

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

**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](http://www.irs.gov/Form990PF) for instructions and the latest information.**

OMB No 1545-0052  
**2018**  
**Open to Public Inspection**

**For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018**

Name of foundation JESSIE F RICHARDSON FOUNDATION		A Employer identification number 93-1316345	
Number and street (or P O box number if mail is not delivered to street address) Room/suite 15900 SE 82ND DRIVE		B Telephone number (see instructions) (503) 408-4088	
City or town, state or province, country, and ZIP or foreign postal code CLACKAMAS, OR 97015		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>670,338</u>		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc , received (attach schedule)	382,371			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments	2,130	2,130	2,130	
	<b>4</b> Dividends and interest from securities				
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10				
	<b>b</b> Gross sales price for all assets on line 6a				
	<b>7</b> Capital gain net income (from Part IV, line 2)		0		
	<b>8</b> Net short-term capital gain			0	
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)	4,149	0	4,149		
<b>12 Total.</b> Add lines 1 through 11	388,650	2,130	6,279		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	0	0	0	0
	<b>14</b> Other employee salaries and wages	155,175	0	0	155,175
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)	8,615	1,723	1,755	6,860
	<b>c</b> Other professional fees (attach schedule)	61,360	0	0	61,360
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)				
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy	1,954	0	0	1,954
	<b>21</b> Travel, conferences, and meetings	38,818	0	1,239	37,579
	<b>22</b> Printing and publications	2,332	0	0	2,332
	<b>23</b> Other expenses (attach schedule)	57,439	0	0	57,439
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	325,693	1,723	2,994	322,699
	<b>25</b> Contributions, gifts, grants paid	0			0
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	325,693	1,723	2,994	322,699	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	62,957				
<b>b Net investment income</b> (if negative, enter -0-)		407			
<b>c Adjusted net income</b> (if negative, enter -0-)			3,285		

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	212,968	275,429	275,429
	<b>2</b> Savings and temporary cash investments . . . . .	392,028	392,291	392,291
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,091	292	292
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment basis ▶ _____ 5,149 Less accumulated depreciation (attach schedule) ▶ _____ 5,149			
<b>15</b> Other assets (describe ▶ _____)	0	2,326	2,326	
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	609,087	670,338	670,338	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons	4,206		
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)	0	2,500	
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	4,206	2,500	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .	0	0	
	<b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
<b>29</b> Retained earnings, accumulated income, endowment, or other funds	604,881	667,838		
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	604,881	667,838		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	609,087	670,338		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	604,881
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	62,957
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	667,838
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	667,838

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	<b>2</b>	
{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	<b>3</b>	
{ If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	331,580	617,994	0.536542
2016	238,743	516,027	0.462656
2015	205,078	426,546	0.480788
2014	240,315	420,596	0.571368
2013	201,161	416,602	0.482861

<b>2</b> Total of line 1, column (d)	<b>2</b>	2.534215
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0.506843
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	<b>4</b>	645,856
<b>5</b> Multiply line 4 by line 3	<b>5</b>	327,348
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	4
<b>7</b> Add lines 5 and 6	<b>7</b>	327,352
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	322,699

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.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, domestic foundations, tax under section 511, subtitle A tax, tax based on investment income, credits/payments, and tax due/overpayment.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, unrelated business income, liquidation, and state reporting.

Part VII-A Statements Regarding Activities (continued)

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.
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address JFRFOUNDATION.ORG
14 The books are in care of KEREN BROWN WILSON Telephone no (503) 408-4088
Located at 15900 SE 82ND DRIVE CLACKAMAS OR ZIP+4 97015
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 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country

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.
1a During the year did the foundation (either directly or indirectly)
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the 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 ).
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))
a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? If "Yes," list the years
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement-see instructions )
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
b If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018 ).
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions. **5b**  Yes  No

Organizations relying on a current notice regarding disaster assistance check here.

