# Form **990-PF** Department of the Treasury Internal Revenue Service

SCANNED FER 0 4 2021

**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.

**2019** 

For o	alen	dar year 2019 or tax year beginning		, and ending	<u> </u>	
Nar	ne of	foundation		A Employer identification	number	
M	AR	IO AND ALMA PASTEGA FAM	ILY FOUNDATIO	ON	93-1232789	
Nun	ber a	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
P	.0	BOX 1560			541-231-34	53
		own, state or province, country, and ZIP or foreign p VALLIS, OR 97339	postal code		C If exemption application is p	ending, check here
		all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization:	s, check here
		Final return	Amended return			
_		Address change	Name change		Foreign organizations mi check here and attach co	eeting the 85% test, imputation
H C	heck	type of organization: X Section 501(c)(3) e.	xempt private foundation	$\sim$	E If private foundation sta	itus was terminated
	Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation UM	under section 507(b)(1	
l Fa	ır ma	rket value of all assets at end of year   J   Account	ing method: X Cash	Accrual	F If the foundation is in a	60-month termination
(fr	om F		ther (specify)		under section 507(b)(1	
_	_	20,690,481. (Part I, colu	mn (d), mustbe on cash bas	is.)		T
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and 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	20,000.		N/A	
	2	Check   f the foundation is not required to attach Sch. B				
۷.	3	Interest on savings and temporary cash investments				
<b>A</b>	4	Dividends and interest from securities	451,096.	451,096.		STATEMENT 1
	5a	Gross rents				
	b	Net rental income or (loss)	224 767			
9	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 2 1 2 5 7 6	224,765.		REC	EIVED
enu	b	assets on line 6a 3, 103, 370.		224 765	lu lu	
Revenue	7	Capital gain net income (from Part IV, line 2)		224,765.	K NUL B	7 2020 8
_	8	Net short-term capital gain			Em.	<del>  2020                                  </del>
	9	Income modifications Gross sales less returns			BCD	N S S
	10a					N. UT
		Gross profit or (loss)			-	
	11	Other income		<u> </u>		
	12	Total. Add lines 1 through 11	695,861.	675,861.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages	3,345.	0.		3,345.
	15	Pension plans, employee benefits				
ses	16a	Legal fees				
Expens	þ	Accounting fees STMT 2	10,421.	8,337.		2,084.
Exc	C	Other professional fees STMT 3	71,346.	51,932.		19,414.
ive	17	Interest	21 006	0 222		<del></del>
ministrative	18	Taxes STMT 4	31,806.	9,332.		0.
inis	19	Depreciation and depletion	500.	0.		500.
-	20	Occupancy	300.	0.		300.
ďΡ	21	Travel, conferences, and meetings		· · · · · · · · · · · · · · · · · ·		
a	22 23	Printing and publications Other expenses STMT 5	13,015.	0.		13,015.
		Total operating and administrative	13,013.			23,023.
peratir	47	expenses. Add lines 13 through 23	130,433.	69,601.		38,358.
8	25	Contributions, gifts, grants paid	900,425.			900,425.
		Total expenses and disbursements.				
		Add lines 24 and 25	1,030,858.	69,601.		938,783.
	27	Subtract line 26 from line 12;				
	а	Excess of revenue over expenses and disbursements	<334,997.>			
Į	b	Net investment income (if negative, enter -0-)		606,260.		
	C	Adjusted net income (if negative, enter -0-)			N/A	L

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

Form **990-PF** (2019)

c Adjusted net income (if negative, enter -0-)

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

15,809,203.

947,511. Multiply line 4 by line 3 6,063. 6 Enter 1% of net investment income (1% of Part I, line 27b) 953,574. 7 Add lines 5 and 6

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Form **990-PF** (2019)

958,935.

