EXTENDED TO NOVEMBER 16, 2020 Return of Private Foundation

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

OMB No 1545-0047

r calendar year 2019 or tax year beginning		, and ending		
ame of foundation			A Employer identification	n number
	93-0818169	9		
	B Telephone number			
		<u> </u>		
	usiai colle		o if exemption application is	pending, check here
Check all that apply Initial return	Initial return of a fo	ormer public charity	D 1 Foreign oi ganizatioi	is, check here
Final retuin	Amended return		2 Foreign organizations m	seeting the 85% test
			1	
_		ation - 04		
		Accrual	1	
			i	
				1 (4)-
(The total of amounts in columns (b) (c), and (d) may not necessarily equal the amounts in column (a)	expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	205,500.		N/A	
2 Check it in the foundation is not required to attach Sch. B. Interest on savings and temporary	66			STATEMENT 1
3 cash investments				STATEMENT 1
5a Gross rents	130,230.	130,230.		DITTI BRIBIT B
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	<16,832.	>	·	DECENTES
b Gross sales price for all 3,526,341.		0		RECEIVED
/ Capital gain net income (from Part IV line 2)		0.	6	AUG 2 7 2020
Λ			18	AUG 2 / 2020
10a and allowances				[
b Less Cost of goods sold				GDEN, UT
, , ,	-075			STATEMENT 3
				SIATEMENT 3
13 Compensation of officers directors trustees, etc	0.	0.		0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
		l		125.
D ACCOUNTING TEES STITT 5	24,349.			2,175.
2 17 Interest	24,711.	24,711.		
18 Taxes STMT 7	991.	210.		0.
19 Depreciation and depletion				
20 Occupancy	105			105
2 21 Travel, conferences, and meetings	195.	0.		195.
2 23 Other expenses STMT 8	1,706.	23.		1,683.
24 Total operating and administrative		 * · · ·		
expenses. Add lines 13 through 23	32,077.	27,118.		4,178. 175,000.
25 Contributions, girts, grants paid	175,000.			175,000.
i -	207 077	27 118		179,178.
27 Subtract line 26 from line 12	201,011	27,110.		1 2,0,1,0.
Excess of revenue over expenses and disbursements	119,020.			
b Net investment income (if negative enter -0-)		111,186.		
c Adjusted net income (if negative, enter -0-)			N/A	
	The of foundation SCHLESINGER FAMILY FOUNDAT There and street (or PO box number if mail is not delivered to street 510 SW ALDER STREET, SUITE To rotwn, state or province, country, and ZIP or foreign province, country, and ZIP or foreign province, and zip or foreign province and	### The process of the process of the state	The of foundation SCHLESINGER FAMILY FOUNDATION The and sheet (or PO be number of mole in not delivered to street address) To SW ALDER STREET, SUITE 1221 To of town, state or province, country, and ZiP or foreign postal code PORTLAND, OR 97205 Check all that apply Initial return Amended return Amend	A Employer identification SCHLESINGER FAMILY FOUNDATION 30-081816:9 93-081816:9 94-081816:9 93-081816:9 93-081816:9 93-081816:9 93-081816:9 94-081816:9 93-081816:9 94-081816:9 93-081816:9 94-081816:9 94-081816:9 93-081816:9 94-081816:9 94-081816:9 93-081816:9 94-081816:9 93-081816:9 94-081816:9 94-081816:9 93-081816:9 94-081816:9

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions

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		Balance Sheets Allached schedules and amounts in the description	Beginning of year	End of	year
Г	art	column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	818,839.	1,187,324.	1,187,324.
		Accounts receivable >			
		Less. allowance for doubtful accounts	M* = 4 = = = = = = = = = = = = = = = = =		•
	4	Pledges receivable >			
		Less allowance for doubtful accounts	-	-	
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts	· ·	•	
s	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges	241.		·
As		Investments - U.S. and state government obligations			
	1	Investments - corporate stock			
	1	Investments - corporate bonds			
		Investments land huidings and equipment basis		,	
	' '	Less accumulated depreciation	-		
	12	Investments - mortgage loans			
		Investments - other STMT 9	3,614,171.	3,364,947.	3,561,980.
	1	Land, buildings, and equipment: basis	0,022,2120	0,001,01,1	0,002,000
	١.,	Less accumulated depreciation			• •
	15	Other assets (describe)			
		Total assets (to be completed by all filers - see the			
	"	instructions. Also, see page 1, item 1)	4,433,251.	4.552.271.	4,749,304.
_	17	Accounts payable and accrued expenses	1,100,101		
		Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers directors trustees and other disqualified persons			
Ē	21	Mortgages and other notes payable			
تَـ	22	Other liabilities (describe)	1	·	
					