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  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 pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b**  Yes  No  
If "Yes" to 6b, file Form 8870

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? **7b**  Yes  No

**8** Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?  Yes  No

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation. See instructions**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, 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) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000.  0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
CONCEPTS IN COMMUNITY LIVING INC 15900 SE 82ND DRIVE CLACKAMAS, OR 97015	PROGRAM MANAGEMENT SERVICES	156,244
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . .		<b>0</b>

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
<b>1</b> GLOBAL PROGRAM SUPPORT FOR INDIGENT OLDER ADULTS IN NICARAGUA 1 DEVELOPED AND CONDUCTED ELDER CARE HOME ADMINISTRATOR TRAINING AT NATIONAL ELDER TRAINING CENTER IN JINOTEPE, NICARAGUA 2 SUPPORTED AND PROVIDED TRAINING AT THE FIRST ANNUAL AGING CONGRESS OF NICARAGUA 3 CONTINUED PROVIDING SCHOLARSHIPS FUNDING FOR STUDENTS PERFORMING SERVICE LEARNING FROM AMERICAN AND NICARAGUAN UNIVERSITIES IN ALLIED HEALTH (INCLUDING NURSING, OCCUPATIONAL THERAPY, PHYSICAL THERAPY, PHYSICIAN ASSISTANTS, PHARMACY, PSYCHOLOGY, COMMUNITY HEALTH, GERONTOLOGY) 4 CONTINUED SUPPORT OF NICARAGUAN AGING ADVISORY COUNCIL IN DEVELOPMENT OF NATIONAL STRATEGIC PLAN AND ADVOCACY FOR DEVELOPMENT OF CARE STANDARDS 5 RECRUITED AND TRAINED 2 COMMUNITY LIAISONS THROUGHOUT NICARAGUA TO INCREASE VISIBILITY OF AND BRING RESOURCES TO ELDER CARE HOMES THROUGHOUT NICARAGUA	108,523
<b>2</b> EDUCATION/TRAINING/RESEARCH/POLICY 1 PLANNED AND ORGANIZED SERVICE LEARNING TRIPS AND CLINICAL FIELDWORK FOR STUDENTS FROM PACIFIC UNIVERSITY, QUINNIPIAC UNIVERSITY, ELIZABETHTOWN COLLEGE, NORTHLAND COMMUNITY COLLEGE, UNIVERSITY OF NEW HAMPSHIRE, OSU, UNIVERSITY OF MONTANA, PORTLAND STATE AND OREGON HEALTH SCIENCES UNIVERSITY TOTALING 28 STUDENTS AND 3 FACULTY 2 FUNDED 8 SCHOLARSHIPS AND 2 COMMUNITY AWARDS TOTALING \$12,000 3 SIGNED AGREEMENTS WITH 3 NICARAGUAN UNIVERSITIES TO INCORPORATE GERIATRIC-SPECIFIC CURRICULUM INTO THEIR HEALTH-RELATED COURSES 4 REVAMPED THE LEAP (LIFE ENRICHMENT ACTIVITY PROGRAM) FOR ASSISTED LIVING RESIDENTS 5 CONDUCTED SURVEY OF 20 ELDER CARE HOMES AND 3 FEEDING SITES IN NICARAGUA TO DETERMINE STRENGTHS AND AREAS OF NEED CONTINUED ON NEXT STATEMENT	0
<b>3</b> CHARITABLE ACTIVITY #2, EDUCATION/TRAINING/RESEARCH/POLICY, CONT'D 6 LAUNCHED WEBSITE AND ONLINE SUPPORT GROUP FOR THE TIES THAT BIND PROGRAM FOR GRANDPARENTS AND KINSHIP CAREGIVERS RAISING CHILDREN THAT FILLS THE UNMET NEED FOR TRAINING, PEER SUPPORT AND RESOURCES DEDICATED TO THIS 7 CONTINUED WORKING WITH THE PUBLIC AND PRIVATE UNIVERSITY SYSTEMS IN NICARAGUA TO INTRODUCE PRINCIPLES OF CARE FOR OLDER ADULTS IN HEALTH CARE FIELD CURRICULUM	10,549
<b>4</b> INCREASE AWARENESS AND SUPPORT FOR VERY LOW INCOME ADULTS IN US 1 PRODUCED ANNUAL AGELESS AWARDS EVENT 2 SUPPORTED ACTIVITIES OF OREGON AGING PROGRAMS, SPECIFICALLY, MEALS ON WHEELS AND ELDERNS IN ACTION 3 AUTHORED AND DESIGNED 3 NEW WHITEPAPERS TO INCREASE AWARENESS OF THE EXPECTED DRAMATIC CHANGES IN OREGON'S AGE STRUCTURE, THE LACK OF FINANCIAL SECURITY AMONG THE GROWING POPULATION OF OLDER ADULTS AND THE HOUSING NEEDS OF OLDER ADULTS OTHER ACTIVITIES BUILD AND STRENGTHEN CAPACITY OF LOCAL COMMUNITIES TO BETTER SERVE LOW INCOME OLDER ADULTS IN US 1 BEGAN DEVELOPMENT OF A NEW MODEL OF AFFORDABLE HOUSING AND SERVICES FOR LOW INCOME OLDER ADULTS IN THE COLUMBIA GORGE AREA 2 PARTICIPATED IN COALITION BUILDING EFFORTS AMONG METRO AREAS SERVICE PROVIDERS TO EXPAND AWARENESS AND RESOURCES FOR LOW INCOME OLDER ADULTS	116,246