8 Enter qualifying distributions from Part XII, line 4

1. Exempt operating boundations described in section 4940(k)(2), deschiber		m 990-PF (2019) MARIO AND ALMA PASTEGA FAMILY FOUNDATION 93-12 art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec	32789 e instruc		Page 4 S)
Dates for fulling or determination little:	1a	a Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.			
of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, cct. (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 Add lines 1 and 2 5 Assubtite A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract tine 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract tine 4 from line 3. If zero or less, enter -0- 5 Cerdits/Payments: a 2019 estimated tax payments and 2019 ore payment credited to 2019 b Evernpt foreign organizations - tax withheld at source 5 Exp and with application for extension of time to file (Form 8858) 6 Backup withholding errorecusely withheld 7 Total credits and payments. Add intensis fair bruigh 6 8 Einter any penalty for underpayment of estimated tax. Check here file form 2220 is attached 7 Total credits and payments. Add intensis fair bruigh 6 8 Einter any penalty for underpayment of estimated tax. Check here file form 2220 is attached 8 Einter any penalty for underpayment of estimated tax. Check here file form 2220 is attached 9 Tax due. If the fold of lines 5 and 8 is more than here, rether amount overpaid 10 Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment, If line 7 is more than 100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition of the amount of any political campaign?  10 Did it spend more than \$100 during the year (either directly) or indirectly) for political purposes? See the mistructions for the definition of the amount of any of tax on political expenditures (section 4505) imposed during the year?  11 Tyes, Tatach a detailed descr					
a All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, either 4% of Part I, line 12, col. (b) J 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 Add lines 1 and 2 4 Subtlite 4, incrome) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtact line 4 from line 3. If zero or less, enter -0- 5 Coredis/Payments: 5 Tax based on investment income. Subtact line 4 from line 3. If zero or less, enter -0- 6 Coredis/Payments: 8 2019 estimated tax payments and 2018 overpayment credited to 2019 8 Exempt foreign organizations: 1 Tax pad with application for extension of line to life (Form 8658) 8 Backup withholding erroneously withhold 8 Enter any penalty for underpayment of similarist bax. Chesk here ☐ if Form 2220 is attached 9 Tax face. If the total of lines 5 and 0 is more than line 7, enter amount overed 9 Tax Line 8 Inter 1 line 7 is more than the total of lines 5 and 0, enter the amount of line 10 b bit Circillate 1 size 5 and 0, enter the amount of line 10 b bit Circillate 1 size 5 and 0, enter the amount of line 10 b bit Circillate 1 size 5 and 0, enter the amount of line 10 b bit Circillate 1 size 5 and 0, enter the amount of line 10 b bit Circillate 1 size 5 and 0, enter the amount of line 10 b bit Circillate 1 size 5 and 0, enter the amount of line 10 bit Circillate 1 size 5 and 0, enter the amount of line 10 bit Circillate 1 size 5 and 0, enter the amount of line 10 bit Circillate 1 size 5 and 0, enter the amount of line 10 bit Circillate 1 size 5 and 0, enter the amount of line 10 bit Circillate 1 size 5 and 0, enter the amount of line 10 bit Circillate 1 size 5 and 0, enter the amount of line 10 bit Size 1	b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%		5,0	<u>53.</u>
2 Tax under section 611 (comestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 2 3 6,063.  Add lines 1 and 2 3 6,063.  Subtile A (morme) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from fine 3.1 if zero or less, enter -0- 5 Credits/Peymenb;: a 2019 setimated tax payments and 2018 overpayment credited to 2019 be Exempt foreign organizations - tax withheld at source 6 Tax paid with application for extension of time to the (form 8858) 6 0 0. 6 0 0. 6 1 Tax down that application for extension of time to the (form 8858) 6 0 0. 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for undepayment of estimated tax. Check here □ if Form 2220 is attached 9 Tax use. If the total of lines 5 and 5 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than 5100 during the year (enter directly) for individual overpayment of line 10 be Credited to 2202 satisfact the 2 individual overpayment of line 10 be Credited to 2202 satisfact the 2 individual overpayment of line 10 be Credited to 2202 satisfact the 2 individual overpayment overpayment overpayment overpayment overpayment overpayment overpayment overpaym		of Part I, line 27b			1
