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CLIENT'S COPY



# TAX RETURN FILING INSTRUCTIONS

FORM 990-PF

**FOR THE YEAR ENDING**

December 31, 2017

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**Prepared For:**

THE VIBRANT VILLAGE FOUNDATION  
1737 ne alberta street No. 207  
portland, OR 97211

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**Prepared By:**

McDonald Jacobs, P.C.  
520 SW Yamhill St., Ste 500  
Portland, OR 97204

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**Amount Due or Refund:**

An overpayment of \$6,161. The entire overpayment has been applied to the estimated tax payments.

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**Make Check Payable To:**

No amount is due.

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**Mail Tax Return and Check (if applicable) To:**

Not applicable

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Please note that there is \$1,518,243 of undistributed income for 2017 on Form 990-PF. The organization must distribute this amount by the end of its 2018 tax year to avoid the excise tax on undistributed income.

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

**FOR THE YEAR ENDING**

December 31, 2017

---

**Prepared For:**

THE VIBRANT VILLAGE FOUNDATION  
1737 ne alberta street No. 207  
portland, OR 97211

---

**Prepared By:**

McDonald Jacobs, P.C.  
520 SW Yamhill St., Ste 500  
Portland, OR 97204

---

**Amount Due or Refund:**

No amount is due.

---

**Make Check Payable To:**

No amount is due.

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**Mail Tax Return and Check (if applicable) To:**

Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

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**Return Must be Mailed On or Before:**

November 15, 2018

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**Special Instructions:**

The return should be signed and dated.

# 2018 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W

## FOR THE YEAR ENDING

December 31, 2018

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**Prepared For:**

THE VIBRANT VILLAGE FOUNDATION  
1737 ne alberta street No. 207  
portland, OR 97211

---

**Prepared By:**

McDonald Jacobs, P.C.  
520 SW Yamhill St., Ste 500  
Portland, OR 97204

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**Amount of Tax:**

Total Estimated Tax	\$	59,523
Less credit from prior year	\$	6,161
Less amount already paid on 2018 Estimate	\$	0
Balance Due	\$	53,362

Payable in full or in installments as follows:

Voucher	Amount	Due Date
No 1	\$ 8,720	May 15, 2018
No 2	\$ 14,881	June 15, 2018
No 3	\$ 14,881	September 17, 2018
No 4	\$ 14,880	December 17, 2018

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**Make Check Payable To:**

Payments should be made using the Electronic Federal Tax Payment System (EFTPS).

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**Mail Voucher and Check (if applicable) To:**

Not applicable

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**Special Instructions:**

**TAX RETURN FILING INSTRUCTIONS**  
REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

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**Prepared For:**

THE VIBRANT VILLAGE FOUNDATION  
1737 ne alberta street No. 207  
portland, OR 97211

---

**Prepared By:**

McDonald Jacobs, P.C.  
520 SW Yamhill St., Ste 500  
Portland, OR 97204

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**Form Must be Filed On or Before:**

Not applicable

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**Special Instructions:**

Form(s) 114 have been prepared for electronic filing. Please sign, date, and return Form(s) 114A to our office. We will then transmit your report(s) to the FinCEN.

Form 114a Department of the Treasury Financial Crimes Enforcement Network (FinCEN) May 2015	<h2 style="margin: 0;">Record of Authorization to Electronically File FBARs</h2> <p style="margin: 0;">(See instructions below for completion)</p> <p style="margin: 0;"><u>Do not send to FinCEN. Retain this form for your records.</u></p> <p style="margin: 0;">The form 114a may be digitally signed</p>	<b>THEVIBR2017001</b>
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**Part I** Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)

1. Owner last name or entity's legal name <b>THE VIBRANT VILLAGE FOUNDATION</b>	2. Owner first name	3. Owner M.I.
4. Spouse last name (if jointly filing FBAR - see instructions below)	5. Spouse first name	6. Spouse M.I.

I/we declare that I/we have provided information concerning 11 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, 2017 to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.

