Form

Department of the Treasury

Return of Private Foundation

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

OMB No. 1545-0047

L▶Do not enter social security numbers on this form as it may be made publica

	Inter		nue Service	Ď Go to t	www.irs.gov/Form990PF t	or instructions	and the lat	est informati	on 9 V	pen to Public Inspection
	For	caler	ndar year 20	119 or tax year be	ginning		2019, and			, 20
	Nam	ne of fou	indation					A Employe	er identification nu	ımber
			Foundation					<u> </u>	93-60215	540
•	Nun	ter and	street (or P.O.	box number if mail is n	ot delivered to street address)		Room/suite	B Telephor	ne number (see inst	tructions)
			00, M/S 50-La					<u>i </u>	503-627-6	700
	Crty	or town	, state or provin	ce, country, and ZIP or	foreign postal code			C If exemp	tion application is p	oending, check here
			<u>, O</u> R 97077-0					_		
	G	Check	call that app	· —	·	n of a former pu	ıblic charıt	y D 1. Foreig	n organizations, ch	eck here ▶ 🔲
				☐ Final retu				2. Foreig	n organizations me	eting the 85% test,
				Address			- K1-1	check	here and attach co	emputation · · •
					ection 501(c)(3) exempt p				foundation status (07(b)(1)(A), check t	was terminated under
7					able trust Other ta			36000113	or (b)(r)(r), check i	1816 P
-	•			of all assets at Part II, col. (c),	J Accounting method	ı: ☐ Casn 🕑	J Accruai	F If the fou	ndation is in a 60-n	nonth termination
	***	line 16	ryear (170111 5) ► \$		Other (specify) (Part I, column (d), must b	o on each back	·	under se	ction 507(b)(1)(B), c	check here ▶ ∐
V×		art I			(penses (The total of			.J	l ·	(d) Disbursements
		J1 C I			may not necessarily equal	(a) Revenue ar expenses per	יאו (ס) ן	et investment	(c) Adjusted ne	for charitable
				n column (a) (see instr		books		income	ıncome	purposes (cash basis only)
,		1	Contribution	s. gifts. grants. etc	received (attach schedule)	456	000		27.07.22.23	
		2			not required to attach Sch. B				17.52	
A .		3			orary cash investments					
•		4		and interest from s						
		5a	Gross rents	3		<i>ا</i> ~				
		b	Net rental i	ncome or (loss)		はなる。			新新華新華	
	ne	6a	_		fassets not on line 10 .			的影响影响		高速式型解码设置
	Revenue	b		orice for all assets on		Property Contract				
	e	7		n net income (from		TOWN THE COLUMN TWO AND ADDRESS OF	Carrier State Course	Maria Maria Maria Maria Maria Maria		97. or 1 45-51. A 450 to 110 50 50 50 110 50 50 50 50 50 50 50 50 50 50 50 50 50
ļ	Œ	8		erm capital gain .	• • •					Terret Longer Too Carrier
3		9	Income mo						LEP YORK WALL THE STATE OF THE	CONTRACTOR OF THE STATE OF THE
•		10a		less returns and allow	wances		STATE STATE OF	MANDEAL MINESTERS		
-	-	b C		of goods sold .	· · L		Section of the sectio			TOO TO SEE THE TOTAL SECTION OF THE TOTAL SECTION O
2		11	•	ne (attach schedu	schedule) le)		ARPSSANC)	MATERIAL MANAGEMENT SPACE		\$200 \$6750 \$650 \$650 \$6
2				•		456	000	0		0
ᇦ .		13			ectors, trustees, etc.	430	0.00		•	O NAME AND ASSOCIATION OF TAXABLE
ととなる	penses	14 /	•		Wagesiue Service					
₹ .	e	15			efits Bank - USB					
ທ	Exp	16a		(attach schedule)		1				
	w	b		fees (attach sche		:				
•	Ě	С	Other profe	essional fees (attac	h schedule)					
	tr a	17	Interest .							_
	is	18	Taxes (atta	ch schedule) (see n (attach schedule	instructions)		214	0	•,	0 214
	冟	19	Depreciatio	n (attach scheduli	e) and depletion					
	Ā	20	Occupancy						•	
	٦	21		ferences, and mee	etings		+-			
	ā	22	_	d publications						
1	Ē	23 24	-	nses (attach sched	inistrative expenses.	<u> </u>	756			7,756
	Operating and Administrative	24		rating and adm 3 through 23 . .	mnsuauve expenses.	,	970	•	1	7 070
	be	25		ns, gifts, grants pa			227 電影響			0 7,970 214,073
	0	26			ents. Add lines 24 and 25		227 电影·照	U BARDS AND STANDERS	19 ALMANDARY PROPERTY	0 222,043
•	\dashv	27		e 26 from line 12:		30,	100		THE THE RESERVE	
		а			ses and disbursements	375,	803			
	Ì	, b		-	egative, enter -0-) .			, 0		THE PROPERTY OF THE PARTY OF TH
_		С			ative, enter -0-)			NEW TON		o Carolina de Caro
·i	For	Paperv	vork Reducti	on Act Notice, see	instructions.	C	at. No. 1128	9X		Form 990-PF (2019)