3 Add lines 1 and 2  Subtlet A (norme) tax (dimestice section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  5 Tax based on investment income. Subtract line 4 from fine 3. If zero or less, enter -0-  5 Tax based on investment income. Subtract line 4 from fine 3. If zero or less, enter -0-  5 Tax based on investment income. Subtract line 4 from fine 3. If zero or less, enter -0-  6 Credits/Payments:  5 Credits/Payments:  5 Credits/Payments:  5 S G, 063.  8 D O.  8 D D.  9 D D.  1 Tax pad with application for extension of time to file (Form 8868)  8 D O.  8 D D.  9 Tax dee. If the total of lines 5 and 8 is more than line 7, enter amount over the file of the total of lines 5 and 8 is more than line 7, enter amount over the file of the total of lines 5 and 8 is more than line 7, enter amount over the file of the tax year, did the foundation attempt to influence any national, state, or local legislation or did it perturbate or intervene in any political campaign?  1 D und in spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition if the answer is "set" to 1 or 1b, attach a defailed description of the activities and copies of any materials published or distributed by the foundation in comection with the activities.  1 D und is pend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition if the answer is "set" to 1 or 1b, attach a defailed description of the activities and copies of any materials published or distributed by the foundation in comection with the activities.  1 D und is pend more than \$100 during the year (either directly or indirectly) for political expenditure tax imposed on foundation managers. S O.  2 Has the foundation made any changes, not previously preported to the IRS?  11 Yes, Tatach and defailed description of the activities.  3 A Was there a liquidation, terminat	c	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
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Tax based on investment incomes. Subtract line 4 from line 3.ll zero or less, enter -0-  6. Credist/Payments:  2.019 estimated bax payments and 2018 overpayment credited to 2019  8. a. 13, 200.  8. a. 13, 200.  8. a. 0.  9. Expert foreign organizations - tax withheld at Source  1. a. c. fax paid with application for extension of time to file (Form 8868)  8. a. 0.  9. Tax based on lines 5 and 8 is more than line 7, enter amount overpaid  9. Tax date. If the total of lines 5 and 8 is more than line 7, enter amount overpaid  10. verpayment. Il line 7 is more than his hot lot of lines 5 and 8, enter the amount overpaid  11. Enter the amount of line 10 to be Credited to 2020 estimated tax ► 7, 13.7 . Refunded ► 11  12. During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  13. During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  14. During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  15. During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  15. During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  15. During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign.  15. During the tax year, did the foundation for the delimition of the activities.  16. During the tax year, did the foundation forms 112-POL for this year?  17. Enter the amount (if any) of tax on political expenditures (section 495) imposed during the year.  18. The foundation file of the foundation fou	3	Add lines 1 and 2		5,00	<u> 53.</u>
6 Credits/Payments: a 2019 estimated tax payments and 2018 overpayment credited to 2019 b. Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8668) d. C. Co. Backup withholding errareously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated fax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than hine 7, enter amount owed 9 Tax due. If the total of lines 5 and 8, enter the amount owed 9 Tax due. If the total of lines 5 and 8, enter the amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owerpaid 11 Center the amount of line 10 by 6. Credited to 2029 stanted tax 7, 137 - Retunded ► 11 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political dampagin? 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political dampagin? 13 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political dampagin? 14 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political dampagin. 15 During the tax year, did the foundation in the foundation file Form 1120-POL, for this year? 2 Enter the amount (if any) tax on political expenditures (section 4985) imposed during the year: 2 If Yes, attach a detailed description of the activities. 3 Has the foundation in the foundation file form 1120-POL, for this year? 4 During the foundation in the foundation of the activities. 4 During the foundation file form 1120-POL, for this year? 5 Was there a liquidation, termin	4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			
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b Exempt foreign organizations - tax withheld at source  1 ay and with application for actination of time to file (Form 8868)  8 about withholding errorecestly withheld  7 Total credits and payments. Add lines 6 at through 6d  8 0.  8 0.  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 line 7 and the amount owed  10 Overpayment. If line 7 is more than line 2020 estimated tax. Part of the amount overpaid  10 Overpayment. If line 7 is more than line 2020 estimated tax.  7	6	Credits/Payments:			
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Sackup withholding erroneously withheld   Sackup withholding erroneously withheld   Total credits and payments. Add lines 6a through 6d   Roller any penalty for underpayment of estimated tax. Check here   If Form 2220 s attached   Sackup   Sac	b	D Exchipt foreign organizations tax memore at odd to			