7. Owner signature (Authorized representative if entity)	8. Date _____ MM DD YYYY	9. Owner or entity TIN <b>270745672</b>	10. TIN type a <input checked="" type="checkbox"/> EIN b SSN/ITIN c Foreign
11. Spouse signature	12. Date _____ MM DD YYYY	13. Spouse TIN	14. TIN type a EIN b SSN/ITIN c Foreign

**Part II** Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.

15. Preparer last name <b>AHN</b>	16. Preparer first name <b>SANG</b>	17. Preparer M.I.	18. Preparer PTIN <b>P00540880</b>
19. Address <b>520 SW YAMHILL ST., STE 500</b>	20. City <b>PORTLAND</b>	21. State <b>OR</b>	22. ZIP/postal code <b>97204</b>
23. Country code <b>US</b>	24. Preparer's (item 15) employer's (Entity) name <b>MCDONALD JACOBS, P.C.</b>	25. Employer EIN <b>93-0900579</b>	26. Preparer's signature <b>MCDONALD JACOBS, P.C.</b>

**Instructions for completing the FBAR Signature Authorization Record**

This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See <http://bsaeiling.fincen.treas.gov/main.html> for registration).

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, items 7/8 and complete items 9 and 10. Item 7 may be digitally signed.

Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as *see above*, or *same as item number x*).

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer **or** the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 (digital signature acceptable) of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010.430(d).

**DO NOT SEND THIS RECORD TO FinCEN UNLESS REQUESTED TO DO SO.**

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning \_\_\_\_\_, 2017, and ending \_\_\_\_\_, 20\_\_\_\_

# 2017

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**THE VIBRANT VILLAGE FOUNDATION**

**27-0745672**

Name and title of officer

**KEN DELASKI  
PRESIDENT**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here ▶	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input checked="" type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> <u>59,523.</u>
<b>5a</b> Form 8868 check here ▶	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize MCDONALD JACOBS, P.C. to enter my PIN 27074  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**93139413131**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ MCDONALD JACOBS, P.C. Date ▶ 11/14/18

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

723051 10-11-17



# BSA E-Filing - Report of Foreign Bank and Financial Accounts (FBAR)

FinCEN Form 114

THEVIBR20170001

Filing Name THE VIBRANT VILLAGE FOUNDATION

Submission Type NEW

PIN NOT REQUIRED

Check here  if this report is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the report. The E-file system will auto complete item 46.

NOTE: The FBAR must be received by the Department of the Treasury on or before April 17, 2018. An automatic extension to October 15, 2018 is available.

This report filed late for the following reason (Check only one):

- a.  Forgot to file
- b.  Did not know that I had to file
- c.  Thought account balance was below reporting threshold
- d.  Did not know that my account qualified as foreign
- e.  Account statement not received in time
- f.  Account statement lost (Replacement requested)
- g.  Late receiving missing required account information
- h.  Unable to obtain joint spouse signature in time
- i.  Unable to access BSA E-filing system
- z.  Other (please provide explanation below)

# REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

1 This report is for calendar year ended 12/31  
**2017**  
Amended

**Part I Filer information** THEVIBR20170001

2 Type of filer

a  Individual b  Partnership c  Corporation d  Consolidated e  Fiduciary or other - Enter type \_\_\_\_\_

3 U.S. Taxpayer Identification Number <b>270745672</b> <small>If filer has no U.S. Identification number complete item 4</small>	3a TIN type <input type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> EIN	4 Foreign identification (Complete only if item 3 is not applicable) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Foreign TIN <input type="checkbox"/> Other _____ b Number _____ c Country of Issue _____	5 Individual's date of birth MM/DD/YYYY
--	---	--	--

6 Last name or organization name <b>THE VIBRANT VILLAGE FOUNDATION</b>	7 First name	8 Middle initial	8a Suffix
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9 Mailing address (number, street, and apt. or suite no.)

**1737 NE ALBERTA STREET**

10 City <b>PORTLAND</b>	11 State <b>OR</b>	12 ZIP/Postal Code <b>97211</b>	13 Country <b>USA</b>
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14 a) Does the filer have a financial interest in 25 or more financial accounts?  
Yes  Enter number of accounts \_\_\_\_\_ Do not complete Part II or Part III, but maintain records of the information.  
No

b) Does the filer have signature authority over but no financial interest in 25 or more financial accounts?  
Yes  Enter number of accounts \_\_\_\_\_ Comp. Part IV, items 34 through 43 for each person on whose behalf the filer has sign. authority.  
No

**Part II Information on financial account(s) owned separately**

15 Maximum value of account during calendar year <b>84.</b>	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
--	--	---

17 Name of financial institution in which account is held  
**NATIONAL INVESTMENT BANK**

18 Account number or other designation <b>1115040915901</b>	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held <b>PO BOX 365</b>		
20 City <b>WA</b>	21 State, if known	22 Foreign postal code, if known	23 Country <b>GHANA</b>