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow FASB ASC 958, check here			
Ś		and complete lines 24, 25, 29, and 30			ı
lances	24	Net assets without donor restrictions	4,433,251.	4,552,271.	
ala	25	Net assets with donor restrictions			
ĕ		Foundations that do not follow FASB ASC 958, check here 🕨 🗔			
Ξ		and complete lines 26 through 30			
ō	26	Capital stock, trust principal, or current funds			
ets	27	Paid-in or capital surplus, or land, bldg, and equipment fund			
Ass	28	Retained earnings, accumulated income, endowment, or other funds			
Net Assets or Fund Ba	29	Total net assets or fund balances	4,433,251.	4,552,271.	
z					
_	30	Total liabilities and net assets/fund balances	4,433,251.	4,552,271.	· · · · · · · · · · · · · · · · · · ·
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
_		net assets or fund balances at beginning of year - Part II, column (a), line	20		
		t agree with end-of-year figure reported on prior year's return)	es.		4,433,251.
		amount from Part I, line 27a		1 2	119,020.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	4,552,271.
		eases not included in line 2 (itemize)		. 5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 29	6	4,552,271.
_			<u> </u>		Form 990-PF (2019)

		Sees for Tax on in			17611	Tow ac	ouired I	a) Data	acquired	(d) Data and
(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)			D D	- Purc - Dona	nase į '	(mo, d	acquired ay, yr.)	(d) Date sold (mo , day, yr)		
1a PUBLICLY TRADE SECURITIES						P			· · · · · · · · · · · · · · · · · · ·	
b CAPITAL GAIN D							P			
c CAPITAL GAIN/L	OSS I	ROM SCHEDUL	ES K-1				P		_	
d		· · · · · · · · · · · · · · · · · · ·								
e	~	· · · · · · · · · · · · · · · · · · ·			<u> </u>					
(e) Gross sales price	(f) [Depreciation allowed (or allowable)	plus e	st or other basis expense of sale					ain oi (loss s (f) minus ((g))
a 3,521,580.				3,543,17	3.					<21,593.
b 4,536.										4,536. 225.
c 225.										225.
d										
e	l	1 (1)	E . 7	10/04/00						
Complete only for assets showing		·····					(I) (Gains (C	of (h) gain not less thai	minus
(ı) FMV as of 12/31/69	(as of 12/31/69		cess of col. (1) col (j), if any					(from col (
a										<21,593.
b		,					·			4,536.
C										225.
d										
e										
		∫ If gain, also enter	ın Part I, line	7	1					4.5.000
2 Capital gain net income or (net ca	apital loss)	If (loss), enter -0-	ın Part I, line	7	1	2				<16,832.
3 Net short-term capital gain or (los	ss) as defii	ned in sections 1222(5) an	d (6):		\					
If gain, also enter in Part I, line 8,						_			37 /'S	
If (loss), enter -0- in Part I, line 8 Part V Qualification U		1 4040/- X	Dadusas	Tou on Not	71	3			N/A	
Was the foundation liable for the sec If "Yes," the foundation doesn't quality	fy under se	ection 4940(e). Do not com	plete this par	t						Yes X No
1 Enter the appropriate amount in (a)	each colui		istructions be	Tore making any e				1		(4)
Base peliod years Calendar year (or tax year beginni	ing in)	(b) Adjusted qualifying dist		Net value of no		ıtable-		Distribution ratio (col (b) divided by col. (c))		
2018			8,048.				9,704.			
2017			2,930.				0,174.			.054345
2016			9,810.				7,270.			.063593
2015			8,651.				8,911.	<u> </u>		.056571
2014		9	2,350.		5	,09	4,889.	1		.018126
2 Total of line 1, column (d)								2		.262457
3 Average distribution ratio for the	5-year bas	se period - divide the total o	on line 2 by 5.	O, or by the numb	er of v	/ears				
the foundation has been in existe	•	•		,				3		.052491
4 Enter the net value of noncharital	ole-use ass	sets for 2019 from Part X, I	ine 5					4		4,455,050.
5 Multiply line 4 by line 3								5		233,850.
6 Enter 1% of net investment incor	ne (1% of	Part I, line 27b)						6		1,112.
7 Add lines 5 and 6								7		234,962.
8 Enter qualifying distributions from	n Part XII.	line 4						8		179,178.
If line 8 is equal to or greater than See the Part VI instructions			1b, and comp	lete that part usin	g a 19	% tax r	ate	ــــــــــــــــــــــــــــــــــــــ		, = : 5 -