Total credits and payments. Add lines 6a through 6d  8 Enter any penalty for undepayment 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. Gredited to 2020 estated tax  7 , 137 · Refunded ☐ 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  13 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  14 Did it speed more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 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.  15 Did it speed from 1120-PDL for this year?  16 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.  17 (1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0. Enter the rembursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. Enter the rembursement of any paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. Enter the rembursement of any paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. Enter the rembursement of any paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. Enter the rembursement of any paid by the foundation during the year?  16 Enter the rembursement of	c	o rax paid that application for extension of time to the (1 of the code)			
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 s attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overgayment. If the 7 is more than the total of lines 5 and 8, inter the amount overpaid 11 Forter the amount of lines 10 bes. Gredited to 2020 estimated tax. 12 Fort 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 participate or intervene in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1b Did it spend more than \$100 during the year (either directly) or indirectly) for political purposes? See the instructions for the definition if the answer is Yes' to a 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. 1c Did the foundation in Expansion in connection with the activities. 1c Did the foundation in Expansion in connection with the activities. 1c Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 1(1) On the foundation. In Expansion in Exp	d	d Backup withholding erroneously withheld 6d 0.			
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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 ▶ 7 , 137 ⋅ Retunded ▶ 11 0.  Part 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 participate or intervene in any political campaign?  b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition lift if the answer is "Yes" to 1 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.  c Did the foundation Form 1120-POL for this year?  d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.  Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0.  Has the foundation engaged in any activities.  3 Has the foundation made any changes, not previously been reported to the IRS?  If "Yes," attach a detailed description of the activities.  3 Has the foundation made any changes, not previously reported to the IRS?  If "Yes," attach a detailed description of the activities.  3 Has the foundation have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it flied a tax return on Form 1990-T for this year?  If "Yes," attach the statement required by General Instruction 7  A reture requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  By language in the governing instrument?  By Hand 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  The foundation claiming status as a private operating foundation within the meaning of section 5942(j)(3) or 4942(	8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			0.
11 Finer the amount of time 10 b be: Credited to 2020 estmated tax  7 , 137 . Refunded  11  0. Part VII-A   Statements Regarding Activities  1 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  5 bibli it spend more than \$100 during the year (either directly or influence any national), state, or local legislation or did it participate or intervene in any political campaign?  5 bibli it spend more than \$100 during the year (either directly or influence any national), state, or local legislation or did it participate or intervene in any political campaign?  1 bibli it spend more than \$100 during the year (either directly or influence any national), state, or local legislation or did it participate or intervene in any political campaign?  1 bibli it spend more than \$100 during the year (either directly or influence any national) state, or local legislation or did it participate or intervene in any political campaign.  1 bibli it spend more than \$100 during the year (either directly or individual purposes? See the instructions for the definition.  1 bibli it spend more than \$100 during the year (either directly or individual purposes? See the instructions for the definition.  1 bibli it spend more than \$100 during the year (either directly any materials published or distributed by the foundation in connection with the activities.  1 c	9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
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If "Yes," attach the statement required by General Instruction T  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  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?  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  To X  Ba Enter the states to which the foundation reports or with which it is registered. See instructions.  OR  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  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 the instructions for Part XIV. If "Yes," complete Part XIV  Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  10				$\longrightarrow$	37
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	4.0				$\frac{2}{\mathbf{x}}$
	ΙÜ	UIU AITY PELSUTIS DECUTIFE SUDSTAILITAL CONTRIBUTIONS OUT HILL BIE LAX YEAR? IT "Yes," attach a schedule listing their names and addresses		-PF /	2019)