**Signature** 44a Check here  if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer signature <small>The report will be electronically signed when filed</small>	45 Filer title, if not reporting a personal account	46 Date (MM/DD/YYYY) <small>This date will auto-fill when the FBAR is electronically signed</small>
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<b>Third Party Preparer Use Only</b>	47 Preparer's last name <b>AHN</b>	48 First name <b>SANG</b>	49 MI	50 Check <input type="checkbox"/> if self-employed	51 TIN <b>P00540880</b>	51a TIN type <input checked="" type="checkbox"/> PTIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
	52 Contact phone no. <b>(503) 227-0581</b>	52a Ext.	53 Firm's name <b>MCDONALD JACOBS, P.C.</b>		54 Firm's TIN <b>93-0900579</b>	54a TIN type <input checked="" type="checkbox"/> EIN <input type="checkbox"/> Foreign
	55 Mailing address (number, street, apt. or suite no.) <b>520 SW YAMHILL ST., STE 500</b>		56 City <b>PORTLAND</b>		57 State <b>OR</b>	58 ZIP/Postal Code <b>97204</b>

**Part II Continued - Information on Financial Account(s) Owned Separately**

FORM 114

**Complete a Separate Block for Each Account Owned Separately**

<b>1</b> Filing for calendar year  2017	<b>3-4</b> Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: 270745672	<b>6</b> Last Name or Organization Name  THE VIBRANT VILLAGE FOUNDATION	
<b>15</b> Maximum value of account during calendar year 19,857.	<b>15a</b> Amount Unknown <input type="checkbox"/>	<b>16</b> Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below	
<b>17</b> Name of Financial Institution in which account is held CODESARROLLO			
<b>18</b> Account number or other designation 11600013122-5	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held CALLE LADRON DE GUEVARA Y BARCELONA ESQ.		
<b>20</b> City QUITO	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known	<b>23</b> Country ECUADOR
<b>15</b> Maximum value of account during calendar year 1,001.	<b>15a</b> Amount Unknown <input type="checkbox"/>	<b>16</b> Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below	
<b>17</b> Name of Financial Institution in which account is held CODESARROLLO			
<b>18</b> Account number or other designation 1160300109-8	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held CALLE LADRON DE GUEVARA Y BARCELONA ESQ.		
<b>20</b> City QUITO	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known	<b>23</b> Country ECUADOR
<b>15</b> Maximum value of account during calendar year 44,486.	<b>15a</b> Amount Unknown <input type="checkbox"/>	<b>16</b> Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below	
<b>17</b> Name of Financial Institution in which account is held SOCIETE GENERALE			
<b>18</b> Account number or other designation 60000787182-0	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held PO BOX 13119		
<b>20</b> City WA	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known	<b>23</b> Country GHANA
<b>15</b> Maximum value of account during calendar year 67,696.	<b>15a</b> Amount Unknown <input type="checkbox"/>	<b>16</b> Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below	
<b>17</b> Name of Financial Institution in which account is held I & M BANK			
<b>18</b> Account number or other designation 00701075621210	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held PO BOX 424-40100		
<b>20</b> City NAIROBI	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known	<b>23</b> Country KENYA
<b>15</b> Maximum value of account during calendar year 44,992.	<b>15a</b> Amount Unknown <input type="checkbox"/>	<b>16</b> Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below	
<b>17</b> Name of Financial Institution in which account is held SAFARICOM			
<b>18</b> Account number or other designation 726685849	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held PO BOX 66827-00800		
<b>20</b> City NAIROBI	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known	<b>23</b> Country KENYA
<b>15</b> Maximum value of account during calendar year 45,365.	<b>15a</b> Amount Unknown <input type="checkbox"/>	<b>16</b> Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below	
<b>17</b> Name of Financial Institution in which account is held BANCO PICHINCHA			
<b>18</b> Account number or other designation 2100113282	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held CALLE FLORES Y AYACUCHO		
<b>20</b> City PIMAMPIRO	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known	<b>23</b> Country ECUADOR

<b>Part II Continued - Information on Financial Account(s) Owned Separately</b>	<b>FORM 114</b>
<b>Complete a Separate Block for Each Account Owned Separately</b>	

<b>1</b> Filing for calendar year  2017	<b>3-4</b> Check appropriate Identification Number  <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: 270745672	<b>6</b> Last Name or Organization Name  THE VIBRANT VILLAGE FOUNDATION
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<b>15</b> Maximum value of account during calendar year 100,788.	<b>15a</b> Amount Unknown <input type="checkbox"/>	<b>16</b> Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
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<b>17</b> Name of Financial Institution in which account is held I & M BANK			
--	--	--	--