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3b

4a

N/A

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Schedule C, to determine if the foundation had excess business holdings in 2019)

had not been removed from jeopardy before the first day of the tax year beginning in 2019?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Part VII-B Statements Regarding Activities for Which P	oriii 4720 Way be F	sequirea (contin	uea)		
5a During the year, did the foundation pay or incur any amount to		<u> </u>	[Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es 🗓 No		1 !
(2) Influence the outcome of any specific public election (see section 4955), or	r to carry on, directly or indire		[1]		, ,
any voter registration drive?			es X No		l '
(3) Provide a grant to an individual for travel, study, or other similar purposes?		Y(es X No		,
(4) Provide a grant to an organization other than a charitable, etc., organization	i described in section	г 1	ਿ ਦ ਾ		
4945(d)(4)(A)? See instructions	1		es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				I
the prevention of cruelty to children or animals?		 -	es X No		'
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations			٠.
section 53.4945 or in a current notice regarding disaster assistance? See instru	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check h			▶└──	1	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					
expenditure responsibility for the grant?	N	7/A Y	es L No		
If "Yes," attach the statement required by Regulations section 53 4945-5(d)					.
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on				1 .
a personal benefit contract?		Yı	es X No		l
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		L	6b	X
If "Yes" to 6b, file Form 8870.					1
7a At any time during the tax year, was the foundation a party to a prohibited tax s	nelter transaction?	- Y	es X No		↓
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b	<u> </u>
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration or			- 1	1 .
excess parachute payment(s) during the year?			es X No		
Part VIII Information About Officers, Directors, Truste	es, Foundation Ma	nagers, Highly	У		
Paid Employees, and Contractors		 			
List all officers, directors, trustees, and foundation managers and ti		(c) Compensation	(d) Contohubana ta	T (-) Ev	20000
(a) Name and address	(b) Title, and average hours per week devoted.	(If not paid,	(d) Contributions to employed benefit plans and deterred compensation	(e) Exp	t, other
(u) (v) (v) (v) (v) (v) (v) (v) (v) (v) (v	to position	`enter'-0-)	compensation	allowa	inces
			•		
GDD GDA MDVDVM 10					^
SEE STATEMENT 10		0.	0.	ļ	0.
					•
	-···				
				i	
		L		l	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contribution to		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employed benefit plans and deterred compensation	(e) Exp	t, other
	devoted to position	,	compensation	allowa	inces
NONE					
				ļ	
				<u> </u>	
	•				
<u></u>		<u></u>		<u> </u>	
Total number of other employees paid over \$50,000	 		>		0
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Total. Add lines 1 through 3