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

Form 990-PF (2019) MARIO AND ALMA PASTEGA Part VII-B   Statements Regarding Activities for Which		a acciona d	93-12327	89	Page €
5a During the year, did the foundation pay or incur any amount to:	1 0 m 1 20 may 20 m	equired (contin	uea)	Y	es No
(1) Carry on propaganda, or otherwise attempt to influence legislation (sect	uon 4945(e)\?		es X No		- 100
(2) Influence the outcome of any specific public election (see section 4955)					ł
any voter registration drive?	, or to ourry on, unoury or mon		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpos	:es?		es X No		Ì
(4) Provide a grant to an organization other than a charitable, etc., organization					
4945(d)(4)(A)? See instructions	tion described in section		es X No		ļ
(5) Provide for any purpose other than religious, charitable, scientific, litera	rv. or educational nurposes, or t				
the prevention of cruelty to children or animals?	ry, or conductional purposes, or t		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify	under the exceptions described				ļ
section 53.4945 or in a current notice regarding disaster assistance? See ins		m riogalations	N/A	5b	
Organizations relying on a current notice regarding disaster assistance, chec			<b>▶</b> □ [		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		ined			
expenditure responsibility for the grant?		√	es 🗍 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 nav nremijims on		1		
a personal benefit contract?	to pay promitants on		es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on	a nersonal henefit contract?			6b	X
If "Yes" to 6b, file Form 8870.	a pa sona benent contract:		F		1
7a At any time during the tax year, was the foundation a party to a prohibited ta	y shelter transaction?		es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attri				7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than		· ·	·		<del></del>
excess parachute payment(s) during the year?	· ψ1,000,000 iii romanoration oi		es X No		
Part VIII Information About Officers, Directors, Trus	tees. Foundation Ma				
Paid Employees, and Contractors	<b>,</b>	, , , , , ,			
1 List all officers, directors, trustees, and foundation managers and	their compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deferred compensation	allo	wances
LISA PASTEGA ALTIG	PRESIDENT				
P.O. BOX 1560					
CORVALLIS, OR 97339	3.00	0.	0.		0.
GARY PASTEGA	SECRETARY				
P.O. BOX 1560					
CORVALLIS, OR 97339	3.00	0.	0.		0.
KENNETH PASTEGA	DIRECTOR				
P.O. BOX 1560					
CORVALLIS, OR 97339	0.00	0.	0.		0.
DENNIS PASTEGA	DIRECTOR				
P.O. BOX 1560					
CORVALLIS, OR 97339	0.00	0.	0.		0.
2 Compensation of five highest-paid employees (other than those in		enter "NONE."		,	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) l accor allo	Expense unt, other wances
NONE					
	7				
Total number of other employees paid over \$50,000			<b>&gt;</b>		0

0.

Form 990-PF (2019)

Total. Add lines 1 through 3

ιŖ	artix 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	18,981,018.
b	Average of monthly cash balances	1b	591,068.
C	Fair market value of all other assets	1c	205,853.
d		1d	19,777,939.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0	.   55	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	19,777,939.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	296,669.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	19,481,270.
6	Minimum investment return Enter 5% of line 5	6	974,064.
P	art:XID Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations	and certain	
	foreign organizations, check here 🕨 🔝 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	974,064.
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.)		
C	Add lines 2a and 2b	2c	6,063.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	968,001.
4	Recoveries of amounts treated as qualifying distributions .	4	0.
5	Add lines 3 and 4	5	968,001.
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	968,001.
Ę	art:XIII Qualifying Distributions (see instructions)		
_		220	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		938,783.
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	<u> </u>
Þ	Program-related investments - total from Part IX-B	2	20,152.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		20,132.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a 3b	
Þ	Cash distribution test (attach the required schedule)	4	958,935.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	<del></del>	., 10,, 333.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	5	6,063.
e	Income. Enter 1% of Part I, line 27b  Adjusted qualifying distributions Subtract line 5 from line 4	6	952,872.
6	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation		<del></del>
	4940(e) reduction of tax in those years.	i dumines int	tile scotton

Page 9

Part XIII Undistributed Income (see instructions)

