts only (See instructions	s )	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash – non-interest-bearing		308,966	296,137	296,137
	2	Savings and temporary cash investments		iii		
	3	Accounts receivable ▶				
		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 (att schedule)				
		Less allowance for doubtful accounts ▶	0	ĺ		
ιn	8	Inventories for sale or use	ŭ			
Assets	9	Prepaid expenses and deferred charges			-	
Ass	10a	Investments – U S and state government obligations (attach schedule)				
`	b	Investments – corporate stock (attach schedule)				
	c	Investments – corporate bonds (attach schedule)				
	11	Investments – land, buildings, and equipment basis			·····	
	• •	Less accumulated depreciation (attach sch.)		1		,
	12	Investments – mortgage loans				-
	13	Investments – other (attach schedule)				
	14	Land, buildings, and equipment basis			•••••••••••	
	17	Less accumulated depreciation (attach sch.)		[		
	15	Other assets (describe ▶	)			-
	16	Total assets (to be completed by all filers – see the	,			
	10	Instructions Also, see page 1, item I)		308,966	296,137	296,137
-	17	Accounts payable and accrued expenses	<del></del>	300,300	,	230,137
	18	Grants payable				
S	19	Deferred revenue		<u> </u>		<u> </u>
litie	20	Loans from officers, directors, trustees, and other disqualified persons				<b> </b>
Liabilities	21	Mortgages and other notes payable (attach schedule)				<u> </u>
Ë	22	Other liabilities (describe	)			<del> </del>
	23	Total liabilities (add lines 17 through 22)	,	0	C	1
_		Foundations that follow FASB ASC 958, check here	► X	<u> </u>		<del> </del>
S		and complete lines 24, 25, 29, and 30.				
ces	24	Net assets without donor restrictions		173,111	124,335	
lar	25	Net assets with donor restrictions		135,855	171,802	
Ва	25	Foundations that do not follow FASB ASC 958, check here	▶ 🗀	133,033	1/1,002	
nd		and complete lines 26 through 30.				
Fu	26	Capital stock, trust principal, or current funds				
ō	27	Paid-in or capital surplus, or land, bldg , and equipment fund				
sts	28	Retained earnings, accumulated income, endowment, or other funds				<u> </u>
SSE	29	Total net assets or fund balances (see instructions)		308,966	296,137	,
t A	30	Total liabilities and net assets/fund balances (see		300,300	230,137	<b></b>
Net Assets or Fund Balan	30	·		308,966	296,137	,
	Darf I	instructions)  Analysis of Changes in Net Assets or Fund Balar	1006	300,300	230,131	<u>.I</u>
	Part II	net assets or fund balances at beginning of year – Part II, column (a), lii		st agree with		T
1		fet assets of fund balances at beginning of year – Part II, column (a), iii f-year figure reported on prior year's return)	ne 23 (IIIU	stagice with	1	308,966
•		amount from Part I, line 27a			2	-12,829
		Increases not included in line 2 (itemize) ▶			3	12,029
		nes 1, 2, and 3			4	296,137
		eases not included in line 2 (itemize)			5	230,137
			column (	h) line 20	6	296,137
	iolai	net assets or fund balances at end of year (line 4 minus line 5) – Part II,	, coluitin (	U/1 III C Z 3		1 270,137

(a) List and describe the	d Losses for Tax on Investment of the kind(s) of property sold (for example, real estate, nouse, or common stock, 200 shs MLC Co)	ent Income	(b) How acquired P – Purchase D – Donation	(c) Date a		(d) Date sold (mo , day, yr )
1a N/A		<del></del>	D - Doriation			
b						
С						
d						
<u> • e</u>			1			<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale			or (loss) ) minus (g))
a						
b						<del></del>
C		· -				
d	· · · · · · · · · · · · · · · · · · ·			-		
Complete only for assets showing of	gain in column (h) and owned by the f	L oundation on 12/31/	/69			
Complete only for assets showing g	(j) Adjusted basis		ess of col (i)			(h) gain minus less than -0-) or
(ı) FMV as of 12/31/69	as of 12/31/69	1 ''	ol (j), if any			om col (h))
а						
b	**					
С						
d						
е						
2 Capital gain net income or (net cap	If gain, also enter in If (loss), enter -0- in	<b>.</b>		2		
3 Net short-term capital gain or (loss)	as defined in sections 1222(5) and (	6)				
If gain, also enter in Part I, line 8, c	olumn (c) See instructions If (loss), e	enter -0- in				
Part I, line 8 Part V Qualification Und	ler Section 4940(e) for Reduc			3		
If section 4940(d)(2) applies, leave this Was the foundation liable for the section If "Yes," the foundation doesn't qualify to	n 4942 tax on the distributable amour		base period?	,		Yes X No
1 Enter the appropriate amount in ear	ch column for each year, see the insti	ructions before mak	ing any entries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	s Net valu	(c) ue of noncharitable-use asse	ets		(d) Inbution ratio divided by col (c))
2018	266	,330	306,	386		0.869263
2017	201	,230	287,	516		0.699891
2016						
2015						
2014					<del></del>	
2 Total of line 1, column (d)				. 2		1.569154
3 Average distribution ratio for the 5-						0 704575
the number of years the foundation	has been in existence if less than 5 y	ears		3	+	0.784577
4 Enter the net value of noncharitable	e-use assets for 2019 from Part X, line	e 5		4		240,965
5 Multiply line 4 by line 3				5		189,056
6 Enter 1% of net investment income	(1% of Part I, line 27b)			6		
7 Add lines 5 and 6				7		189,056
8 Enter qualifying distributions from F	Part XII, line 4			8		240,925
If line 8 is equal to or greater than li Part VI instructions	ine 7, check the box in Part VI, line 1b	o, and complete tha	t part using a 1% tax	rate See th	те	