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P	Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undations	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	3,846,243.
Ь		1b	3,846,243. 676,650.
С	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	4,522,893.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0	.	
2	Acquisition indebtedness applicable to line 1 assets	1 2	0.
3	Subtract line 2 from line 1d	3	4,522,893.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	67,843.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	4,455,050.
6	Minimum investment return Enter 5% of line 5	6	222,753.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations, check here ▶ ☐ and do not complete this part)	ınd certain	
1	Minimum investment return from Part X, line 6	1	222,753.
2a	Tax on investment income for 2019 from Part VI, line 5 2, 224	. —	
b	Income tax for 2019 (This does not include the tax from Part VI.)	1	
С	Add lines 2a and 2b	7 2c	2,224.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	220,529.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	220,529.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	220,529.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1 1	150 150
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	179,178.
b	· · · · · · · · · · · · · · · · · · ·	1b	<u> </u>
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 salisfy the:	1	
	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	450 450
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	179,178.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	179,178.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies fo	or the section

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	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,	00,500	10010 1010 10 10 10	2010	
line 7				220,529.
2 Undistributed income, if any as of the end of 2019				
a Enter amount for 2018 only			0.	
b Total for prior years				
·		΄ Ο.		
3 Excess distributions carryover, if any, to 2019				
a From 2014				
b From 2015 25,327.				
¢ From 2016 63,068.				
dFrom 2017 20,705.				
e From 2018 60,485.				
f Total of lines 3a through e	169,585.			· · · · · · · · · · · · · · · · · · ·
4 Qualifying distributions for 2019 from				
Part XII, line 4 [.] ▶\$ 179,178.				
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount				179,178.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	41,351.			41,351.
6 Enter the net total of each column as indicated below.				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	128,234.			
b Prior years' undistributed income. Subtract				···· · · · · · · · · · · · · · · · · ·
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2018 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2019 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
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)	0.			
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020	· · · · · · · · · · · · · · · · · · ·			
Subtract lines 7 and 8 from line 6a	128,234.			
10 Analysis of line 9:				
a Excess from 2015				
b Excess from 2016 47,044.	!			
c Excess from 2017 20, 705.	Ì			
d Excess from 2018 60,485.				
e Excess from 2019				
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	NGER FAMILY			93-081	L8169 Page 10
PartiXIV Private Operating F	oundations (see ins	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2019, enter the date of t	he ruling	▶		
b Check box to indicate whether the found	dation is a private operatin	ng foundation described i	n section	4942(j)(3) or494	124)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
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		\setminus			
b 85% of line 2a				 / 	
				 	
c Qualifying distributions from Part XII,					
line 4, for each year listed					
d Amounts included in line 2c not]			1	
used directly for active conduct of				İ	
exempt activities					
e Qualifying distributions made directly	!				
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter	1				
(1) Value of all assets					
(2) Value of assets qualifying	·				
under section 4942(j)(3)(B)(i)			\		
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6, for each year listed					
	/				
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					\
(2) Support from general public	1				
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
PartiXVa Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or mo	re in assets
at any time during t					
1 Information Regarding Foundation		· · · · · · · · · · · · · · · · · · ·			
a List any managers of the foundation wh		than 20% of the total contr	ributions received by th	e foundation before the close	a of any tay
year (but only if they have contributed n			inditions received by the	e iounuation before the closs	; UI ally lax
NONE					
	400/		n 1		
b List any managers of the foundation wh other entity) of which the foundation ha			or an equally large port	ion of the ownership of a pai	thership or
	sa 10 % of greater litteres	01			
NONE					
2 Information Regarding Contribut	ion, Grant, Gıft, Loan,	Scholarship, etc., Pr	ograms:		
Check here 🕨 📖 if the foundation of					sts for funds If
the foundation makes gifts, grants, etc.	to individuals or organiza	itions under other conditi	ons, complete items 2a	, b, c, and d	
a The name, address, and telephone num	ber or email address of th	e person to whom applic	ations should be addre	ssed:	
PAUL R. SCHLESINGER,	503-223-41	28			
610 SW ALDER STREET,	SUITE 1221	, PORTLAND,	OR 97205		
b The form in which applications should be					
LETTER DESCRIBING OR			D USE OF F	UNDS.	
c Any submission deadlines:					
N/A					
d Any restrictions or limitations on award:	e cuch ac hu goographic	il argae charitable fields	kinde of institutions ==	other footers	
N/A	s, such as by geographica	n areas, charlante helds,	kinus of institutions, of	omer lactors	
M/ A					
<u></u>	,				

