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2019

OMB No. 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

or	caler	ndar year 2019, or tax year beginning 01-01-20)19 , ar	nd ending 12-31-	2019	
		Indation		A Employer id	entification numbe	r
10	HIN AINL) LINDA SHELK FOUNDATION INC		93-1156903		
	ber and D BOX 2	d street (or P.O. box number if mail is not delivered to street address) 2058	Room/suite	B Telephone nu	ımber (see instructior	ns)
				(541) 548-614	ı	
		n, state or province, country, and ZIP or foreign postal code , OR 97754		C If exemption	application is pending	g, check here
G Ch	neck al	l that apply: 🔲 Initial return 🔲 Initial return of a	former public charity	D 1. Foreign or	ganizations, check he	re
		Final return Amended return	, ,		ganizations meeting	▶ ∟
		☐ Address change ☐ Name change		test, chec	k here and attach cor	mputation 🕨 🔼
1 Ch	neck tv	∇ pe of organization: \square Section 501(c)(3) exempt private	foundation		undation status was t n 507(b)(1)(A), chec	
			e private foundation	under section	11 307(b)(1)(A), cliec	Killere
			☑ Cash ☐ Accru	F If the found	ation is in a 60-month	termination -
		rom Part II, col. (c), ▶\$ 2,893,852 Other (specify) (Part I, column (d) must			n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total		<u> </u>	Ι	(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)				
	2	Check ▶ ☑ if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	122	122	122	
	4	Dividends and interest from securities	118,130	118,130	118,130	
	5a	Gross rents				
	ь	Net rental income or (loss)				
K	6a	Net gain or (loss) from sale of assets not on line 10	72,109			
Revenue	b	Gross sales price for all assets on line 6a 155,965				
ž	7	Capital gain net income (from Part IV, line 2)		72,109		
	8	Net short-term capital gain				
	9	Income modifications				
	10a b	Gross sales less returns and allowances Less: Cost of goods sold				
	C	Gross profit or (loss) (attach schedule)	<u> </u>			
	م ا					
	11	Total. Add lines 1 through 11	190,361	190,361	118,252	
	13	Compensation of officers, directors, trustees, etc.	150,501	130,301	110,232	
	14	Other employee salaries and wages	80,000			80,000
ı,	15	Pension plans, employee benefits	00,000			00,000
Se	16a	Legal fees (attach schedule)				
듄	b	Accounting fees (attach schedule)	2,145			2,145
Ä	c	Other professional fees (attach schedule)	5,500			5,500
Хe		Interest	63			63
Operating and Administrative Expenses	17 18	Taxes (attach schedule) (see instructions)	11,114			11,114
<u> </u>	19	Depreciation (attach schedule) and depletion	18			11/11
Ē			10			
Ad	20 21	Occupancy	543			543
חם	22	Printing and publications	4,940			4,940
0 0	23	Other expenses (attach schedule)	6,131			6,131
3	24	Total operating and administrative expenses.				-,
er.	~~	Add lines 13 through 23	110,454	0		110,436
<u></u>	25	Contributions, gifts, grants paid	59,600			59,600
	26	Total expenses and disbursements. Add lines 24 and	11,500			
		25	170,054	0		170,036
	27	Subtract line 26 from line 12:				
	a	Excess of revenue over expenses and disbursements	20,307			
	ь	Net investment income (if negative, enter -0-)		190,361		
	С	Adjusted net income (if negative, enter -0-)			118,252	
_					•	

Beginning of year

1,923,221

1.923,194

1,923,194

1,923,221

27

Page 2

154,860

2,706,910

2.893.852

End of year

61,949

1,849,470

1,943,501

1.943.501

1,943,501

1

2

3

4

5

6

1,923,194

1,943,501

1,943,501 Form **990-PF** (2019)