Form	990-PF (2019) FIRST FRUITS FOUNDATION 26-3413764			age <b>4</b>			
Pa	int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see ins	truct	ions)	,			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1						
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check						
	here ► X and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of						
	Part I, line 12, col (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0			
3	Add lines 1 and 2						
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			0			
6	Credits/Payments						
а	2019 estimated tax payments and 2018 overpayment credited to 2019						
b	Exempt foreign organizations – tax withheld at source 6b						
С	Tax paid with application for extension of time to file (Form 8868)  6c						
d	Backup withholding erroneously withheld 6d 6d						
7	Total credits and payments Add lines 6a through 6d						
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed						
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid						
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ Refunded ▶ 11						
Pa	rt VII-A Statements Regarding Activities		_				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No			
	participate or intervene in any political campaign?	1a		X			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the						
	instructions for the definition	1b		X			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials						
	published or distributed by the foundation in connection with the activities						
С	Did the foundation file Form 1120-POL for this year?	1c		X			
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						
	on foundation managers > \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X			
	If "Yes," attach a detailed description of the activities						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles						
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X	_		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X			
b	If "Yes," has it filed a tax return on Form 990-T for this year? $N/A$	4b		<u> </u>			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X			
	If "Yes," attach the statement required by General Instruction T						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			ĺ			
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that						
	conflict with the state law remain in the governing instrument?	6_	Χ				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Χ				
8a	Enter the states to which the foundation reports or with which it is registered. See instructions ▶  OR						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General						
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Χ	<u></u>	_		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				_		
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV If "Yes,"	1 1		1			
	complete Part XIV	9		X	. '		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their						
	names and addresses STMT 2	10	Χ	<u></u>			

Form **990-PF** (2019)

_P:	art VII-A Statements Regarding Activities (continued)			,	,	
	•				Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions			11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified					,,,
	person had advisory privileges? If "Yes," attach statement. See instructions			12	V	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applications and exemption applications are set of the public inspection requirements for its annual returns and exemption applications are set of the public inspection requirements.	ation?		13	X	<u> </u>
	Website address ► N/A		▶ 541-6	.00	001	2
14	The books are in care of ► RICHARD TURANSKI  PO BOX 2744  Telep	none no i	> 341-6	009-	091	3
	Located at ► EUGENE OR	ZIP+4 Ì	> 97402			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here	Z1F T4 1	21402	-		<b>▶</b> [ ]
13	and enter the amount of tax-exempt interest received or accrued during the year	▶	15			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority	, ,			Yes	No
	over a bank, securities, or other financial account in a foreign country?			16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of					
	the foreign country ▶					
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	During the year, did the foundation (either directly or indirectly)		<u> </u>			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	Π	₩			
	disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	∐ Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		21 110			
	foundation agreed to make a grant to or to employ the official for a period after					
	termination of government service, if terminating within 90 days )	Yes	X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in					
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions		N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here		▶ 🗍			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that					
	were not corrected before the first day of the tax year beginning in 2019?		N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private					
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	П.,	₩.			
	6d and 6e) for tax year(s) beginning before 2019?	Yes	X No		:	
<b>L</b>	If "Yes," list the years > 20 , 20 , 20 , 20					
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to					
	all years listed, answer "No" and attach statement – see instructions )		N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		21, 22			
	► 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise					
	at any time during the year?	Yes	X No			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or					
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the					
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of					
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the					
	foundation had excess business holdings in 2019 )	_	N/A	3b		ļ.,-
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose			4a		X
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			ا ا		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2	บายว	······································	4b orm 99	n-De	(2010)
			1	Ullil U	, u - i I	(4019)