93-0818169 SCHLESINGER FAMILY FOUNDATION Page 11 Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year FOREST PARK CONSERVANCY N/A PC ECOLOGICAL RESTORATION 833 SW 11TH AVE, SUITE 800 VOLUNTEER MANAGEMENT PORTLAND, OR 97205 10,000. NEW AVENUES FOR YOUTH PC GENERAL OPERATING N/A 1220 SW COLUMBIA ST SUPPORT PORTLAND, OR 97201 2,000. OHSU FOUNDATION N/A PC GLOBAL PROGRAM 1121 SW SALMON ST, SUITE 100 SCHOLARSHIP PORTLAND, OR 97205 10,000. OREGON COAST AQUARIUM N/A PC CAPITAL CAMPAIGN -2820 SE FERRY SLIP RD SUPPORT OF MARINE NEWPORT, OR 97365 WILDLIFE REHAB & EDUCATION CENTER 20,000. PITZER COLLEGE N/A PC ENDOWED SCHOLARSHIP 1050 N MILLS AVE CLAREMONT, CA 91711 50,000. SEE CONTINUATION SHEET(S) **▶** 3a 175,000. Total b Approved for future payment NONE

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0.

Total

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
	Of Stastantial Continuator	тесфісіі		
PORTLAND COMMUNITY COLLEGE FOUNDATION	N/A	PC	ENDOWED SCHOLARSHIP	
PO BOX 19000	N/A	'	ENDOWED SCHOOLANSHIT	
PORTLAND, OR 97280				9,66
ON STEED				
PSU FOUNDATION	N/A	PC	SIMON BENSON AWARDS,	
PO BOX 243		-	\$32,333; ENDOWED	
PORTLAND, OR 97207			SCHOLARSHIP AT SCHOOL	
,		1	OF BUSINESS, \$21,000	53,33
UNIVERSITY OF PUGET SOUND	N/A	PC	ENDOWED SCHOLARSHIP AT	
1500 N WARNER ST			SCHOOL OF EDUCATION	
TACOMA, WA 98416				20,00
		1	 	
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				•
	,			***************************************
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			-	
			-	
	<u></u>			
			,	
	1			
Total from continuation sheets	<u> </u>	L		83,00

Part XVI-A Analysis of Income-Producing Activi	ties
--	------

Enter gross amounts unless otherwise indicated	Unrelate	d business income		ded by section 512 513, or 514	(e)	
1 Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income	
a	2006		10000			
			+		·	
b			+-			
d	 		+			
e			+-			
f			+			
g Fees and contracts from government agencies			+-		·	
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments			14	66.		
4 Dividends and interest from securities			$\frac{14}{14}$			
5 Net rental income or (loss) from real estate		·	+	130,230.	····	
a Debt-financed property	 		+	=		
b Not debt-financed property		•	+			
6 Net rental income or (loss) from personal			1		····	
property						
7 Other investment income			1			
8 Gain or (loss) from sales of assets other						
than inventory			18	<16,832.	>	
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue						
a INCOME FROM PASS-THROUGH						
b ENTITIES FROM SCHEDULE			ļ			
c <u>K-1</u>		<875	• >			
d			ļ			
e	<u> </u>		 			
12 Subtotal. Add columns (b), (d), and (e)		<875	• >	121,472.	0.	
13 Total Add line 12, columns (b), (d), and (e)				13	120,597.	
(See worksheet in line 13 instructions to verify calculations.)						

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

╁	the foundation's exempt purposes (other than by providing funds for such purposes)
┢	
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_	