20,307

		Less: allowance for doubtful accounts ▶	
	4	Pledges receivable ▶	-
		Less: allowance for doubtful accounts ▶	
	5	Grants receivable	_
	6	Receivables due from officers, directors, trustees, and other	_
		disqualified persons (attach schedule) (see instructions)	
	7	Other notes and loans receivable (attach schedule) ▶	_
		Less: allowance for doubtful accounts ▶	
ا ي	8	Inventories for sale or use	_
sel	8 9 10a	Prepaid expenses and deferred charges	_
As	10a	Investments—U.S. and state government obligations (attach schedule)	_

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

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

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow FASB ASC 958, check here \blacktriangleright

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

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

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

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

Foundations that follow FASB ASC 958, check here

instructions. Also, see page 1, item I)

Other liabilities (describe ▶_

Grants payable

Accounts payable and accrued expenses .

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions . . .

Net assets with donor restrictions .

and complete lines 26 through 30.

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

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Attached schedules and amounts in the description column

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Balance Sheets

Part II

h

C

11

12

13

14

15 16

17

18

19 20

21

22

23

24

25

26

27

28

30

Part III

2

3

Liabilities

Assets or Fund Balances

29 29

Page **3**

	e the kind(s) of property sold (e.g., rehouse; or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a 864.525 CLRBRDG AGG	GRW A		Р	2002-05-28	2019-11-20
b 3234.58 CLRBRDG ALCP	VAL A		Р	2002-06-21	2019-10-28
c					
d					
e					
(e)	(f)		(g)	(1	h)
Gross sales price	Depreciation allowed		other basis		r (loss)
·	(or allowable)	pius exp	ense of sale) minus (g)
	5,979		45,397		70,58
_	9,986		38,459		1,52
<u>C</u>					
d					
e					
Complete only for assets	s showing gain in column (h) and ow			Caine (Cal. (l) h) gain minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis		(k) of col. (i)	col. (k), but not	less than -0-) or
	as of 12/31/69	over col	l. (j), if any	Losses (fro	om col.(h)) 70,583
a b					1,52
					1,32
d					
e e					
	or (net capital loss) gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	ons). If (loss), enter -0	Part İ, line 7	3	72,109
	Jnder Section 4940(e) for Re				
For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on ne	et investment incom	ne.)	
f section 4940(d)(2) applies, le	eave this part blank.				
	e section 4942 tax on the distributal			? \(\sum_{Ye}	es 🔽 No
1 Enter the appropriate an	nount in each column for each year;	see instructions before	making any entrie	s.	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col. (b) divided by c	
2018	169,070		2,388,384	-, -, -	0.07079
2017	151,860		1,793,001		0.08470
2016	110,701		1,607,703		0.06886
2015	108,478		1,751,360		0.06194
2014	79,279		1,796,767		0.04412
2 Total of line 1, column (d)		2		0.330403
	for the 5-year base period—divide				0.055004
	ndation has been in existence if less				0.066081
	ncharitable-use assets for 2019 from	•	4	 	2,683,012
5 Multiply line 4 by line 3	ent income (1% of Part I, line 27b)		5		177,296
	, , ,				1,904
	one from Part VII line 4				179,200
If line 8 is equal to or gre	ons from Part XII, line 4 ,			l ıg a 1% tax rate. Se	170,036 e the Part VI
instructions.					