Рa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	, End o	f year
		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	1	Cash—non-interest-bearing	5,902	22,532	22,532
-	2	Savings and temporary cash investments		,	
}	3	Accounts receivable ▶			
- 1		Less: allowance for doubtful accounts ▶ .		LANCE OF THE PROPERTY OF THE P	NECOSCORUM PROCESSION DE LA COMPANSA DEL COMPANSA DE LA COMPANSA D
ı	4	Pledges receivable ► Receivable from Tek Inc			
ļ	,	Less: allowance for doubtful accounts ▶	276,636	493,963	493,963
	5	Grants receivable		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	6	Receivables due from officers, directors, trustees, and other	· · · · · · · · · · · · · · · · · · ·		
		disqualified persons (attach schedule) (see instructions)			
ı	7	Other notes and loans receivable (attach schedule) ▶			
	•	Less: allowance for doubtful accounts ▶			•
<u>ا ي</u>	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
& I	10a	Investments—U.S. and state government obligations (attach schedule)			
Ì		Investments—corporate stock (attach schedule)			
-	C	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶	A MARINE SERVICE AND ADDRESS OF TAX	Tartor in reservation in a security season.	WASTERSON BY THE STREET STREET STREET
ļ	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶	VALUE OF THE STATE		
		Less: accumulated depreciation (attach schedule) ▶		Water State and State St	TOTAL STREET,
- 1	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers—see the			•
		instructions. Also, see page 1, item I)	282,538	516,495	516,495
\dashv	17	Accounts payable and accrued expenses		3.57	100000000000000000000000000000000000000
	18	Grants payable	141,846	0	
<u>e</u>	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			7/2/4/4/4/2/12/4/4/
용	21	Mortgages and other notes payable (attach schedule)			
ן כֿ	22	Other liabilities (describe ►)			
٠l	23	Total liabilities (add lines 17 through 22)	141,846	0	THE RESERVE OF THE PARTY.
s		Foundations that follow FASB ASC 958, check here ▶ □	,,,,,,,,,,,	<u>_</u>	
alances		and complete lines 24, 25, 29, and 30.			
<u>a</u>	24	Net assets without donor restrictions	·140,692	516,495	
ᇒ	25	Net assets with donor restrictions		3.37.1.3	
ᇹ		Foundations that do not follow FASB ASC 958, check here ▶	 	······································	DESCRIPTION SO
Net Assets or Fund		and complete lines 26 through 30.			
빈	26	Capital stock, trust principal, or current funds		•	
္က	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
[출	28	Retained earnings, accumulated income, endowment, or other funds			
SS	29	Total net assets or fund balances (see instructions)	140,692	516,495	
ايد	30	Total liabilities and net assets/fund balances (see			
ž		instructions)	282,538	516,495	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
		I net assets or fund balances at beginning of year-Part II, colu	mn (a), line 29 (mus	st agree with	
_		of-year figure reported on prior year's return)			140,692
2		r amount from Part I, line 27a			375,803
			-		
		lines 1, 2, and 3			516,495
_	_			_	
6	Total	eases not included in line 2 (itemize) ► I net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), li	ne 29 6	516,495
					Form 990-PF (2019)