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b> _____	
<b>2</b> _____	
All other program-related investments See instructions	
<b>3</b> _____	
<b>Total.</b> Add lines 1 through 3 . . . . .	<b>0</b>

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	655,691
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	655,691
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	655,691
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	9,835
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	645,856
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	32,293

**Part XI 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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	322,699
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	322,699
<b>5</b>	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.	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	322,699

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .				
<b>b</b> Total for prior years 20___, 20___, 20___				
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .				
<b>b</b> From 2014. . . . .				
<b>c</b> From 2015. . . . .				
<b>d</b> From 2016. . . . .				
<b>e</b> From 2017. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ _____				
<b>a</b> Applied to 2017, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2018 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9 Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .				
<b>b</b> Excess from 2015. . . . .				
<b>c</b> Excess from 2016. . . . .				
<b>d</b> Excess from 2017. . . . .				
<b>e</b> Excess from 2018. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . 2002-02-12

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	3,285	20,987	313	1,039	25,624
<b>b</b> 85% of line 2a . . . . .	2,792	17,839	266	883	21,780
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .	322,699	331,580	238,743	205,078	1,098,100
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .	0	0	0	0	0
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .	322,699	331,580	238,743	205,078	1,098,100
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					0
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					0
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .	21,529	20,600	17,201	14,218	73,548
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					0
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					0
<b>(3)</b> Largest amount of support from an exempt organization					0
<b>(4)</b> Gross investment income					0

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**  
**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )  
 See Additional Data Table

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed  
 KEREN BROWN WILSON  
 15900 SE 82ND DRIVE  
 CLACKAMAS, OR 97015  
 (503) 408-4088

**b** The form in which applications should be submitted and information and materials they should include  
 NONE SPECIFIED AT THIS TIME

**c** Any submission deadlines  
 NONE SPECIFIED AT THIS TIME

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  
 NONE SPECIFIED AT THIS TIME

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
<b>Total . . . . .</b> ▶ <b>3a</b>				
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		<b>(e)</b> Related or exempt function income (See instructions )
	<b>(a)</b> Business code	<b>(b)</b> Amount	<b>(c)</b> Exclusion code	<b>(d)</b> Amount	
<b>1</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments . . . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .			14	2,130	
<b>4</b> Dividends and interest from securities. . . . .					
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .					
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue					
<b>a</b> TRAINING & SPEAKER FEES _____					4,149
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal Add columns (b), (d), and (e). . . . .		0		2,130	4,149
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . . <b>13</b> _____					6,279

(See worksheet in line 13 instructions to verify calculations )

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

<b>Line No.</b> ▼	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) (See instructions )
11A	PROVIDED SPEAKER FOR EDUCATIONAL PROGRAMS, COORDINATED AND PROVIDED OTHER TRAINING AND LEARNING OPPORTUNITIES TO EDUCATE PARTICIPANTS ON ELDER CARE AND ADMINISTRATION OF ELDER CARE HOMES, AND TO PROVIDE SUPPORT TO THE AGING

**Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

**Part XVII**

- 1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
  - a** Transfers from the reporting foundation to a noncharitable exempt organization of
    - (1)** Cash. . . . .
    - (2)** Other assets. . . . .
  - b** Other transactions
    - (1)** Sales of assets to a noncharitable exempt organization. . . . .
    - (2)** Purchases of assets from a noncharitable exempt organization. . . . .
    - (3)** Rental of facilities, equipment, or other assets. . . . .
    - (4)** Reimbursement arrangements. . . . .
    - (5)** Loans or loan guarantees. . . . .
    - (6)** Performance of services or membership or fundraising solicitations. . . . .
  - c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .
- d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

	Yes	No
<b>1a(1)</b>		No
<b>1a(2)</b>		No
<b>1b(1)</b>		No
<b>1b(2)</b>		No
<b>1b(3)</b>		No
<b>1b(4)</b>		No
<b>1b(5)</b>		No
<b>1b(6)</b>		No
<b>1c</b>		No