<del></del>				
	(a) Corpus	(b) Years prior to 2018	(c) 2018	( <b>d)</b> 2019
1 Distributable amount for 2019 from Part XI,	001940	Tours provided to		
line 7				968,001.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			930,096.	: 
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
<b>b</b> From 2015				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2019 from		١		
Part XII, line 4: ►\$ 958, 935.			020 006	
a Applied to 2018, but not more than line 2a	···	<del></del>	930,096.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	<u> </u>		<del>-</del>	28,839.
d Applied to 2019 distributable amount	0.			20,033.
e Remaining amount distributed out of corpus  5 Excess distributions carryover applied to 2019	0.			
(If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	_			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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		0.		
assessed		<u> </u>		
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions  e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract			<u></u>	
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				939,162.
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	0.			
O Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				!
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				

923581 12-17-19

Part XIV Private Operating Form 990-PF (2019) MARIO A	ND ALMA PAS			N/A	32/89 Page 10
1 a. If the foundation has received a ruling of			7,, 4000	14/21	
foundation, and the ruling is effective for					
b Check box to indicate whether the found			n section	4942(j)(3) or 4	942(1)(5)
_	Tax year	ig roundation described i	Prior 3 years	4342(J)(0) 01 L 14	T
2 a Enter the lesser of the adjusted net	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
income from Part I or the minimum	(4) 2015	(5) 2010	(0) 20	(4) 20 10	(0) (0)
investment return from Part X for	L				
each year listed .		<u> </u>	<del> </del>		<del> </del>
b 85% of line 2a		·			<del></del>
c Qualifying distributions from Part XII,					
line 4, for each year listed		<del></del>			
d Amounts included in line 2c not		Į.			
used directly for active conduct of					
exempt activities					-
e Qualifying distributions made directly				•	
for active conduct of exempt activities.					
Subtract line 2d from line 2c			<del> </del>	<del></del>	<del>                                     </del>
3 Complete 3a, b, or c for the alternative test relied upon:			<b>\</b>		
a "Assets" alternative test - enter:					
(1) Value of all assets			<del>  \</del>	<del></del>	
(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					
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					<u> </u>
Part XV Supplementary Info			f the foundation	had \$5,000 or mo	re in assets
at any time during the	he year-see instr	uctions.)			
1 Information Regarding Foundatio	-				
a List any managers of the foundation wh			ributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed in	nore than \$5,000). (See s	ection 507(a)(2).)			
NONE				<del> </del>	
<ul> <li>b List any managers of the foundation who other entity) of which the foundation has</li> </ul>			or an equally large portio	n of the ownership of a pa	artnership or
NONE				<del></del>	
2 Information Regarding Contribute		·	-		
Check here 🕨 🔙 If the foundation o	nly makes contributions	to preselected charitable	organizations and does n	ot accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.,					
a The name, address, and telephone numl		e person to whom applic	ations should be address	ed:	
LISA ALTIG, 541-231-3					
P.O. BOX 1560, CORVA	LLIS, OR 97	339	<u> </u>	<del></del>	
b The form in which applications should b LETTERS REQUESTING FI		tion and materials they sl	nould include		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields.	kinds of institutions, or o	other factors:	
GENERALLY OREGON STAY					BENTON,
JOSEPHINE, AND TILLA	MOOK COUNTIL	ES.			
				: · ·	Form 990-PF (2010)

			,
Tota!		<b>▶</b> 3a	900,425.
b Approved for future payment			
NONE			
	-		
			•

0.

**▶** 3b

Total

nter gross amounts unless otherwise indicated.	Unrelated t	usiness income		y section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(c) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	-				
b			+		
C	_				
d	_				
e	_				<del></del>
f	_			<u></u>	
g Fees and contracts from government agencies					
2 Membership dues and assessments		<del> </del>	<del>-   -   -</del>	<del></del>	
3 Interest on savings and temporary cash investments				_	
4 Dividends and interest from securities			14	451,096.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					<u> </u>
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					· · · · · · · · · · · · · · · · · · ·
8 Gain or (loss) from sales of assets other				204 565	
than inventory .			18	224,765.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					<del></del>
1 Other revenue:					
a	_	<del></del>			
b			<del>  - -</del>		
c	_				
d	_				
e	- <b> </b>			675,861.	<del></del> -
2 Subtotal. Add columns (b), (d), and (e)			•		675,861
3 Total. Add line 12, columns (b), (d), and (e)				13	0/5,801
See worksheet in line 13 instructions to verify calculations.				· <del>-</del>	
Relationship of Activities	to the Accom	plishment of E	xempt Pu	rposes	
	· · · · · · · · · · · · · · · · · · ·				
Line No. Explain below how each activity for which in			I-A contributed	importantly to the accomp	isnment of
the foundation's exempt purposes (other th	an by providing runds	ioi sucii purposes).			

▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).					
$\longrightarrow$						
$\rightarrow$						
[						
<del></del>						
$-\!\!\!+$						
$-\!\!\!+$						
1 12-17-1	9 Form <b>990-PF</b>					

# Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

a b c d	(other tha Transfers (1) Cash (2) Other Other tran (1) Sales (2) Purch (3) Renta (4) Reimi (5) Loans (6) Perfo Sharing of If the answor services	in section 501(c)(3) organifrom the reporting foundar assets is actions: It is of assets to a noncharitate hases of assets from a nonal of facilities, equipment, obursement arrangements or loan guarantees fracilities, equipment, mail wer to any of the above is its given by the reporting for	izations) or in section to a noncharitate of the exempt organizate incharitable exempt or or other assets in the foundation. If the four	n 527, relating ble exempt org  ion rganization  sing solicitatio ts, or paid em ollowing sche idation receive	ns	vays show the fair	market value of the good	
		1) the value of the goods, o				1 (4) 5		
a) Lii	ne no	(b) Amount involved	(c) Name of		exempt organization	(0) Description	on of transfers, transactions, a	na sharing arrangements
				N/A	_ <u></u>	<u> </u>		
						1		
			<del></del>					
						1		
				•	· <del></del>	1		
				·-			<del></del>	
	<del>-   -</del>					<del> </del>		
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						<del></del>	·	
20	la tha fau	ndation directly or indirect		olated to one	or more tax-exempt organiz	ations described		
		•	•	-	or more tax-exempt organiz	auono accomba		Yes X No
		501(c) (other than section		50001 3277			•	163 NO
D	it Yes, co	omplete the following sche			(b) Type of organization	<del></del>	(c) Description of relation	nehin
		(a) Name of org	anization		(b) Type of Organization		(c) Description of realic	упапір
		N/A					<del></del>	
			·					
			····					
Sig He	n and be				accompanying schedules and state taxpayer) is based on all information of the state	on of which preparer	has any knowledge	May the IRS discuss this return with the preparer shown below? See instr  X Yes No
	1 2.9.	Print/Type preparer's na	me	Preparer'e S		Date	Check If PTI	N
	id eparer e Only	JOHN C MLYN Firm's name ► KERN	NCZYK	Gul	che	6/1/20	self- employed	01301600
		Firm's address > 1 6	חווים אצבינוייי	TVE DAT	RKWAY, SUITE	110	<del></del>	
		i	GENE, OR				Phonone (5/11	) 687-1170
		<u> </u>	JENE, UK	2/4UI-	1110		Phone no. (541	Form <b>990-PF</b> (2019)
								FUIII 930-F1 (2019)

### 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.

MARIO AND ALMA PASTEGA FAMILY FOUNDATION

OMB No 1545-0047

2019

Name of the organization

Employer identification number

93-1232789

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 X 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 1/3% 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, 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).

Name of organization

Employer identification number

# MARIO AND ALMA PASTEGA FAMILY FOUNDATION

93-1232789

MAKIO	AND ALMA PASIEGA FAMILI FOUNDATION		-1232703
Part,i	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KENNETH PASTEGA  1950 NW FRAZIER CREEK ROAD  CORVALLIS, OR 97330	\$20,000.	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
<u>-</u>		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)

Name of organization

**Employer identification number** 

## MARIO AND ALMA PASTEGA FAMILY FOUNDATION

93-1232789

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if a	dditional 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
		\$	
(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
		, \$	