Part	(a) List and describe the kind	Losses for Tax on Investment of property sold (for example, real est e; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquire (mo., day, yr.)	
1a				D-Donation		
b				 		
C						
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		Gain or (loss) plus (f) minus (g))
<u>a</u> b					 ,	
c						
d						
е						
	Complete only for assets show	ving gain in column (h) and owned b	y the foundation	on 12/31/69.		(Col. (h) gain minus
	(f) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col. (i) . (j), if any		rt not less than -0-) or ses (from col. (h))
<u>a</u>						
<u>b</u>						
c d						
e e						
2	Capital gain net income or		lso enter in Pa			
		(If (loss),	enter -0- in Pai		2	0
3	If gain, also enter in Part I	or (loss) as defined in sections of the section of the sectio	tions. If (loss)	, enter -0- in }		_
Part	Part I, line 8	er Section 4940(e) for Reduc	and Tarran N		3	0
Vas t		ection 4942 tax on the distributa Jalify under section 4940(e). Do i		• •	ase penod?	☐ Yes ☐ No
1		unt in each column for each year			king any entri	es.
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value o	(c) f nonchantable-use as	sets (col.	(d) Distribution ratio (b) divided by col. (c))
	2018	368	.970	28	3,736	12.84
	2017	389	901	2	7,172	14.35
	2016	260	,856	18	3,183	14.35
	2015		,108),462	17.60
	2014	532	,034		0,261	26.26
2	Total of line 1, column (d)				. 2	85.40
3		or the 5-year base period—dividundation has been in existence it			by 3	17 08
4	Enter the net value of nonc	haritable-use assets for 2019 fro	om Part X, line	5	. 4	20,559
5	Multiply line 4 by line 3 .				. 5	351,139
6	Enter 1% of net investment	t income (1% of Part I, line 27b)			. 6	
7	Add lines 5 and 6				. 7	351,139
8	Enter qualifying distribution	ns from Part XII, line 4			. 8	222,043
		er than line 7, check the box in				

Part	Excise Tax Based on investment income (Section 4940(a), 4940(b), 4940(e), or 4948—se	ee instru	ctions)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶□ and enter "N/A" on line 1.		
_	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	ST. STONELESSES	O
С	here ▶ ☐ and enter 1% of Part I, line 27b		
C	Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0
3	Add lines 1 and 2		0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	in Outle & Walle	O CONTRACTOR STANDARD
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 0	i Wang	
b	Exempt foreign organizations—tax withheld at source		
c d	Tax paid with application for extension of time to file (Form 8868) 6c 0 6d 0	Tary tag	
7	Total credits and payments. Add lines 6a through 6d		
8	Enter any penalty for underpayment of estimated tax. Check here from 2220 is attached		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	-+	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		0
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax Refunded		0
	VII-A Statements Regarding Activities		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	ıt War	Yes No
··u	participate or intervene in any political campaign?	1a	V
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	ne 🗔	
	instructions for the definition	1b	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material	ıls 🔭	
	published or distributed by the foundation in connection with the activities.		
C	Did the foundation file Form 1120-POL for this year?	1c	Variation of the second
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	_	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		
_	on foundation managers. > \$		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	STREET LANGE
_	If "Yes," attach a detailed description of the activities.		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	es 3	/
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	V
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	
	If "Yes," attach the statement required by General Instruction T.		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		
	By language in the governing instrument, or		
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that		
_	conflict with the state law remain in the governing instrument?	6	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X	(V 7	2 50000 T 1,0014G 35G
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶		
_	Oregon		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	. 8b	-
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) of		
	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	9	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the names and addresses	eir 10	V