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P	art VII-B Statements Re	egarding Activities for Which For	m 4720 May Be R	Required (con	tınued)				
5a	During the year did the foundation	on pay or incur any amount to						Yes	No
	(1) Carry on propaganda, or other	erwise attempt to influence legislation (section	on 4945(e))?		Yes X	No			
	* * * * *	y specific public election (see section 4955),							
	directly or indirectly, any vote		•		Yes X	No			
	• • • • • • • • • • • • • • • • • • • •	ual for travel, study, or other similar purposes	<sub>5</sub> ?		<del></del>	No			
	= = = = = = = = = = = = = = = = = = = =	zation other than a charitable, etc , organizat							
	section 4945(d)(4)(A)? See i				Yes X	No			
		er than religious, charitable, scientific, literary	or educational						
		on of cruelty to children or animals?	, or oddodnomar		Yes X	No			
b		5), did any of the transactions fail to qualify ι	inder the eventions d		103 21				
U		or in a current notice regarding disaster assis			N	/A	5b		
				15	11	íä l	30		
_	-	nt notice regarding disaster assistance, chec							
С		n 5a(4), does the foundation claim exemption	i nom me tax	N/A 🗌	v	No.			
	because it maintained expenditu			IN/A	Yes	No			
_		quired by Regulations section 53 4945–5(d)							
6a		ear, receive any funds, directly or indirectly, to	o pay premiums		, ডৌ				
	on a personal benefit contract?				Yes X	No			37
þ		ear, pay premiums, directly or indirectly, on a	personal benefit contr	act?		ŀ	6b		X
	If "Yes" to 6b, file Form 8870				📆				
7a		was the foundation a party to a prohibited tax				No			
b		ve any proceeds or have any net income attr		ction?	N	/A	7b		
8	Is the foundation subject to the s	ection 4960 tax on payment(s) of more than	\$1,000,000 in		. <del>.</del>	1			
	remuneration or excess parachu				السا	No	1		L
Pa		out Officers, Directors, Trustees,	Foundation Mana	agers, Highly	Paid Em	ploye	es,		
	and Contractor								
1 L	ist all officers, directors, truste	es, and foundation managers and their co	ompensation. See ins	structions.	<del>,</del>				
			(b) Title, and average	(c) Compensation	(d) Contribut		(a) Ev	2000	count
	(a) N	lame and address	hours per week	(If not paid,	employee by plans and de	benefit eferred		pense ad er allowar	
	(a) N	lame and address			employee b	benefit eferred			
RI	(a) N CHARD TURANSKI	ame and address  EUGENE	hours per week	(If not paid,	employee by plans and de	benefit eferred			
			hours per week devoted to position	(If not paid,	employee by plans and de	benefit eferred			
PC	CHARD TURANSKI	EUGENE	hours per week devoted to position DIRECTOR	(If not paid,	employee by plans and de	benefit eferred ation			nces
PC PA	CHARD TURANSKI D BOX 2744	EUGENE OR 97402	hours per week devoted to position  DIRECTOR 0.00	(If not paid,	employee b plans and de compensa	penefit eferred ation			nces
PC PA	CHARD TURANSKI D BOX 2744 ATRICIA TURANSKI	EUGENE OR 97402 EUGENE	hours per week devoted to position  DIRECTOR 0.00  DIRECTOR	(If not paid, enter -0-)	employee b plans and de compensa	benefit eferred alion 0			nces 0
PC PA PC RA	CHARD TURANSKI D BOX 2744 ATRICIA TURANSKI D BOX 2744	EUGENE OR 97402 EUGENE OR 97402	hours per week devoted to position  DIRECTOR 0.00  DIRECTOR 0.00	(If not paid, enter -0-)	employee b plans and de compensa	benefit eferred alion 0			nces 0
PC PA PC RA	CHARD TURANSKI D BOX 2744 ATRICIA TURANSKI D BOX 2744 AEJEAN WILSON	EUGENE OR 97402 EUGENE OR 97402 EUGENE	hours per week devoted to position  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR	(If not paid, enter -0-)	employee b plans and de compensa	penefit eferred ation 0			0 0
PC PA PC RA	CHARD TURANSKI D BOX 2744 ATRICIA TURANSKI D BOX 2744 AEJEAN WILSON	EUGENE OR 97402 EUGENE OR 97402 EUGENE	hours per week devoted to position  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR	(If not paid, enter -0-)	employee b plans and de compensa	penefit eferred ation 0			0 0
PC PA PC RA	CCHARD TURANSKI D BOX 2744 ATRICIA TURANSKI D BOX 2744 AEJEAN WILSON D BOX 2744	EUGENE OR 97402 EUGENE OR 97402 EUGENE	hours per week devoted to position  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00	(If not paid, enter -0-)	employee be plans and de compensa	penefit eferred ation 0			0 0
PC PA PC RA PC	CCHARD TURANSKI D BOX 2744 ATRICIA TURANSKI D BOX 2744 AEJEAN WILSON D BOX 2744	EUGENE OR 97402 EUGENE OR 97402 EUGENE OR 97402	hours per week devoted to position  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00	(If not paid, enter -0-)	employee be plans and de compensa	penefit eferred ation 0			0 0
PC PA PC RA PC	CCHARD TURANSKI D BOX 2744 ATRICIA TURANSKI D BOX 2744 AEJEAN WILSON D BOX 2744  Compensation of five highest-	EUGENE OR 97402 EUGENE OR 97402 EUGENE OR 97402	hours per week devoted to position  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00	(If not paid, enter -0-)	employee to plans and de compensa	openefit eferred ation  O  O  O  o  o  o  o  o  o  o  o  o  o	othe	r allowar	0 0
PC PA PC RA PC	CHARD TURANSKI D BOX 2744 ATRICIA TURANSKI D BOX 2744 AEJEAN WILSON D BOX 2744  Compensation of five highest- "NONE."	EUGENE OR 97402 EUGENE OR 97402 EUGENE OR 97402	hours per week devoted to position  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00	(If not paid, enter -0-)	employee to plans and de compensa	openefit eferred ation  O  O  O  Ions to penefit	(e) Ex	pense ac	0 0 0 ccount,