923621 12-17-19

form 99	0-PF (20	o19) SCHLE	SINGER FA	MILY F	OUNDAT:	ION		93-	0818169	Pa	ige 13
Part	XVII	Information Re Exempt Organ		sfers to a	nd Transa	ictions ai	nd Relation	ships With Nor	ncharitable	,	
1 Dic	I the org	anization directly or indi		of the followin	ig with any oth	er organizatio	in described in se	ction 501(c)		Yes	No
		section 501(c)(3) organ			_			.,			
		om the reporting found	•		-						
	Cash			•					1a(1)		Х
	Other	assets							1a(2)		Х
	ner trans										
(1)	Sales	of assets to a noncharita	ble exempt organizat	ion					16(1)		Х
(2)	Purcha	ases of assets from a no	ncharitable exempt o	rganization					1b(2)		Х
(3)	Rental	of facilities, equipment,	or other assets						1b(3)		X
(4)	Reimb	ursement arrangements							1b(4)		Х
(5)	Loans	or loan guarantees							1b(5)		Х
(6)	Perfor	mance of services or me	mbership or fundrais	sing solicitatio	ons				1b(6)		X
c Sh	aring of	facilities, equipment, ma	ılıng lısts, other asset	ts, or paid em	ployees				1c		Х
d If t	he answ	er to any of the above is	"Yes," complete the f	ollowing sche	edule Column	(b) should alv	vays show the fair	r market value of the o	goods, other ass	ets,	
01	services	given by the reporting f	oundation. If the four	idation receiv	ed less than fa	r market valu	e in any transacti	on or sharing arrange	ment, show in		
col	lumn (d)	the value of the goods,	other assets, or servi	ices received							
(a)Line ii	10	b) Amount involved	(c) Name of	noncharitable	e exempt organ	ıızatıon	(d) Descripti	ion of transfers, transaction	ons and sharing at	rangeme	ents
				N/A							
										`	
	_							·			
											
	-										
						F					
	-										
	+								·		
							 				
	+										
	+										
	+						<u> </u>				
2a s	the found	dation directly or indirec	Ltly affiliated with or re	elated to one	or more tax-e	empt organiz	zations described				
		601(c) (other than sectio				tompt or game			Yes	X	No
		nplete the following sch									
	,	(a) Name of org			(b) Type of o	rganization		(c) Description of re	elationship		
-		N/A							•		
		enalties of perjury, I declare lef it is true, correct, and por							May the IRS	discuss	his
Sign	and ber	ier it is itue, correct, and cor	//	sparer (other tha	iii taxpayer) is bas			•	return with th shown below	e prepar	er
Here		The A	lyga	_		14/2020	PRESI	DENT	_ X Yes] No
		iture of officer or trustee			Date		Title				
		Print/Type preparer's na	ame	Preparer's s	ignature		Date	Check if	PTIN		
		CYNTHIA P.		10/2		0	0045010000	self- employed			

503-221-0336 Form **990-PF** (2019)

P01313965

Paid

Preparer

Use Only

BARTHOLOMEW

Firm's name ▶ PERKINS & COMPANY,

Firm's address ▶ 1211 SW FIFTH AVE, SUITE 1000 PORTLAND, OR 97204-3710

Phone no

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

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

Name of the organization

SCHLESINGER FAMILY FOUNDATION

Employer identification number

93-0818169

Organization type (check o	ne)
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	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
• •	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions
General Rule	
	n filing Form 990, 990-EZ, or 990-PF that received, during the year contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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, line 1 Complete Parts I and II
year total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor during the itions of more than \$1,000 exclusively for religious, charitable, scientific, literary or educational purposes, or for the lity to children or animals. Complete Parts I, II. and III.
year, contributions is checked, enter h purpose Don't coi	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor during the sexclusively for religious, charitable, etc. purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year.
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990-990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

SCHLESINGER FAMILY FOUNDATION

93-0818169

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	Il space is needed	,
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BARRY D. SCHLESINGER 13250 FIELDINGS RD LAKE OSWEGO, OR 97034	\$ 68,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MARK R. SCHLESINGER 610 SW ALDER STREET, SUITE 1221 PORTLAND, OR 97205	\$ 60,500.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N. JOSH SCHLESINGER 610 SW ALDER STREET, SUITE 1221 PORTLAND, OR 97205	\$10,000.	Person X Payroll (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ÉRUCE BURNS 01645 SW CORBETT HILL CIRCLE PORTLAND, OR 97219	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PAUL SCHLESINGER 610 SW ALDER STREET, SUITE 1221 PORTLAND, OR 97205	\$57,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	4	\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