Par	VII-A Statements Regarding Activities (continued)			
	•	190	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	he 11		
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualifi person had advisory privileges? If "Yes," attach statement. See instructions	ed 12		-
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	n ⁷ 13	~	
•	Website address ► N/A			
14	The books are in care of ▶ Nic Leep Telephone no. ▶	(503) 627	7-1651	
•	Located at ► PO Box 500, M/S 50-489; Beaverton OR ZIP+4 ►	97077-	0001	<u></u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			▶ 🗆
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authorover a bank, securities, or other financial account in a foreign country?	ity	Yes	No
•	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name the foreign country ▶	of		
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies	****	Yes	No
1a	During the year, did the foundation (either directly or indirectly):	70		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
•	disqualified person?	13669301		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes	746203572		
	 (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
-	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	40		
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	No No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	in 1b		
	Organizations relying on a current notice regarding disaster assistance, check here			30
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, the were not corrected before the first day of the tax year beginning in 2019?	nat 1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a prival operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	ıte		
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?	No :		
	If "Yes," list the years ▶ 20, 20, 20,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) all years listed, answer "No" and attach statement—see instructions.)			
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	No.		
_	, – –	25050		
ь	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse	he of		
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if t foundation had excess business holdings in 2019.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes		2700000000	₽
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 201			~

Par	Statements Regarding Activities	s tor v	vnich Form	4/20	мау ве н	equire	e a (conti	nuea)			
5a	During the year, did the foundation pay or incur	any am	ount to:				-			Yes	No
	(1) Carry on propaganda, or otherwise attempt	to influe	ence legislati	on (sec	tion 4945(e))? -	☐ Yes	✓ No		****	學學
	(2) Influence the outcome of any specific publi		ion (see sect	ion 495	55); or to ca	arry on	,				
	directly or indirectly, any voter registration di	rive?					☐ Yes	✓ No			
	(3) Provide a grant to an individual for travel, stu	ıdy, or	other similar	purpos	es?		☐ Yes	✓ No			
	(4) Provide a grant to an organization other that section 4945(d)(4)(A)? See instructions		ritable, etc.,			ribed in) ☐Yes	☑ No			
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to				ary, or educ		_ ∐Yes	— ✓ No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the in Regulations section 53.4945 or in a current no							scribed · ·	5b		
	Organizations relying on a current notice regardi	ing disa	ester assistan	ce, che	ck here .			▶□	WY TO A STATE OF	纖纖	
C	If the answer is "Yes" to question 5a(4), does to	the fou	ndation clain	exem	ption from	the tax					
	because it maintained expenditure responsibility	for the	grant? .				☐ Yes	☐ No			
	If "Yes," attach the statement required by Regul	ations s	section 53.49	45-5(d)	١.			•	19		
6a	Did the foundation, during the year, receive any	funds,	directly or in	directly	, to pay pre	emiums	}				
	on a personal benefit contract?						☐ Yes	☑ No			
b	Did the foundation, during the year, pay premiur If "Yes" to 6b, file Form 8870.	ns, dıre	ectly or indire	ctly, on	a personal	benefi	t contract	? .	6b		
7a	At any time during the tax year, was the foundation	a party	v to a prohibit	ed tax s	helter trans	action?	☐Yes	₽ No			
b	If "Yes," did the foundation receive any proceed								7b	THE STATE	TO SHAND
8	Is the foundation subject to the section 4960 ta								42.5		
_	remuneration or excess parachute payment(s) d	uring th	ie year?				☐ Yes	✓ No			
Par	VIII Information About Officers, Direct						_=_			ees.	THE COLUMN
	and Contractors					,	0 3			•	
1	List all officers, directors, trustees, and found	lation r	managers ar	nd their	compens	ation. S	See instr	uctions	·		
	(a) Name and address	(b) Titl	e, and average irs per week ed to position	(c) Co	mpensation not paid, iter -0-)	(d) emplo	Contribution byee benefit erred compe	s to plans	(e) Expe	nse acc allowan	count,
Tami N	lewcombe	 									
	x 500, M/S 50-489; Beaverton, OR 97077	1	ent/Chairman,	i	. 0			0			0
	Gardner	· -			<u></u>						
	x 500, M/S 50-489; Beaverton, OR 97077	Vice C	hairman, 1	ì	0			0			0
	on Wetzel	1.00 0.						 -			
	x 500, M/S 50-489; Beaverton, OR 97077 *	Truste	a 1	,	, 0	'		0			0
	Koopman	Truste.									<u>~</u>
	x 500, M/S 50-489; Beaverton, OR 97077	Admin	istrator, 1]	n			o			0
2	Compensation of five highest-paid employee "NONE."			se incl	uded on li	ne 1-	see instr	uction	s). If n	one,	enter
-	(a) Name and address of each employee paid more than \$50,00	00	(b) Title, and a hours per of devoted to p	veek _	(c) Comper	nsation	(d) Contrib employee plans and compen	benefit deferred	(e) Expe	nse acc allowan	count,
None											
			-				 				
			1		Į						
					 -		 				
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			 		 -						
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			ļ		 		ļ				
					}						
			1		L		L				
Total	number of other employees paid over \$50,000 .							. ▶			