PC PA PC RA PC	CHARD TURANSKI D BOX 2744 ATRICIA TURANSKI D BOX 2744 AEJEAN WILSON D BOX 2744  Compensation of five highest- "NONE."	EUGENE OR 97402 EUGENE OR 97402 EUGENE OR 97402  paid employees (other than those include	hours per week devoted to position  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00	(If not paid, enter -0-)	employee to plans and de compensa	penefit eferred ation  0  0  output tions to benefit eferred	(e) Ex	r allowar	0 0 0 ccount,
PC PA PC 2	CHARD TURANSKI D BOX 2744 ATRICIA TURANSKI D BOX 2744 AEJEAN WILSON D BOX 2744  Compensation of five highest- "NONE."	EUGENE OR 97402 EUGENE OR 97402 EUGENE OR 97402  paid employees (other than those include	hours per week devoted to position  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00	(If not paid, enter -0-)	employee to plans and de compensa	penefit eferred ation  0  0  output tions to benefit eferred	(e) Ex	pense ac	0 0 0 ccount,
PC PA PC 2	CCHARD TURANSKI D BOX 2744 ATRICIA TURANSKI D BOX 2744 AEJEAN WILSON D BOX 2744  Compensation of five highest- "NONE."	EUGENE OR 97402 EUGENE OR 97402 EUGENE OR 97402  paid employees (other than those include	hours per week devoted to position  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00	(If not paid, enter -0-)	employee to plans and de compensa	penefit eferred ation  0  0  output tions to benefit eferred	(e) Ex	pense ac	0 0 0 ccount,
PC PA PC 2	CCHARD TURANSKI D BOX 2744 ATRICIA TURANSKI D BOX 2744 AEJEAN WILSON D BOX 2744  Compensation of five highest- "NONE."	EUGENE OR 97402 EUGENE OR 97402 EUGENE OR 97402  paid employees (other than those include	hours per week devoted to position  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00	(If not paid, enter -0-)	employee to plans and de compensa	penefit eferred ation  0  0  output tions to benefit eferred	(e) Ex	pense ac	0 0 0 ccount,
PC PA PC 2	CCHARD TURANSKI D BOX 2744 ATRICIA TURANSKI D BOX 2744 AEJEAN WILSON D BOX 2744  Compensation of five highest- "NONE."	EUGENE OR 97402 EUGENE OR 97402 EUGENE OR 97402  paid employees (other than those include	hours per week devoted to position  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00	(If not paid, enter -0-)	employee to plans and de compensa	penefit eferred ation  0  0  output tions to benefit eferred	(e) Ex	pense ac	0 0 0 ccount,
PC PA PC 2	CCHARD TURANSKI D BOX 2744 ATRICIA TURANSKI D BOX 2744 AEJEAN WILSON D BOX 2744  Compensation of five highest- "NONE."	EUGENE OR 97402 EUGENE OR 97402 EUGENE OR 97402  paid employees (other than those include	hours per week devoted to position  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00	(If not paid, enter -0-)	employee to plans and de compensa	penefit eferred ation  0  0  output tions to benefit eferred	(e) Ex	pense ac	0 0 0 ccount,
PC PA PC 2	CCHARD TURANSKI D BOX 2744 ATRICIA TURANSKI D BOX 2744 AEJEAN WILSON D BOX 2744  Compensation of five highest- "NONE."	EUGENE OR 97402 EUGENE OR 97402 EUGENE OR 97402  paid employees (other than those include	hours per week devoted to position  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00	(If not paid, enter -0-)	employee to plans and de compensa	penefit eferred ation  0  0  output tions to benefit eferred	(e) Ex	pense ac	0 0 0 ccount,
PC PA PC 2	CCHARD TURANSKI D BOX 2744 ATRICIA TURANSKI D BOX 2744 AEJEAN WILSON D BOX 2744  Compensation of five highest- "NONE."	EUGENE OR 97402 EUGENE OR 97402 EUGENE OR 97402  paid employees (other than those include	hours per week devoted to position  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00	(If not paid, enter -0-)	employee to plans and de compensa	penefit eferred ation  0  0  output tions to benefit eferred	(e) Ex	pense ac	0 0 0 ccount,
PC PA PC 2	CCHARD TURANSKI D BOX 2744 ATRICIA TURANSKI D BOX 2744 AEJEAN WILSON D BOX 2744  Compensation of five highest- "NONE."	EUGENE OR 97402 EUGENE OR 97402 EUGENE OR 97402  paid employees (other than those include	hours per week devoted to position  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00	(If not paid, enter -0-)	employee to plans and de compensa	penefit eferred ation  0  0  output tions to benefit eferred	(e) Ex	pense ac	0 0 0 ccount,
PC PA PC 2	CCHARD TURANSKI D BOX 2744 ATRICIA TURANSKI D BOX 2744 AEJEAN WILSON D BOX 2744  Compensation of five highest- "NONE."	EUGENE OR 97402 EUGENE OR 97402 EUGENE OR 97402  paid employees (other than those include	hours per week devoted to position  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00	(If not paid, enter -0-)	employee to plans and de compensa	penefit eferred ation  0  0  output tions to benefit eferred	(e) Ex	pense ac	0 0 0 ccount,
PC PA PC 2	CCHARD TURANSKI D BOX 2744 ATRICIA TURANSKI D BOX 2744 AEJEAN WILSON D BOX 2744  Compensation of five highest- "NONE."	EUGENE OR 97402 EUGENE OR 97402 EUGENE OR 97402  paid employees (other than those include	hours per week devoted to position  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00	(If not paid, enter -0-)	employee to plans and de compensa	penefit eferred ation  0  0  output tions to benefit eferred	(e) Ex	pense ac	0 0
PC PA PC PC	CCHARD TURANSKI D BOX 2744 ATRICIA TURANSKI D BOX 2744 AEJEAN WILSON D BOX 2744  Compensation of five highest- "NONE."	EUGENE OR 97402 EUGENE OR 97402 EUGENE OR 97402  paid employees (other than those include employee paid more than \$50,000	hours per week devoted to position  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00	(If not paid, enter -0-)	employee to plans and de compensa	penefit eferred ation  0  0  output tions to benefit eferred	(e) Ex	pense ac	0 0