Page **6**

Ба	During the year did the foundation p	ay or incur any amount to:					Yes	No
	(1) Carry on propaganda, or otherw	ise attempt to influence legisl	ation (section 4945(e))?	☐ Yes	✓ N	,		
	(2) Influence the outcome of any sp							
	on, directly or indirectly, any vot	-		· · 🔲 Yes	✓ N	o		
	(3) Provide a grant to an individual (• • • • • • • • • • • • • • • • • • • •		Yes	✓ N	o		
	(4) Provide a grant to an organization in section 4945(d)(4)(A)? See in		· -					
	(5) Provide for any purpose other th			· · L Yes	✓ N	0		
	educational purposes, or for the	•		· · 🗌 Yes	✓ N	。		
b	If any answer is "Yes" to $5a(1)-(5)$,					l		
	Regulations section 53.4945 or in a c			uctions	•	5b		
_	Organizations relying on a current no							
С	If the answer is "Yes" to question 5a tax because it maintained expenditu		•					
	If "Yes," attach the statement requir	· · · · · · · · · · · · · · · · · · ·		· · L Yes	∐ N•	o		
5a	Did the foundation, during the year,	· -		ime on				
Ja	a personal benefit contract?							
b	Did the foundation, during the year,			res	<u>✓</u> N	6b		No
_	If "Yes" to 6b, file Form 8870.	pa, promano, an out, or me			•	132		1
7a	At any time during the tax year, was	the foundation a party to a p	prohibited tax shelter trai	nsaction?	✓ N			
b	If "Yes", did the foundation receive a			⊔ res	. N	o 7b		
3	Is the foundation subject to the secti	ion 4960 tax on payment(s) o	of more than \$1,000,000	in remuneration or				
	excess parachute payment during th	e year?		· · 🔲 Yes	✓ №	, L		
	Information About O	fficers, Directors, Trus	tees, Foundation Ma				,	
Pa	and Contractors		·	,	•	•		
1	List all officers, directors, trustee	s, foundation managers a	nd their compensation	. See instructions				
		(b) Title, and average	(c) Compensation (If	(d) Contributions t		e) Exper	nse acc	ount.
	(a) Name and address	hours per week devoted to position	not paid, enter -0-)	employee benefit plans deferred compensati	sano `	other a		
ee /	Additional Data Table	uctottu to position	- ,	acioni da componida.	-			
2	Compensation of five highest-pai	d employees (other than t	hose included on line	L—see instructions). I	f none,	enter "	NONE	."
٠.,١	Name and address of each ampleyee	(b) Title, and average		(d) Contributions t		.) Evnon		
aj	Name and address of each employee p more than \$50,000	nours per week	(c) Compensation	employee benefit		Expen) (e other al		
		devoted to position		compensation				
ON	E							
oto	I number of other employees paid ove		1					
ota	i number of other employees paid ove	:: ф.50,000:		· · · · · · · · ·		orm 99	0-PE	(2010
					r	UIIII 3 3	J-FF	(SOT)

· · ·		Page 7
Part VIII Information About Officers, Directors, Trustees, Foundard Contractors (continued)	dation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional services (se	e instructions). If none, enter "NOI	IE".
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".	(c) Compensation	
NONE		
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
		Expenses
2		
3		
4		
<u></u>		
Part IX-B Summary of Program-Related Investments (see instruc	 ctions)	
Describe the two largest program-related investments made by the foundation during the tax ye	ear on lines 1 and 2.	Amount
11		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	· · · · · · · · · · ·	
		F 000 DE (2010)

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

1a

1b

2

За 3h

4

5

170,036

170.036

170.036

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Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., Amounts set aside for specific charitable projects that satisfy the:

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying Distributions (see instructions)

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

Part XII

1

2

3

4

5

b

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

income. Enter 1% of Part I, line 27b. See instructions.

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

c From 2016. **d** From 2017. e From 2018. .

f Total of lines 3a through e.

d Applied to 2019 distributable amount. . . e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

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

6 Enter the net total of each column as

b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. **d** Subtract line 6c from line 6b. Taxable amount -see instructions e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . 9 Excess distributions carryover to 2020.

Subtract lines 7 and 8 from line 6a . .

10 Analysis of line 9: a Excess from 2015.

b Excess from 2016. .

c Excess from 2017. .

d Excess from 2018. .

e Excess from 2019. .

indicated below:

same amount must be shown in column (a).)