Part VIII Information About Officers, Directors, Trustees, Foundatio and Contractors (continued)	n Managers, Highly Paid Em	ployees,
3 Five highest-paid independent contractors for professional services. See in	structions. If none, enter "NONE	"
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Vone		
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis organizations and other beneficianes served, conferences convened, research papers produced, etc.	tical information such as the number of	Expenses
1 None		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instruction Describe the two largest program-related investments made by the foundation during the tax year on lin		Amount
1 None		
2		
		·
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		

Part	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foun	dations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	\$, \$4 ⁻	
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	28,528
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	28,528
e	Reduction claimed for blockage or other factors reported on lines 1a and	3 3	
	1c (attach detailed explanation),	المنتا	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	28,528
4	Cash deemed held for chantable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	7,970
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	20,558
6	Minimum investment return. Enter 5% of line 5	6	1,028
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ► ☐ and do not complete this part.)	oundation	ons
1	Minimum investment return from Part X, line 6	1	1,028
2a	Tax on investment income for 2019 from Part VI, line 5	1.5	
b	Income tax for 2019. (This does not include the tax from Part VI.) 2b 0		
C	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,028
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	1,028
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	1,028
Part	XII Qualifying Distributions (sec instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	* '''.	
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	222,043
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:	-7'	
а	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	222,043
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	222,043
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whethe	r the foundation