Name of organization

Employer identification number

MARIO	AND ALMA PASTEGA FAMILY	FOUNDATION	93-1232789
Partilli	Exclusively religious, charitable, etc., contribut	ons to organizations described in sec	tion 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 le	SS for the year (Enter this into once)
(a) No.	Use duplicate copies of Part III if additional	space is needed.	
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) t ui pood of gill		(1)
			<u> </u>
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·
(a) No.			
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(2)		
		-	
`		(e) Transfer of gift	· · · · · · · · · · · · · · · · · · ·
		(c) Transier of give	
	Torrestante acomo calabraca co	- J 7ID . 4	Deletionship of two persons to two persons
}	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
		_ <del>.</del>	1 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12
(a) No. from	(h) Dumana and wift	(a)	(d) Departure of how sift is hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			<del></del>
ł		(a) Transfer of sift	
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
ŀ			
(a) No. from Part I			
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
raiti		-	
	·		
	<u>.</u> ,		
ŀ		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
ľ			
ŀ			

FORM 990-PF DI	VIDENDS	AND INTER	EST	FROM SECUR	ITIES ST	PATEMENT 1
	ROSS MOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
ACCRUED INTEREST PAID CAPITAL GAIN	<5,537 <b>.</b> >	·	0.	<5,537.>	<5,537.>	
DISTRIBUTIONS DIVIDENDS	14,166. 353,933. LO1,584.		6. 0.	0. 353,933. 101,584.	0. 353,933. 101,584.	
MARKET DISCOUNT	1,116.		0. 0.	1,116.	1,116.	
TO PART I, LINE 4	165,262.	14,16	6.	451,096.	451,096.	
FORM 990-PF		ACCOUNTI	NG F	FEES	Si	PATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) TINVEST- NTINCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES		10,421.		8,337.		2,084.
TO FORM 990-PF, PG 1, I	ัก 16B	10,421.		8,337.	<u> </u>	2,084.
		20				
FORM 990-PF	OTI	HER PROFES	SION	NAL FEES	ST	PATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) TINVEST- NTINCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
AGENCY FEES GRANT ADMINISTRATION FE	ES	51,932. 19,414.		51,932. 0.		0. 19,414.
TO FORM 990-PF, PG 1, I	N 160	71,346.	. ——	51,932.		19,414.

FORM 990-PF	TAX	ES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OREGON DEPT OF JUSTICE FEES FOREIGN TAX FEDERAL EXCISE TAX	,1,895. 9,332. 20,579.	9,332.		0. 0. 0.
TO FORM 990-PF, PG 1, LN 18	31,806.	9,332.		0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE EXPENSE INSURANCE	6,986. 6,029.			6,986. 6,029.
TO FORM 990-PF, PG 1, LN 23	13,015.	0.		13,015.

FORM 990-PF	U.S.	AND	STATE/	CITY	GOV	ERNMENT	OBLIGATIONS	STATEMENT 6
DESCRIPTION				_	.S. V'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
GOVERNMENT OBLIGAT ACCRUED INTEREST I					 Х Х		2,055,144. 259.	2,078,539.
TOTAL U.S. GOVERN	MENT OB	BLIGA	TIONS			-	2,055,403.	2,078,539.
TOTAL STATE AND MO	JNICIPA	L GC	VERNME	NT O	BLIG	ATIONS		
TOTAL TO FORM 990-	-PF, PA	RT I	I, LIN	IE 10	A	<u>.</u>	2,055,403.	2,078,539.

FORM 990-PF	CORPORATE STOCK		STATEMENT 7
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS	,	628,056.	657,448.
EQUITIES	,	8,381,258.	12,844,154.
ALTERNATIVE INVESTMENTS		1,180,045.	1,224,187.
REIT		1,121,404.	1,404,160.
		11 210 562	16 100 010
TOTAL TO FORM 990-PF, PART	TI, LINE 10B	11,310,763.	16,129,949.
	CORPORATE BONDS	11,310,763.	STATEMENT 8
TOTAL TO FORM 990-PF, PART FORM 990-PF DESCRIPTION		BOOK VALUE	
FORM 990-PF	CORPORATE BONDS		STATEMENT 8 FAIR MARKET