4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

130,344

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P	ant XIII Undistributed Income (see instruc	ctions)			
		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI, line 7				1
2	Undistributed income, if any, as of the end of 2019:				
а	Enter amount for 2018 only				
b	Total for prior years: 20, 20, 20				
_					

2	Undistributed income, if any, as of the end of 2019:			
а	Enter amount for 2018 only			
b	Total for prior years: 20			
3	Excess distributions carryover, if any, to 2019:			
а	From 2014			
b	From 2015	2		

178.485

39.692

218,177

218,177

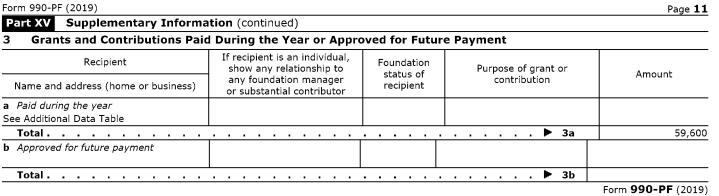
23.522 34,088

66.106

54,769

39.692

or 2018 only . . vears: 20 <u> </u> ,	20		
ions carryover, if	any, to 2019:		
	23,522		
	34,088		
	66,106		
	54,769		



nter gross	amounts unless otherwise indicated.	Unrelated bu	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program	service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
	_					
_	and contracts from government agencies rship dues and assessments					
	on savings and temporary cash					122
Dividen	ds and interest from securities			14		118,130
	tal income or (loss) from real estate:					110,10
	financed property.					
	ebt-financed property.					
	tal income or (loss) from personal property					
Other in	vestment income					
Gain or invento	(loss) from sales of assets other than					72,109
Net inco	ome or (loss) from special events:					
	rofit or (loss) from sales of inventory					
Other r						
a MISC F						
	·					
d						
. Subtota	il. Add columns (b), (d), and (e)					190,361 190,361
Total	Add line 12 columns (b) (d) and (c)					
	Add line 12, columns (b), (d), and (e)			13	3	190,301
	rksheet in line 13 instructions to verify calcu	lations.)			3	190,301
(See wo	rksheet in line 13 instructions to verify calcu- B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) ne Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ted importantly to	
(See wo	rksheet in line 13 instructions to verify calcu-B Relationship of Activities to the Explain below how each activity for which	lations.) ne Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ted importantly to	
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(See wo	rksheet in line 13 instructions to verify calcu- B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) ne Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ted importantly to	

Form 990-I	PF (2019)				Pa	ge 13
Part XV	Information Re Exempt Organi		ions and Relationships With Nonchari	table		
		directly engage in any of the following with a organizations) or in section 527, relating to	any other organization described in section 501 political organizations?		Yes	No
a Transfe	ers from the reporting four	dation to a noncharitable exempt organization	on of:			
(1) Ca	ash			1a(1)		No
(2) 01	ther assets			1a(2)		No
b Other t	ransactions:					
(1) Sa	ales of assets to a nonchar	itable exempt organization		1b(1)		No
(2) Pu	ırchases of assets from a ı	noncharitable exempt organization		1b(2)		No
(3) Re	ental of facilities, equipme	nt, or other assets		1b(3)		No
(4) Re	eimbursement arrangemer	nts		1b(4)		No
				1b(5)		No
• •		embership or fundraising solicitations		1b(6)		No
		nailing lists, other assets, or paid employees		1c		No
in any ((c) Name of noncharitable exempt organization	he goods, other assets, or services received. (d) Description of transfers, transactions, and sha	ıring arra	ngemen	ts

2a Is the fo	oundation directly or indire	ectly affiliated with	, or related to, one or mo	re tax-exem	pt organizations
					Yes 🛂 No
	' complete the following s		, , , , ,		
D 11 103,	(a) Name of organization		(b) Type of organiza	ation	(c) Description of relationship
	. , , , , ,		() // 3		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return 2020-06-19 with the preparer shown Signature of officer or trustee Title Date (see instr.) 🗹 Yes 🗆 No Print/Type preparer's name Preparer's Signature Date PTIN Check if self-P00423748 employed 🕨 🗹 Jerry R Evans Firm's name ▶ Evans Bartlett & Higbe CPAs LLP Firm's EIN ▶93-1015677 Firm's address ▶ 180 NW 2nd St Phone no. (541) 447-6565 Prineville, OR 97754