Part	Ondistributed income (see instruction	ons)			
		(a) Corpus	(b) Years pnor to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI, line 7				1.028
2	Undistributed income, if any, as of the end of 2019:			MARIN AND EAST SAME SAFER AS BARROW WITH	
а	Enter amount for 2018 only			. 0	
b	Total for prior years: 20, 20, 20		0		有一种主义的
3	Excess distributions carryover, if any, to 2019:				
а	From 2014				
þ	From 2015	THE REPORT OF THE PERSON OF TH			
C	From 2016				
d	From 2017				
e	From 2018	Consideration to and Transfers agreement			THE STATE OF THE S
۱	Total of lines 3a through e	1,906,127		INTERNATION EN HERVER LEGISLATION (NO LEGISLAT	
4	line 4: ► \$ 222,043				
а	Applied to 2018, but not more than line 2a.			,	
ь	Applied to undistributed income of prior years		21 JES II HERE BROWN IN COURT D. ID. A.		
_	(Election required—see instructions)		o		
С	Treated as distributions out of corpus (Election		The state of the s		
	required—see instructions)	0			
đ	Applied to 2019 distributable amount	经增加的	位于1000年1000年1000年1000年1000年100日		1,028
е	Remaining amount distributed out of corpus	221,015		A CONTRACTOR OF THE CONTRACTOR	
5	Excess distributions carryover applied to 2019				
	(If an amount appears in column (d), the same				_
_	amount must be shown in column (a).)	0			
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,127,142			
b	Prior years' undistributed income. Subtract		Sealth smile of management and alternative management		
_	line 4b from line 2b		0		
С	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	THE THE PARTY OF T	0	AND THE PROPERTY OF THE PROPER	Programme and the second
d	Subtract line 6c from line 6b. Taxable amount—see instructions				
_				AND THE PROPERTY OF THE PROPER	
e	Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see			•	
	instructions			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)				
, O	· · · · · · · · · · · · · · · · · · ·				
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	531,021			
9	Excess distributions carryover to 2020.	331,021	ar transcript are and ithings after	A STATE OF THE STA	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM
3	Subtract lines 7 and 8 from line 6a	, 1,596,121			
10	Analysis of line 9:				
а	Excess from 2015				
b	Excess from 2016				
C	Excess from 2017				
d	Excess from 2018				
•	Evenes from 2010 221 015	No local property of the control of	ECTION BETWEEN THE PROPERTY AND A	AND THE PROPERTY OF THE PARTY O	ELTRUTER TO THE REAL PROPERTY.

	00-PF (2019)	1 · · · · · · · · · · · · · · · · · · ·		\(\(\) \(Page 10
Part)) 	
1a	If the foundation has received a ruling					
b	foundation, and the ruling is effective to Check box to indicate whether the fou				ection	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	T operating rounda	Prior 3 years	2011011 4942())	(3) Of [4942()(3)
2.0	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	(4) 2010	(5) 25 15	(0) 2017	(4,290	
b	85% of line 2a	<u> </u>	 	 		
c	Qualifying distributions from Part XII.			 	/	
_	line 4, for each year listed			/		j
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities		İ			
е	Qualifying distributions made directly					
	for active conduct of exempt activities.	1		\vee		
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test-enter:	1				
	(1) Value of all assets	L	<i>X</i>			
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)		<u> </u>			
b	"Endowment" alternative test-enter 2/3					
	of minimum investment return shown in	/				
	Part X, line 6, for each year listed	<u> </u>				
C	"Support" alternative test—enter:	i	1	Ì	1	
	(1) Total support other than gross	1				
	investment income (interest, dividends, rents, payments on					
	secunties loans (section	j	1			
	512(a)(5)), or royalties)	<u> </u>				
	(2) Support from general public and 5 or more exempt			1		
	organizations as provided in	!				
	section 4942(j)(3)(B)(iii)		 			
	an exempt organization					
	Gross investment income		· -			··
Part		on (Complete t	his part only if t	he foundation h	ad \$5,000 or m	ore in assets at
	any time during the year-					
1	Information Regarding Foundation					
а	List any managers of the foundation		uted more than 2%	% of the total conta	ributions received	by the foundation
	before the close of any tax year (but o	only if they have o	ontributed more th	nan \$5,000). (See s	ection 507(d)(2).)	
None						
b	List any managers of the foundation					rge portion of the
	ownership of a partnership or other e	ntity) of which the	foundation has a	10% or greater into	erest.	
None						
2	Information Regarding Contribution					
	Check here ► ☐ if the foundation					
	unsolicited requests for funds. If the f		gitts, grants, etc.,	to individuals or o	rganizations unde	r otner conditions,
	complete items 2a, b, c, and d. See ir			_ A t	A	
а	The name, address, and telephone nu	imber or email ac	aress of the perso	n to wnom applica	tions should be a	auressea:
	Coopman @ Tektronix Foudation; PO Box					
Ь	The form in which applications should	ne summæd ar	ia miormation and	materials triey Sno	uia include:	
D. 4 - **	ton an Empil with E01/-V/0\ - h-h	. 6 dinanta 11-41 · ·	and budget			
	ter or Email with 501(c)(3) status, board o	oi airectors listing	and budget.			
	Any submission deadlines:					
None d	Any restrictions or limitations on av	vards, such as h	ov geographical at	reas, chantable fir	elds, kinds of ins	titutions. or other
4	factors:		., ggp u			
Grante	made to support education, health, soci	al welfare, the arts	and conservation			
		-,				