Part VIII Information About Officers, Directors, Trustees, Foun and Contractors (continued)	ndation Managers, Highly Paid Emp	loyees,
3 Five highest-paid independent contractors for professional services. See inst	tructions. If none, enter "NONE."	· -
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		<u> </u>
Total number of others receiving over \$50,000 for professional services	<b>&gt;</b>	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information organizations and other beneficiaries served, conferences convened, research papers produced, etc	n such as the number of	Expenses
1 TO PROVIDE CHARITABLE CONTRIBUTIONS AND (	ľ	
AND INTERNATIONAL CHARITIES. IN 2019 THE	ORGANIZATION	
PROVIDED GRANTS TO 32 CHARITIES.		231,090
2		
3		
•		
	·	
4		
Part IX-B Summary of Program-Related Investments (see instr	ructions)	<del></del>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  1 N/A		Amount
I W/A		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	<b>•</b>	

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

Pa	Irt X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn foui	ndations,
	see instructions )	· · · · · ·	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	]	
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	244,635
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	244,635
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	244,635
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		· ·
	instructions)	4	3,670
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	240,965
6	Minimum investment return. Enter 5% of line 5	6	12,048
Pa	Irt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	found	lations
	and certain foreign organizations, check here ▶ ☐ and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	12,048
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019 (This does not include the tax from Part VI)	] ]	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	12,048
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	12,048
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	12,048
Pa	urt XII Qualifying Distributions (see instructions)	•	•
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	240,925
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		· · · · · · · · · · · · · · · · · · ·
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	240,925
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	240,925
-	Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the found		= 10, 520