Sign Here Paid **Preparer Use Only**

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position employee benefit plans -0-) and deferred compensation LINDA SHELK President 0.00 PO BOX 2058 PRINEVILLE, OR 97754 JOHN BRIAN SHELK Director 0.00 PO BOX 2058 PRINEVILLE, OR 97754 JOHN SHELK Secretary/Treas 0.00 PO BOX 2058 PRINEVILLE, OR 97754 JERRY R EVANS Director 0.00 PO BOX 2058 PRINEVILLE, OR 97754 CLARK JAMES SHELK Director 0.00 PO BOX 2058 PRINEVILLE, OR 97754 ANNE MARIE SHELK Director 0.00 PO BOX 2058

PRINEVILLE, OR 97754

orm 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the	e tot
ontributions received by the foundation before the close of any tax year (but only if they have contributed m	ore
nan \$5,000).	

JOHN SHELK

than \$5,000).

LINDA SHELK

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

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
Crook County FoundationPO Box 1061		501(C)(3)	General Support	1,000

rineville, OR 9//54			
regon Community Foundation 221 SW Yamhill St Suite 100 ortland OR 97205	501(C)(3)	LEADERSHIP FUND	

Total .

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

			(
Oregon Community Foundation 1221 SW Yamhill St Suite 100 Portland, OR 97205	501(C)(3)	LEADERSHIP FUND	

Portland, OR 97205			
Oregon Historical Society 1200 SW Park Ave	501(C)(3)	EDUCATION AND PRESERVATION	37,000

500

59,600

■ 3a

Fortialid, OK 97203			
Oregon Historical Society 1200 SW Park Ave Portland, OR 97205	501(C)(3)	EDUCATION AND PRESERVATION	37,000

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

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

or substantial contributor

a Paid during the year			
The Alliance15573 Bangy Road STE 320 Lake Oswego, OR 97035	501(C)(3)	Scholarship Support	1,000
Juniper Arts CouncilPO Box 101	501C3	Community Grants Program \$	3,600

ake oswego, ok sross			
uniper Arts CouncilPO Box 101 ohn Day, OR 97845		Community Grants Program \$ 3,000Administrative Support \$ 600.	

John Day, OR 97845		3,000Administrative Support \$ 600.	-,
CASA OF Jackson County 409 North Front Street	501(C)(3)	GENERAL SUPPORT	2,000

, ·		600.	
CASA OF Jackson County 409 North Front Street Medford, OR 97504	501(C)(3)	GENERAL SUPPORT	2,000

CASA OF Jackson County 409 North Front Street Medford, OR 97504	501(C)(3)	GENERAL SUPPORT	2,000

Medford, OR 97504		
Total	 	59,600

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

recipient

59,600

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

	or substantial contributor			
a Paid during the year				
Bridge Builders Leadership Initiati 204 Country Place Parkway Pearl, MS 39208		501(c)3	GENERAL SUPPORT	2,000
Saving Grace		501(c)3	GENERAL SUPPORT	2,000

Saving Grace 1004 NW Milwaukee Ave Ste 100 Bend, OR 97703	501(c)3	GENERAL SUPPORT	
St Vincent de Paul Crook County	501(c)3	GENERAL SUPPORT	

Bend, OR 97703			
St Vincent de Paul Crook County 1103 NE Elm St Ste 140	501(c)3	GENERAL SUPPORT	8,

,			
St Vincent de Paul Crook County 1103 NE Elm St Ste 140 Prineville, OR 97754	501(c)3	GENERAL SUPPORT	8,000

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

recipient

59,600

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

4			
a Paid during the year			
Cory MisleyPO BOX 521 Marylhurst, OR 97036	I	SCHOLARSHIP	2,000