Part XV Supplementary Information (conti	nued)			
3 Grants and Contributions Paid During t			ture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Consideration	
a Paid during the year				
				:
	1			
See Attached Schedule				
	İ			
		<u> </u>		ĺ
			•	
]		
			•	
Tabl		L	▶ 3a	
b Approved for future payment	 		Ja	
b Approved for factore payment				ļ
See Attached Schedule				
	1			
Total			▶ 3b	

		amounts unless otherwise indicated.	· · · · · · · · · · · · · · · · · · ·	ısıness income	Excluded by secti	on 512, 513, or 514	(0)
1	Prog	ram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
•	a				 		
	h -				-	· · · · · · · · · · · · · · · · · · ·	
	c -						
	ď				<u> </u>		
	- e						
	f -			_			
	a F	ees and contracts from government agencies					
2	-	bership dues and assessments					<u> </u>
3		est on savings and temporary cash investments					
4		lends and interest from securities					
5		rental income or (loss) from real estate:	, , , ,		·		
_		ebt-financed property					
		lot debt-financed property		 -			
6		ental income or (loss) from personal property					
		r investment income					
		or (loss) from sales of assets other than inventory			· · · · ·		
		ncome or (loss) from special events			<u> </u>	·	
		s profit or (loss) from sales of inventory			f		
		•					
••	b		· · · ·				
	c –		· · · · · · · · · · · · · · · · · · ·		 		
	d –						
	-						
	_		i .				
12	e Subt	otal Add columns (b) (d) and (e)		0		•	nl r
		otal. Add columns (b), (d), and (e)				13	
13	Tota	I. Add line 12, columns (b), (d), and (e)				13	
13 See	Tota works	I. Add line 12, columns (b), (d), and (e)	s.)			·	0
13 See Par Line	Tota works	I. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Par Line	Tota works t XV e No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Par Line	Tota works t XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Par Line	Tota works t XV e No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Par Line	Tota works t XV e No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Par Line	Tota works t XV e No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Par Line	Tota works t XV e No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Par Line	Tota works t XV e No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Par Line	Tota works t XV e No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Par Line	Tota work: t XV e No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Par Line	Tota work: t XV e No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Par Line	Tota work: t XV e No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Par Line	Tota work: t XV e No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Par Line	Tota work: t XV e No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Par Line	Tota work: t XV e No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Par Line	Tota work: t XV e No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Par Line	Tota work: t XV e No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Par Line	Tota work: t XV e No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Par Line	Tota work: t XV e No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Par Line	Tota work: t XV e No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Par Line	Tota work: t XV e No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Par Line	Tota work: t XV e No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Par Line	Tota work: t XV e No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Par Line	Tota work: t XV e No.	Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	C