SCHLESINGER FAMILY FOUNDATION

93-0818169

Part II	Noncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I,	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	19	\$	990, 990-EZ, or 990-PF) (

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Page 4 Name of organization Employer identification number 93-0818169 SCHLESINGER FAMILY FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor Complete columns (a) through (e) and the following line entry For organizations completing Part III enter the total of exclusively religious charitable etc. contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part i (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTERE	ST ON SAVING	S AND T	EMPOR	ARY CASH	INVESTMENT	'S S	TATEMENT	1
SOURCE .			(A) REVENUE PER BOOKS		(B) NET INVESTMENT INCOME		(C) ADJUSTED NET INCOME	
UNION BANK - OPERAT	ING ACCOUNT			66.	66.			
TOTAL TO PART I, LI	NE 3		66.					
FORM 990-PF	DIVIDENDS	AND IN	TEREST	FROM SEC	URITIES	S	TATEMENT	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	1S	(A) REVENUE PER BOOK		EST-		
ACCOUNTS HELD AT ROBERT W. BAIRD & CO. INC. INCOME FROM	138,170.		0.	138,17	0. 138,	170.		
PASS-THROUGH ENTITIES FROM	68.		0.	6	8.	68.		
TO PART I, LINE 4	138,238.		0.	138,23	8. 138,	238.		
FORM 990-PF		ОТНЕР	R INCO	мЕ		S	TATEMENT	3
DESCRIPTION ,			RE	(A) VENUE BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTEI NET INCOM	
INCOME FROM PASS-TH FROM SCHEDULE K-1	ROUGH ENTIT	IES		0. <875.		0.		
TOTAL TO FORM 990-P	F, PART I, I	LINE 11		<875.	>	0.		

EXPENSES NET INVEST- ADJUSTED CHAR PER BOOKS MENT INCOME NET INCOME PUR	ENT	'AT	S		EES	LEGAL	990-PF
TO FM 990-PF, PG 1, LN 16A 125. 0. FORM 990-PF ACCOUNTING FEES STATEMENT OF THE PER BOOKS MENT INVEST- ADJUSTED CHAR NET INCOME PUR NET INCO	(D) RITABI JRPOSES		STED	ADJUST	ET INVEST-	EXPENSES	RIPTION
FORM 990-PF ACCOUNTING FEES STATEMENT (A) (B) (C) (C) (C) (D) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	125				0.	125.	L FEES
(A) (B) (C)	125	= =			0.	125.	M 990-PF, PG 1, LN 16A
EXPENSES NET INVEST- ADJUSTED CHAR PUR BOOKS MENT INCOME NET INCOME PUR ACCOUNTING FEES 4,349. 2,174. TO FORM 990-PF, PG 1, LN 16B 4,349. 2,174. FORM 990-PF OTHER PROFESSIONAL FEES STATEME! (A)	IENT	TA	S		FEES	ACCOUNTI	990-PF
TO FORM 990-PF, PG 1, LN 16B	(D) ARITABI JRPOSES	,	STED	ADJUST	ET INVEST-	EXPENSES	RIPTION
Ca	2,175				2,174.	4,349.	UNTING FEES
Ca	2,175	=			2,174.	4,349.	ORM 990-PF, PG 1, LN 16B
EXPENSES NET INVEST- ADJUSTED CHAR PER BOOKS MENT INCOME NET INCOME PURSUATION PER BOOKS MENT INCOME NET INCOME PURSUATION PER BOOKS MENT INCOME NET INCOME PURSUATION PER BOOKS MENT INVEST- ADJUSTED CHAR PER BOOKS MENT INVEST- ADJUSTED CHAR PER BOOKS MENT INCOME NET INCOME PURSUATION N	IENT	'TA	S		ONAL FEES	THER PROFESS	990-PF
TO FORM 990-PF, PG 1, LN 16C 24,711. 24,711. FORM 990-PF TAXES STATEMED (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(D) ARITABI JRPOSES	1	STED	ADJUST	ET INVEST-	EXPENSES	RIPTION
FORM 990-PF TAXES (A) EXPENSES NET INVEST- ADJUSTED CHAR PER BOOKS MENT INCOME NET INCOME PURE FOREIGN TAXES OREGON INCOME TAX 150. 150. FEDERAL EXCISE TAXES 781. 0.	(24,711.	24,711.	STMENT MANAGEMENT FEES
(A) (B) (C) (I EXPENSES NET INVEST- ADJUSTED CHAR DESCRIPTION PER BOOKS MENT INCOME NET INCOME PURSON TAXES OREGON INCOME TAX 150. 150. FEDERAL EXCISE TAXES 781. 0.	(24,711.	24,711.	ORM 990-PF, PG 1, LN 16C
EXPENSES NET INVEST- ADJUSTED CHAR PER BOOKS MENT INCOME NET INCOME PUR. FOREIGN TAXES 60. 60. OREGON INCOME TAX 150. 150. FEDERAL EXCISE TAXES 781. 0.	IENT	TA'	S			TAXI	990-PF
OREGON INCOME TAX 150. 150. FEDERAL EXCISE TAXES 781. 0.	(D) ARITABI JRPOSES	!	STED	ADJUST	ET INVEST-	EXPENSES	RIPTION
	(_			150.	150.	ON INCOME TAX
TO FORM 990-PF, PG 1, LN 18 991. 210.	(210.	991.	ORM 990-PF, PG 1, LN 18