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . .  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	*****	2019-11-13	*****	<div style="border: 1px solid black; padding: 5px;">         May the IRS discuss this return with the preparer shown below          (see instr )? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No       </div>
	Signature of officer or trustee	Date	Title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN	
	CYNTHIA P BARTHOLOMEW		2019-11-13		P01313965	
	Firm's name	PERKINS & COMPANY PC			Firm's EIN	93-0928924
	Firm's address	1211 SW FIFTH AVE SUITE 1000 PORTLAND, OR 972043710			Phone no	(503) 221-0336

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
KEREN BROWN WILSON	CHAIR, PRESIDENT & DIRECTOR 40 00	0	0	0
15900 SE 82ND DRIVE CLACKAMAS, OR 97015				
GARY WITHERS	VICE CHAIR & DIRECTOR 2 00	0	0	0
15900 SE 82ND DRIVE CLACKAMAS, OR 97015				
KEN BURGESS	SECRETARY & DIRECTOR 2 00	0	0	0
15900 SE 82ND DRIVE CLACKAMAS, OR 97015				
TONY LEINWEBER	TREASURER & DIRECTOR 2 00	0	0	0
15900 SE 82ND DRIVE CLACKAMAS, OR 97015				
JOANNE HANDY	DIRECTOR 2 00	0	0	0
15900 SE 82ND DRIVE CLACKAMAS, OR 97015				
MARVIN KAISER	DIRECTOR 2 00	0	0	0
15900 SE 82ND DRIVE CLACKAMAS, OR 97015				
SEAN KUNI	DIRECTOR 2 00	0	0	0
15900 SE 82ND DRIVE CLACKAMAS, OR 97015				
CARMEN LARGAESPADA	DIRECTOR 2 00	0	0	0
15900 SE 82ND DRIVE CLACKAMAS, OR 97015				
DAVE CARBONEAU	DIRECTOR 2 00	0	0	0
15900 SE 82ND DRIVE CLACKAMAS, OR 97015				
KRISTEN CONNER	DIRECTOR 2 00	0	0	0
15900 SE 82ND DRIVE CLACKAMAS, OR 97015				
JAY STOWERS	DIRECTOR 2 00	0	0	0
15900 SE 82ND DRIVE CLACKAMAS, OR 97015				
DAVE TUPPER	DIRECTOR 2 00	0	0	0
15900 SE 82ND DRIVE CLACKAMAS, OR 97015				
MARY JAEGER	DIRECTOR 2 00	0	0	0
15900 SE 82ND DRIVE CLACKAMAS, OR 97015				

**Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).**

KEREN BROWN WILSON

KEN BURGESS

SEAN KUNI

**TY 2018 Accounting Fees Schedule****Name:** JESSIE F RICHARDSON FOUNDATION**EIN:** 93-1316345

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING & BOOKKEEPING	8,615	1,723	1,755	6,860



**TY 2018 Other Assets Schedule****Name:** JESSIE F RICHARDSON FOUNDATION**EIN:** 93-1316345**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ORGANIZATIONAL COST	16,679	16,679	16,679
LESS ACCUMULATED AMORTIZATION	-16,679	-16,679	-16,679
DUE FROM AGE + US	0	2,326	2,326

**TY 2018 Other Expenses Schedule****Name:** JESSIE F RICHARDSON FOUNDATION**EIN:** 93-1316345**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SCHOLARSHIP FUNDS	5,775	0	0	5,775
PROGRAM SUPPLIES	12,738	0	0	12,738
INSURANCE	3,297	0	0	3,297
MEETINGS AND EVENTS	31,670	0	0	31,670
BANK FEES	3,447	0	0	3,447
OREGON CHARITABLE FEE	260	0	0	260
OREGON CORPORATE FEE	50	0	0	50
EDUCATION & TRAINING	190	0	0	190
POSTAGE	12	0	0	12

**TY 2018 Other Income Schedule****Name:** JESSIE F RICHARDSON FOUNDATION**EIN:** 93-1316345**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
TRAINING & SPEAKER FEES	4,149		4,149

**TY 2018 Other Liabilities Schedule****Name:** JESSIE F RICHARDSON FOUNDATION**EIN:** 93-1316345

<b>Description</b>	<b>Beginning of Year - Book Value</b>	<b>End of Year - Book Value</b>
PREPAID SPONSORSHIP	0	2,500