P	art XIII Undistributed Incom	e (see instructions				
			(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part	XI,	Corpus	Years prior to 2018	2018	2019
	line 7	,				12,048
2	Undistributed income, if any, as of the e	end of 2019	***************************************			,
	Enter amount for 2018 only					
	Total for prior years 20, 20	20				
3	Excess distributions carryover, if any, to				***************************************	
	From 2014					
_	From 2015					
	From 2016					
	From 2017	186,854				
	From 2018	251,011				
	Total of lines 3a through e	231,011	437,865			
4	Qualifying distributions for 2019 from Pa	ort VII	437,003			
•	line 4 ▶ \$ 240,925	ait Aii,				
-	Applied to 2018, but not more than line	20				
	Applied to undistributed income of prior					
b	(Election required – see instructions)	years				
_	Treated as distributions out of corpus (E	lection				
·		lection			'	
اد	required – see instructions)					12,048
	Applied to 2019 distributable amount		228,877			12,040
	Remaining amount distributed out of co	•	220,011			
5	Excess distributions carryover applied to					
	(If an amount appears in column (d), the	same				
6	amount must be shown in column (a) )					
0	Enter the net total of each column as					
_	indicated below:	ant lung E	666 742			
	Corpus Add lines 3f, 4c, and 4e Subtra		666,742			
D	Prior years' undistributed income Subtr	acı				
	line 4b from line 2b	h				
С	Enter the amount of prior years' undistri					
	income for which a notice of deficiency					
	been issued, or on which the section 49	42(a)				
_	tax has been previously assessed					
a	Subtract line 6c from line 6b Taxable					
_	amount – see instructions	. I				
е		line				
	4a from line 2a Taxable amount – see					
£	Instructions					
T	Undistributed income for 2019 Subtract					
	4d and 5 from line 1. This amount must	ue i				^
7	distributed in 2020					0
7	Amounts treated as distributions out of	·				
	to satisfy requirements imposed by sect					
	170(b)(1)(F) or 4942(g)(3) (Election may	/ De				
_	required—see instructions)					
8	Excess distributions carryover from 201					
,	applied on line 5 or line 7 (see instruction	· ·				
9	Excess distributions carryover to 202	o.	666 340			
4.0	Subtract lines 7 and 8 from line 6a		666,742			
10	Analysis of line 9	1				
а	Excess from 2015					
b	Excess from 2016	100.051				
C	Excess from 2017	186,854				
đ	Excess from 2018	251,011				
е	Excess from 2019	228,877	<u> </u>			

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Pa	rt XIV Private Operating For	ındations (see ın	structions and Pa	rt VII-A, question	9)	
1a	If the foundation has received a ruling or	determination letter th	nat it is a private opera	iting		
	foundation, and the ruling is effective for	2019, enter the date of	of the ruling	•		
b	Check box to indicate whether the foundation	ation is a private opera	ating foundation descr	ibed in section 4	942(j)(3) or 494	2(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	investment return from Part X for					
	each year listed					
b	85% of line 2a	·				
c	Qualifying distributions from Part XII,					
•	line 4, for each year listed					
d	Amounts included in line 2c not used directly					
u	for active conduct of exempt activities					
е	Qualifying distributions made directly					
-	for active conduct of exempt activities					
	'					
•	Subtract line 2d from line 2c			<del> </del>		·
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test – enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under		1			
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in					
	Part X, line 6, for each year listed	/				
С	"Support" alternative test – enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or priore exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplementary Inforn	nation (Complete	this part only if	the foundation h	nad \$5,000 or more	e in assets at
	any time during the ye	ear – see instruc	tions.)			
1	Information Regarding Foundation Ma	ınagers:				
а	List any managers of the foundation who	have contributed mor	re than 2% of the total	contributions received	by the foundation	
	before the close of any tax year (but only	if they have contribut	ed more than \$5,000)	(See section 507(d)(	2))	
	SEE STATEMENT 3	-				
b	List any managers of the foundation who	own 10% or more of	the stock of a corpora	tion (or an equally larg	e portion of the	
	ownership of a partnership or other entity					
	N/A	•	· ·			
2	Information Regarding Contribution, G	Grant, Gift, Loan, Sch	nolarship, etc., Progr	ams:		
	Check here ► X if the foundation only				does not accept	
	unsolicited requests for funds. If the foun					
	complete items 2a, b, c, and d See instr		anto, oto , to marriada	io or organizations an		
	The name, address, and telephone numb		of the nerson to whom	applications should be	addressed	
u	N/A	oci di cinan addicese d	in the person to whom	applications should be	duarecood	
	71/ 77					
<u>_</u>	The form in which applications should be	euhmitted and inform	nation and materials th	ev should include		<del></del>
b	The form in which applications should be $N/A$	submitted and inform	iation and materials th	ey should include		
С	Any submission deadlines					
	N/A	anala an lan an an an an		inden lemma of i. i	one exetter	
d	Any restrictions or limitations on awards,	such as by geograph	icai areas, charitable f	ieias, kinas ot instituti	ons, or other	
	factors					
	N/A	<del></del>	<del>.</del>			50m 990-PF (20)

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During		ruture rayment	I - I	· <del>-</del>
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year AWAKENING CHURCH 855 W 1ST EUGENE OR 97402	FOR DI	PC RUG & ALCOHOL	RECOVERY	500
BEE GIRL PO BOX 3257 ASHLAND OR 97520		PC FOR BEE CON	SERVATION	1,000
BEYOND TOXICS 120 SHELTON MCMURPHEY BLV EUGENE OR 97401	FOR ENVI	PC RONMENTAL CON	SERVATION	4,200
BOYS AND GIRLS CLUB OF EME 1545 W. 22ND AVE EUGENE OR 97405		PC PR CHILDREN'S	SERVICES	250
CASÀ OF LANE COUNTY 174 DEADMOND FERRY RD SPRINGFIELD OR 97477	I .	PC OR CHILDREN'S	SERVICES	750
CHRISTIANS AS FAMILY ADVOCA 921 COUNTRY CLUB RD EUGENE OR 97401	ATES	PC FOR FAMILY	SERVICES	4,000
CRU 100 LAKE HART DR ORLANDO FL 32832	I	PC FOR RELIGIOUS	SERVICES	5,000
DOVE MEDICAL 487 E 11TH AVE EUGENE OR 97401	FC	PC R PREGNANCY	RESOURCES	5,000
EVERY CHILD 2500 W 18TH AVE EUGENE OR 97402		PC FOR FAMILY	SERVICES	25,000
FAMILYWORKS 1501 N 45TH ST SEATTLE WA 98103		PC FOR FAMILY		7,000
b Approved for future payment			▶ 3a	231,090
N/A				
				_
Total	<u> </u>	<u> </u>	▶ 3b	