<b>18</b> Account number or other designation 00701075621211	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held PO BOX 424-40100		
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<b>20</b> City NAIROBI	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known	<b>23</b> Country KENYA
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<b>15</b> Maximum value of account during calendar year 38,744.	<b>15a</b> Amount Unknown <input type="checkbox"/>	<b>16</b> Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
--	---	--

<b>17</b> Name of Financial Institution in which account is held I & M BANK			
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<b>18</b> Account number or other designation 701075620155	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held PO BOX 424-40100		
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<b>20</b> City NAIROBI	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known	<b>23</b> Country KENYA
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<b>15</b> Maximum value of account during calendar year 39,599.	<b>15a</b> Amount Unknown <input type="checkbox"/>	<b>16</b> Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
--	---	--

<b>17</b> Name of Financial Institution in which account is held I & M BANK			
--	--	--	--

<b>18</b> Account number or other designation 701075620154	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held PO BOX 424-40100		
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<b>20</b> City NAIROBI	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known	<b>23</b> Country KENYA
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<b>15</b> Maximum value of account during calendar year 45,554.	<b>15a</b> Amount Unknown <input type="checkbox"/>	<b>16</b> Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
--	---	--

<b>17</b> Name of Financial Institution in which account is held I & M BANK			
--	--	--	--

<b>18</b> Account number or other designation 701075620153	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held PO BOX 424-40100		
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<b>20</b> City NAIROBI	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known	<b>23</b> Country KENYA
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<b>15</b> Maximum value of account during calendar year	<b>15a</b> Amount Unknown <input type="checkbox"/>	<b>16</b> Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
---	---	---

<b>17</b> Name of Financial Institution in which account is held			
--	--	--	--

<b>18</b> Account number or other designation	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
---	--	--	--

<b>20</b> City	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known	<b>23</b> Country
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<b>15</b> Maximum value of account during calendar year	<b>15a</b> Amount Unknown <input type="checkbox"/>	<b>16</b> Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
---	---	---

<b>17</b> Name of Financial Institution in which account is held			
--	--	--	--

<b>18</b> Account number or other designation	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
---	--	--	--

<b>20</b> City	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known	<b>23</b> Country
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**Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**

(and on Investment Income for Private Foundations) FORM 990-PF

**2018**

▶ Go to [www.irs.gov/F990W](http://www.irs.gov/F990W) for instructions and the latest information.  
▶ Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year .....		1
2	Tax on the amount on line 1. See instructions for tax computation .....		2
3	Alternative minimum tax for trusts. See instructions .....		3
4	Total. Add lines 2 and 3 .....		4
5	Estimated tax credits. See instructions .....		5
6	Subtract line 5 from line 4 .....		6
7	Other taxes. See instructions .....		7
8	Total. Add lines 6 and 7 .....		8
9	Credit for federal tax paid on fuels. See instructions .....		9
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions .....	10a	59,523.
b	Enter the tax shown on the 2017 return. See instructions. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b	59,523.
c	<b>2018 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....	10c	59,523.

		(a)	(b)	(c)	(d)	
11	Installment due dates. See instructions .....	11	05/15/18	06/15/18	09/17/18	12/17/18
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." .....	12	14,881.	14,881.	14,881.	14,880.
13	2017 Overpayment. See instructions .....	13	6,161.			
14	Payment due (Subtract line 13 from line 12) .....	14	8,720.	14,881.	14,881.	14,880.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2018)

**ESTIMATED TAX** 59,523.  
**OVERPAYMENT APPLIED** 6,161.  
**AMOUNT DUE** 53,362.

**Return of Private Foundation**

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

**2017**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

▶ 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.