Rart	XVII	Information Organization		sfers to and Transa	ctions and Re	elationship	s With I	Nonchai	ritable Ex	cempt
	ın se orgar	ne organization cection 501(c) (o	directly or indirectly enter than section	engage in any of the foll 501(c)(3) organizations a noncharitable exemp	s) or in sectio	n 527, rel			Ye	s No
	(1) C	•	· · · · ·	a nonchantable exemp	•	и.			1a(1)	1
		ther assets .							1a(2)	
		transactions.	a panaharitahla ayar	mpt organization .					1b(1)	1
				ble exempt organization					1b(1)	1
			, equipment, or other						1b(3)	1
	(4) R	eimbursement ai	rrangements .						1b(4)	✓
		-	rantees						1b(5)	✓
				p or fundraising solicit				•	1b(6)	/
				ts, other assets, or paid ," complete the follow			 Should alv	vova abov	1c	<u>√</u>
	value	of the goods, o	ther assets, or service	ces given by the report ement, show in column	ing foundation	If the found	ation rece	eived less	than fair	market
(a) Line	no (b) Amount involved	(c) Name of nonch	aritable exempt organization	(d) Descrip	tion of transfe	rs, transaction	ons, and sha	arıng arrange	ments
	-									
	+									
	-+-							-		
				<u> </u>						
	_			.	-					
	_						****			
	desci	ribed in section 5		filiated with, or related ction 501(c)(3)) or in sec			npt orgar		☐ Yes	☑ No
		(a) Name of organ		(b) Type of organi	zation		(c) Descripti	on of relatio	nship	
				-						
	_									
	Unde	r penalties of penury.	I declare that I have examined	d this return, including accompa	anving schedules and	statements, and	to the best of	of my knowle	dge and belie	, it is true.
Sign Here	M	ature of officer or true	<u></u>	n taxpayer) is based on all infon		-	wledge	with the p	RS discuss the preparer show actions Ye	n below?
Paid Prepa		Print/Type preparer		Preparer's signature		Date	Che self-	ck if	PTIN	
Use Only		Firm's name ►					Firm's EIN	>		
		Fırm's address ▶					Phone no		000 5)E ::::
								F	orm 990-F	rr (2019)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

Tektronix Foundation 93-6021540 Organization type (check one): Section: Filers of: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** 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 331/3% 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, chantable, 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, chantable, etc., contributions ▶ \$_____ 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

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	Tektronix Inc 14150 SW Karl Braun Drive, PO Box 500, M/S 50-470 Beaverton, OR 97077-0001	\$ 456,000 	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		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		 \$ 	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		 \$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part 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				
		\$					
(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				
		\$					

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Page 4 Name of organization Employer identification number Part III 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 information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed. (a) No. from (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. (c) Use of gift (d) Description of how gift is held (b) Purpose of gift from Part I (e) Transfer of gift Transferee's name, address, and 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held (b) Purpose of gift (c) Use of gift from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Tektronix Foundation EIN 93-6021540

2019 Form 990-PF Part I Expense Detail

Taxes, Line 18 2018 Oregon DOJ from CT-12	214
Other Expenses, Line 23 Outsourced Matching Gifts Fee Bank Analysis Service Charge	5,825 1,931
	7,756

Tektronix Foundation EIN 93-6021540

2019 Form 990-PF Part X Cash Deemed Held for Charitable Activities

	US Bank a/c 1536 077 3753	US Bank a/c 1536 0000 6818	Total Cash Balance	
Jan-19	4,410.00	10,590.42	15,000.42	
Feb-19	2,575.00	10,840.42	13,415.42	
Mar-19	2,575.00	10,840.42	13,415.42	
Apr-19	3,610.00	11,139.86	14,749.86	
May-19	2,675.00	8,852.36	11,527.36	
Jun-19	2,675.00	19,557.36	22,232.36	
Jul-19	3,085.00	9,959.57	13,044.57	
Aug-19	2,935.00	24,209.57	27,144.57	
Sep-19	2,835.00	40,459.57	43,294.57	
Oct-19	4,500.00	8,095.80	12,595.80	
Nov-19	1,600.00	123,845.80	125,445.80	
Dec-19	1,600.00	28,870.80	30,470.80	
	Average Based on monthly figures, Line 1b			A
Cash deemed held for charitable activities:				
	1.	5% of avg	428	
	Ad	ctual Admin for 2019	7,970	from income statement
	Gı	reater of two, Line 4	7,970	В
	Net value of non-charita	able use assets, Line 5	20,558	= A - B
	Minimum investment ret	um, Line 6	1,028	

5% of net value of non-charitable use assets