Part XV . Supplementary Information (continued)

3 Grants and Contributions Paid During		Future Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	reapient		
a Paid during the year FOOD CORPS 1140 SE 7TH AVE PORTLAND OR 97214	FOR SCHO	PC OL NUTRITION	PROGRAMS	5,000
GREENHILL HUMANE SOCIETY 88530 GREEN HILL RD EUGENE OR 97402	FOR AN	PC TIMAL SHELTER	PROGRAMS	250
KIDSPORTS 2054 AMAZON PKWY EUGENE OR 97405		PC FOR YOU'	TH SPORTS	250
KID'S FIRST 299 E 18TH AVE EUGENE OR 97401		PC DR CHILDREN'S	ADVOCACY	750
KURU CHURCH OF UGANDA UNKNOWN UNNOWN	I	NC OR RELIGIOUS	SERVICES	10,200
LOVE INC PO BOX 127 JENISON MI 49429	I	PC FOR COMMUNITY	SERVICES	500
MARANTHA KIDS AND MINISTRY UNKNOWN UNKNOWN	I	NC OR RELIGIOUS	SERVICES	7,000
NW CENTER FOR ALTERNATIVES PO BOX 1393 EUGENE OR 97440		PC NVIRONMENTAL	SERVICES	3,000
OPERATION GRATITUDE 21100 LASSEN ST CHATSWORTH CA 91311		PC FOR MILITARY	SERVICES	500
OSU FOUNDATION 850 SW 35TH ST CORVALLIS OR 97333-4015 Total	FOR I	PC RESEARCH AND	EDUCATION  3a	90,000
b Approved for future payment			<b>►</b> Ja	
N/A				
Total			<b>▶</b> 3b	<del> </del>
ioiai			<b>≥</b> 3D	

Part XV . Supplementary Information (continued)

Part XV Supplementary Information (conting 3 Grants and Contributions Paid During the		Future Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	respen		<del>.</del>
a Paid during the year OSU MASTER BEEKEEPER				
OREGON STATE UNIVERSITY		PC		
CORVALLIS OR 97331	1	OR EDUCATION	SERVICES	600
PHD MINISTRIES INTERNATIONAL				
7911 IMPERIAL HWY		PC	į	
DOWNEY CA 90242	]	OR RELIGIOUS	SERVICES	500
SCHOOL GARDEN PROJECT				
PO BOX 30072	-	PC BRIGATION		7 500
EUGENE OR 97403	1	OR EDUCATION	SERVICES	7,500
SHELDON COLLEENS				
1136 S 40TH CT		PC		
SPRINGFIELD OR 97478		FOR YOU'	TH SPORTS	125
SHELTERCARE				
499 WEST 4TH AVE		PC		
EUGENE OR 97401	]	OR COMMUNITY	SERVICES	500
	UGANDA	NC		
UNKNOWN UNKNOWN	,	NC FOR RELIGIOUS	SERVICES	25,340
OMMINOWIN		OK KELIGIOUS	SERVICES	25,540
ST. VINCENT DE PAUL				
PO BOX 24608	_	PC		
EUGENE OR 97402	]	OR COMMUNITY	SERVICES	1,000
STAR OF HOPE ACTIVITY CENTER				
657 NEWMARK AVE		PC		
COOS BAY OR 97420	]	OR COMMUNITY	SERVICES	12,125
THE CHILD CENTER				
3995 MARCOLA RD		PC		
SPRINGFIELD OR 97477	F	R CHILDREN'S	SERVICES	500
UPPERALLE TAGE PARACT				
VETERAN'S LAST PATROL 140B VENTURE BLVD		PC		
SPARTANBURG SC 29306	1	OR VETERAN'S	SERVICES	500
Total			▶ 3a	
b Approved for future payment				
N/A				
	,			
Total		<u> </u>	▶ 3b	•
- I Oldi			<b>J</b> 30	5 990-PF (2010)

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year WIGGLY TAILS DOG RESCUE 1580 N PARK AVE PC EUGENE OR 97404 FOR ANIMAL SERVICES 250 WSU FOUNDATION 255 E MAIN ST PC PULLMAN WA 99163 FOR RESEARCH PROGRAMS 12,000 Total ▶ 3a **b** Approved for future payment N/A Total ▶ 3b