For calendar year 2017 or tax year beginning , and ending

Name of foundation <b>THE VIBRANT VILLAGE FOUNDATION</b>		<b>A Employer identification number</b> 27-0745672
Number and street (or P.O. box number if mail is not delivered to street address) <b>1737 NE ALBERTA STREET</b>	Room/suite 207	<b>B Telephone number</b> 503-206-4859
City or town, state or province, country, and ZIP or foreign postal code <b>PORTLAND, OR 97211</b>		<b>C</b> If exemption application is pending, check here ... <input type="checkbox"/>
<b>G</b> 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		<b>D 1.</b> Foreign organizations, check here ..... <input type="checkbox"/>  <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ..... <input type="checkbox"/>
<b>H</b> 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		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>83,101,915.</b>	<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	<b>F</b> 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> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(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>	1 Contributions, gifts, grants, etc., received .....	2,424,200.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments .....	1,172,663.	1,172,663.		STATEMENT 1
	4 Dividends and interest from securities .....	1,203,846.	1,203,846.		STATEMENT 2
	5a Gross rents .....				
	b Net rental income or (loss) .....				
	6a Net gain or (loss) from sale of assets not on line 10		4,739,165.		
	b Gross sales price for all assets on line 6a .....	12,495,340.			
	7 Capital gain net income (from Part IV, line 2) .....		4,739,165.		
	8 Net short-term capital gain .....				
	9 Income modifications .....				
	10a Gross sales less returns and allowances .....				
b Less: Cost of goods sold .....					
c Gross profit or (loss) .....					
11 Other income .....	148,005.	0.		STATEMENT 3	
12 <b>Total.</b> Add lines 1 through 11 .....	9,687,879.	7,115,674.			
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc. ....	15,050.	7,525.		7,525.
	14 Other employee salaries and wages .....	525,134.	0.		459,493.
	15 Pension plans, employee benefits .....	48,322.	0.		42,282.
	16a Legal fees ..... <b>STMT 4</b>	14,307.	7,153.		7,153.
	b Accounting fees ..... <b>STMT 5</b>	4,371.	0.		2,185.
	c Other professional fees ..... <b>STMT 6</b>	1,080,857.	1,080,857.		0.
	17 Interest .....				
	18 Taxes ..... <b>STMT 7</b>	127,548.	67,860.		49,978.
	19 Depreciation and depletion .....	11,708.	0.		
	20 Occupancy .....	56,891.	0.		32,428.
	21 Travel, conferences, and meetings .....	73,320.	0.		73,320.
	22 Printing and publications .....				
	23 Other expenses ..... <b>STMT 8</b>	333,346.	0.		301,739.
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 .....	2,290,854.	1,163,395.		976,103.
	25 Contributions, gifts, grants paid .....	2,532,668.			2,532,668.
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25 .....	4,823,522.	1,163,395.		3,508,771.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	4,864,357.				
b <b>Net investment income</b> (if negative, enter -0-) .....		5,952,279.			
c <b>Adjusted net income</b> (if negative, enter -0-) .....			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash - non-interest-bearing		1,342,411.	2,303,078.	2,303,078.
	2	Savings and temporary cash investments				
	3	Accounts receivable				
		Less: allowance for doubtful accounts				
	4	Pledges receivable				
		Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons				
	7	Other notes and loans receivable				
		Less: allowance for doubtful accounts				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments - U.S. and state government obligations				
	b	Investments - corporate stock	STMT 9	65,668,581.	70,078,105.	70,078,105.
	c	Investments - corporate bonds	STMT 10	0.	1,989,660.	1,989,660.
	11	Investments - land, buildings, and equipment: basis				
	Less: accumulated depreciation					
12	Investments - mortgage loans					
13	Investments - other	STMT 11	3,466,485.	8,560,286.	8,560,286.	
14	Land, buildings, and equipment: basis	84,201.				
	Less: accumulated depreciation	STMT 12	41,303.	56,747.	42,898.	
15	Other assets (describe)		1,038,014.	127,888.	127,888.	
16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)		71,572,238.	83,101,915.	83,101,915.	
Liabilities	17	Accounts payable and accrued expenses		4,647.	16,252.	
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable				
	22	Other liabilities (describe)				
23	<b>Total liabilities</b> (add lines 17 through 22)		4,647.	16,252.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26, and lines 30 and 31.					
	24	Unrestricted				
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds		0.	0.	
	28	Paid-in or capital surplus, or land, bldg., and equipment fund		0.	0.	
	29	Retained earnings, accumulated income, endowment, or other funds		71,567,591.	83,085,663.	
30	<b>Total net assets or fund balances</b>		71,567,591.	83,085,663.		
31	<b>Total liabilities and net assets/fund balances</b>		71,572,238.	83,101,915.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	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)	1	71,567,591.
2	Enter amount from Part I, line 27a	2	4,864,357.
3	Other increases not included in line 2 (itemize) <b>UNREALIZED GAIN ON INVESTMENTS</b>	3	6,653,715.
4	Add lines 1, 2, and 3	4	83,085,663.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	83,085,663.

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

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

(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))
a			
b			
c			
d			
e			
12,495,340.		7,756,175.	4,739,165.

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			
			4,739,165.