Greg Merritt Community Scholarship	EOF	GENERAL SUPPORT	500
1214 NE Steins Pillar Drive Prineville, OR 97754			

efile GRAPHIC print - DO NOT	PROCESS	As Filed D	ata -			DLI	N: 93491171000090
TY 2019 Accounting Fees Schedule							
	Name:	JOHN AN	D LINI	DA SHELK FO	UNDATION INC		
EIN: 93-1156903							
Software ID: 19009920							
Software	Version:	2019v5.0)				
Category	Amo	ount		Investment Income	Adjusted Ne Income	t	Disbursements for Charitable Purposes
TAX & PAYROLL PREPARATION		2,145		0		0	2,145

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2019 Depreciation Schedule									
		Name:	JOHN AND LINE	DA SHELK FOUND	ATION INC				
		EIN:	93-1156903						
	So	ftware ID:	19009920						
	Software	e Version:	2019v5.0						
	Deprecia	ation Schedule							
Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included

5.0000

18

DLN: 93491171000090

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efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491171000090
TY 2019 Land, Etc. Schedule			
Name:	JOHN AND LINDA	SHELK FOUNDATION INC	
EIN:	93-1156903		
Software ID:	19009920		
Coftware Version.	2010-5-0		

Software Version: 2019v5.0					
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value	
Furniture and Fixtures	1,969	1,969			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DL	N: 93491171000090			
TY 2019 Other Expenses Schedule							
Name:	JOHN AND LINE	A SHELK FOUND	ATION INC				
EIN:	93-1156903						
Software ID:	19009920						
Software Version:	2019v5.0						
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
Books Subs, Reference	161			161			
Membership & Dues	705			705			
Office	2,103			2,103			

46

2,491

410

215

46 2,491

> 410 215

Printing & Copying

Public Relations

Rental Expenses

Technology

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DLN	N: 93491171000090			
TY 2019 Other Professional Fees Schedule							
Na	me: JOHN AND L	INDA SHELK FOUI	NDATION INC				
E	IN: 93-1156903						
Software	Software ID: 19009920						
Software Vers	ion: 2019v5.0						
		<u> </u>		1			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
CONSULTING EONC	1,000	0	0	1,000			
POOL STUDY	4,500	0	0	4,500			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	D	LN: 93491171000090	
TY 2019 Taxes Schedule				_	
Name:	: JOHN AND L	INDA SHELK FOU	NDATION INC		
EIN:	93-1156903				
Software ID:	19009920				
Software Version:	2019v5.0				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
Federal Tax	3,769			3,769	
Oregon Department of Justice	50			50	
Payroll Taxes	7,154			7,154	
Workers Comp	141			141	

Exen rganization Declaration and S OMB No. 1545-0047 Form 8453-EO **Electronic Filing** For calendar year 2019, or tax year beginning , 2019, and ending 2019 Department of the Treasury Internal Revenue Service For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868 Name of exempt organization Employer identification number JOHN AND LINDA SHELK FOUNDATION, INC. 93-1156903 Part Type of Return and Return Information (Whole Dollars Only) Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1 a Form 990 check here ▶ b Total revenue, if any (Form 990, Part VIII, column (A), line 12)...... 1b 2a Form 990-EZ check here ► 3a Form 1120-POL check here ► 4a Form 990-PF check here ► 5a Form 8868 check here► b Balance due (Form 8868, line 3c)..... Part II Declaration of Officer I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-PF (as specifically identified in Part I above) to the selected state agency(ies). Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. Sign Here Partill Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my browledge and belief, they are true correct, and organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge. ERO's SSN or PTIN

Check if also paid ERO's P00423748 signature employed preparer

ERO's Use Only

Firm's name (or yours if self-employed) address, and ZIP code

Evans, 180: NW 2nd St Prine ville, OR 97754

Bartlett & Higbe,

EIN

Phone

93-1015677

(541) 447-6565

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

	Print/Type prepar	er's name	Preparer's signature	Date	Check if	PTIN
use uniy					self-employed	
	Firm's name			Firm's EIN ►	Firm's EIN ►	
	Firm's address	-	· · · · · · · · · · · · · · · · · · ·			
					Phone no.	

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8453-EO (2019)