FORM 990-PF	OTHER E	XPENSES	STATEMENT {		
	(A)	(B)	(C) ′	(D)	
	EXPENSES	NET INVEST-	ADJUSTED	CHARITABLE	
DESCRIPTION	PER BOOKS	MENT INCOME	NET INCOM	E PURPOSES	
INSURANCE	808.	0.		808.	
OREGON CHARITABLE					
REGISTRATION FEE	613.	0.		613.	
OREGON CORPORATE FEE	50.	0.		50.	
WEBSITE	144.	0.		144.	
OFFICE EXPENSES	61.	0.		61.	
INVESTMENT EXPENSES FROM					
K-1S	30.	23.		7.	
TO FORM 990-PF, PG 1, LN 23	1,706.	23.		1,683.	
FORM 990-PF	OTHER INV	E STMENTS		STATEMENT 9	
DESCRIPTION		LUATION ETHOD BO	OK VALUE	FAIR MARKET VALUE	
ROBERT W. BAIRD - SEE ATTACHE		COST 3,364,947.		3,561,980.	

FORM 990-PF PART VIII - LIST TRUSTEES AND	r of officers, d foundation mana		STATI	EMENT 10
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
MAX SCHLESINGER 610 SW ALDER ST. SUITE 1221 PORTLAND, OR 97205	PRESIDENT & BO	ARD MEMBER 0.	0.	0.
PAUL R. SCHLESINGER 610 SW ALDER ST. SUITE 1221 PORTLAND, OR 97205	VICE PRESIDENT 1.00	& BOARD ME	MBER 0.	0.
MARK R. SCHLESINGER 610 SW ALDER ST. SUITE 1221 PORTLAND, OR 97205	SECRETARY & BO	ARD MEMBER 0.	0.	0.
BRAND SCHLESINGER 610 SW ALDER ST. SUITE 1221 PORTLAND, OR 97205	TREASURER & BO	ARD MEMBER 0.	0.	0.
N. JOSH SCHLESINGER 610 SW ALDER ST. SUITE 1221 PORTLAND, OR 97205	BOARD MEMBER 2.00	0.	0.	0.
HAZEL SCHLESINGER 610 SW ALDER ST. SUITE 1221 PORTLAND, OR 97205	BOARD MEMBER 1.00	0.	0.	0.
CALEB SCHLESINGER 610.SW ALDER ST. SUITE 1221 PORTLAND, OR 97205	BOARD MEMBER 1.00	0.	0.	0.
AMY SCHLESINGER 610 SW ALDER ST. SUITE 1221 PORTLAND, OR 97205	BOARD MEMBER 1.00	0.	0.	0.
BRUCE BURNS 610 SW ALDER ST. SUITE 1221 PORTLAND, OR 97205	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	, PART VIII	0.	0.	0.