	Tarl Avi-A	Analysis of Income-Producing Acti	vities				
		ounts unless otherwise indicated		ed business income	Exclude	d by section 512, 513, or 514	
	<b>,</b>		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
1	Program ser	vice revenue			1		(See instructions )
	a						
	b						
	c				<u> </u>		
	d						
	e				1		! 
	f						
	_	d contracts from government agencies					
		dues and assessments			<u> </u>		
		avings and temporary cash investments					
		nd interest from securities			ļ		
5		come or (loss) from real estate		<u> </u>	ļ		
		anced property			ļ		
		-financed property			<del> </del> -		
		come or (loss) from personal property					
	Other invest		•				
		s) from sales of assets other than inventory					
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		or (loss) from sales of inventory					
11	Other revenu	ue a			ļ		
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Form 99	90-PF (20 <sup>-</sup>	19) FIRST	FRU	JITS FO	NOITAGNUC		26-34	113764			Pa	ge <b>13</b>
Part			n Rega				ns and Relatio		th Noncharita	ble Ex		
1 Di	id the orga	anization direct	ly or ind	rectly engag	ge in any of the fol	llowing with any	other organization de	escribed			Yes	No
ın	_	01(c) (other tha			organizations) or	-	-					
	-		na found	ation to a no	oncharitable exem	nt organization o	.f					
	) Cash	om me reporm	ig iounu	ation to a ne	Shonamable exem	pr organization o	'1			1a(1)		X
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•	ther trans									14(2)		
			anahariti	shla ayamat	organization					1b(1)		X
•	•	f assets to a n		•	_							X
					exempt organizati	ion				1b(2)		X
-		of facilities, equ			sers					1b(3)		X
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-		or Ioan guarant			- 6 4 1	4-4				1b(5)		X
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	_			_	other assets, or pa		413 6 . 1.1			1c	L	<u> </u>
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		_		_	-	-	the foundation rece					
		1			_		the goods, other as					
	ine no	(b) Amount in	volved	(c) Nam	e of noncharitable exem	ipt organization	(d) Descripti	on of transfers, tra	ansactions, and sharing	arrangeme	ints	
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2a Is	the found	ation directly o	r indirec	tly affiliated	with, or related to	one or more tax	-exempt organization	ns				
de	escribed in	section 501(c	) (other t	han section	501(c)(3)) or in se	ection 527?				☐ Y	es X	No
b If	"Yes," cor	nplete the follo	wing sch	nedule						_		-
	(-	a) Name of organiza	ation		(b) Type of o	organization		(c) Descrip	tion of relationship			
N/	'A											
							edules and statements, a		my knowledge and beli	ef, it is true	<del>)</del> ,	
	correct, a	nd complete Decla	aration of p	reparer (other t	than taxpayer) is based	on all information of	which preparer has any k	nowledge	May the IRS di	scuss this r	eturn	$\neg \neg$
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Name of the organization

### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

**Employer identification number** 

FIRST FRUITS FOUNDATION 26-3413764 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions ▶ \$ totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

PAGE 1 OF 1

age **2** 

 Employer identification number 26-3413764

Part I	Contributors (see instructions)	Use duplicate copies of P	art I if add	litional space is n	eeded	
(a) No.	(b) Name, address, and a	ZIP + 4	Total	(c) contributions	(d) Type of contribution	
1	GLORYBEE FOODS 120 N SENECA RD. EUGENE	OR 97402	\$	94,593	Person X Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and 2	ZIP + 4	Total	(c) contributions	(d) Type of contribution	
2	RICHARD & PATRICIA TU 197 DIBBLEE LN. EUGENE		\$	77,725	Person X Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and a	ZIP + 4	Total	(c) contributions	(d) Type of contribution	
3	UNITED STATES BAKERY 2000 NUGGET WAY EUGENE	OR 97403	\$	20,000	Person X Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and 2	ZIP + 4	Total	(c)	(d) Type of contribution	
•		•	\$		Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and 2	ZIP + 4	Total	(c)	(d) Type of contribution	
			\$		Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and a	ZIP + 4	Total	(c) contributions	(d) Type of contribution	
			\$		Person Payroll Noncash (Complete Part II for noncash contributions)	

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3163201 First Fruits Foundation

26-3413764

FYE: 12/31/2019

# Federal Statements

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Part I, Line 2	
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990-PF, F	
Form 9	
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Statement	

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# Statement 2 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors

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Address UNITED STATES BAKERY

2000 NUGGET WAY

EUGENE OR 97403

City, State, Zip

3163201 First Fruits Foundation 26-3413764

FYE: 12/31/2019

# **Federal Statements**

Statement 3 - Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager		Amount
RICHARD TURANSKI PATRICIA TURANSKI	\$	38,863 38,862
TOTAL	\$_	77,725

3