**TY 2018 Other Professional Fees Schedule****Name:** JESSIE F RICHARDSON FOUNDATION**EIN:** 93-1316345

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INFORMATION TECHNOLOGY	895	0	0	895
CONTRACTED SERVICES	42,740	0	0	42,740
OTHER	17,725	0	0	17,725

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, or 990-PF  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

OMB No 1545-0047  
**2018**

**Name of the organization**  
JESSIE F RICHARDSON FOUNDATION

**Employer identification number**  
93-1316345

**Organization type** (check one)

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

**General Rule**

- 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 other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup> 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

<b>Name of organization</b> JESSIE F RICHARDSON FOUNDATION	<b>Employer identification number</b> 93-1316345
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<b>Part I Contributors</b> (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
—	See Additional Data Table <hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )

<b>Name of organization</b> JESSIE F RICHARDSON FOUNDATION	<b>Employer identification number</b> 93-1316345
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<b>Part II Noncash Property</b>			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	(See instructions) Use duplicate copies of Part II if additional space is needed _____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____



<b>Name of organization</b> JESSIE F RICHARDSON FOUNDATION	<b>Employer identification number</b> 93-1316345
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**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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
<hr/> <hr/>	<hr/> <hr/>

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
<hr/> <hr/>	<hr/> <hr/>

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
<hr/> <hr/>	<hr/> <hr/>

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
<hr/> <hr/>	<hr/> <hr/>

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 93-1316345

**Name:** JESSIE F RICHARDSON FOUNDATION

Form 990 Schedule B, 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	ENCORE REHABILITATION SERVICES	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
	33533 WEST 12 MILE RD		
	FARMINGTON HILLS, MI 48331		
2	TRIDENTCARERX LLC	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
	910 TATE BLVD SE		
	HICKORY, NC 28602		
3	MARIE LAMFROM CHARITABLE FOUNDATION	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
	9740 SW HILLMAN CT		
	WILSONVILLE, OR 97070		
4	KEN BURGESS	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
	3580 LONESOME PINE RD		
	WHITAKERS, NC 27891		
5	DAVE CARBONEAU	\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
	1229 SE 55TH AVE		
	PORTLAND, OR 97215		
6	OREGON HEALTH CARE ASSOCIATION	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
	11740 SW 68TH PARKWAY SUITE 250		
	PORTLAND, OR 97223		

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7	CHERYL CLAPP COLEMAN	\$ 5,000	Person <input checked="" type="checkbox"/>
	5321 SOLAR PL		Payroll <input type="checkbox"/>
	GREENSBORO, SC 274068130		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
8	CLAPPS CONVALESCENT NURSING HOME CLAPPS MOUNTAIN	\$ 5,000	Person <input checked="" type="checkbox"/>
	500 MOUNTAIN TOP DR		Payroll <input type="checkbox"/>
	ASHEBORO, NC 27203		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
9	HAROLD & ARLENE SCHNITZER CARE FOUNDATION	\$ 5,000	Person <input checked="" type="checkbox"/>
	PO BOX 2708		Payroll <input type="checkbox"/>
	PORTLAND, OR 97208		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
10	SEAN KUNI	\$ 10,000	Person <input checked="" type="checkbox"/>
	8612 NW 21ST AVE		Payroll <input type="checkbox"/>
	VANCOUVER, WA 98665		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
11	LARRY AND DEBORAH LOLLIS FAMILY FUND	\$ 10,000	Person <input checked="" type="checkbox"/>
	1089 PARK WEST BLVD		Payroll <input type="checkbox"/>
	GREENVILLE, SC 29611		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
12	SOUTHERN PHARMACY	\$ 5,000	Person <input checked="" type="checkbox"/>
	1776 PEACHTREE ST NW STE 500S		Payroll <input type="checkbox"/>
	ATLANTA, GA 30309		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

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13	MAYBELLE CLARK MACDONALD FUND	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
	PO BOX 1496		
	BEND, OR 97709		
14	RESER FAMILY FOUNDATION	\$ 17,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
	15570 SW JENKINS RD		
	BEAVERTON, OR 97006		
15	MEYER MEMORIAL TRUST	\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
	425 NW 10TH AVE		
	PORTLAND, OR 97209		
16	CARRON SUDDRETH	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
	1414 NC HWY 268		
	LENOIR, NC 28645		
17	KEREN BROWN WILSON	\$ 71,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
	12523 SE 131ST CT		
	CLACKAMAS, OR 97015		