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 .....	2	4,739,165.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 .....	3	N/A

**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 doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the 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))
2016	2,996,270.	67,985,871.	.044072
2015	3,433,255.	67,819,317.	.050624
2014	3,157,280.	75,763,429.	.041673
2013	2,260,363.	75,496,099.	.029940
2012	1,676,323.	61,833,569.	.027110

2 Total of line 1, column (d) .....	2	.193419
3 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 .....	3	.038684
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 .....	4	77,622,067.
5 Multiply line 4 by line 3 .....	5	3,002,732.
6 Enter 1% of net investment income (1% of Part I, line 27b) .....	6	59,523.
7 Add lines 5 and 6 .....	7	3,062,255.
8 Enter qualifying distributions from Part XII, line 4 .....	8	3,508,771.

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, tax under section 511, tax due, and overpayment. Total tax due is 6,161.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, unrelated business income, and substantial contributors. Marked with 'Yes' or 'No'.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16 containing questions about controlled entities, distributions, public inspection requirements, website address, books in care, and foreign country interests.

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.

Table with 3 columns: Question, Yes, No. Rows 1a-4b containing questions about disqualifying acts, taxes on failure to distribute income, and business enterprise interests.

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

<b>5a</b> During the year, did the foundation pay or incur any amount to:			<b>Yes</b>	<b>No</b>
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</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		<b>5b</b>	<b>X</b>
	Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>		
<b>c</b>	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? <b>SEE STATEMENT 16</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		<b>6b</b>	<b>X</b>
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	<b>N/A</b>	<b>7b</b>	

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

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

(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 STATEMENT 15		15,050.	0.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1). 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
JOHN T STEPHENS - 1737 NE ALBERTA ST., STE 207, PORTLAND, OR 97211	DIRECTOR OF PROGRAM PARTNERSHIPS 40.00	81,166.	3,090.	0.
LAURA L. KOCH - 1737 NE ALBERTA ST., STE 207, PORTLAND, OR 97211	DIRECTOR OF PROGRAM OPERATIONS 40.00	64,862.	2,449.	0.
MARIEME DAFF - 1737 NE ALBERTA ST., STE 207, PORTLAND, OR 97211	PROGRAM MANAGER 40.00	56,971.	2,136.	0.

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)

**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
VIBRATO CAPITAL, LLC 1737 NE ALBERTA ST, #207, PORTLAND, OR 97211	PORTFOLIO MANAGEMENT	89,032.

Total number of others receiving over \$50,000 for professional services ..... 0

**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
1 <u>SEE STATEMENT 17</u>	208,102.
2 <u>SEE STATEMENT 18</u>	229,807.
3 <u>SEE STATEMENT 19</u>	142,779.
4	

**Part IX-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 <u>N/A</u>	
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 ..... 0.

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities .....	1a	77,377,768.
b	Average of monthly cash balances .....	1b	1,006,806.
c	Fair market value of all other assets .....	1c	419,555.
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	78,804,129.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	78,804,129.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	1,182,062.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	77,622,067.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	3,881,103.

**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.)

1	Minimum investment return from Part X, line 6 .....	1	3,881,103.
2a	Tax on investment income for 2017 from Part VI, line 5 .....	2a	59,523.
b	Income tax for 2017. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	59,523.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	3,821,580.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	3,821,580.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	7	3,821,580.

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

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	3,508,771.
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	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....	4	3,508,771.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b .....	5	59,523.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	3,449,248.

**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 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				3,821,580.
<b>2</b> Undistributed income, if any, as of the end of 2017:				
<b>a</b> Enter amount for 2016 only			1,205,434.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2017:				
<b>a</b> From 2012				
<b>b</b> From 2013				
<b>c</b> From 2014				
<b>d</b> From 2015				
<b>e</b> From 2016				
<b>f</b> Total of lines 3a through e	0.			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ 3,508,771.				
<b>a</b> Applied to 2016, but not more than line 2a			1,205,434.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2017 distributable amount				2,303,337.
<b>e</b> Remaining amount distributed out of corpus	0.			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<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		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				1,518,243.
<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)	0.			
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7	0.			
<b>9</b> Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	0.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2013				
<b>b</b> Excess from 2014				
<b>c</b> Excess from 2015				
<b>d</b> Excess from 2016				
<b>e</b> Excess from 2017				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling

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

Table with 5 columns: (a) 2017, (b) 2016, (c) 2015, (d) 2014, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

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).

KENNETH E. DE LASKI 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.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here [X] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV** Supplementary Information *(continued)*

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
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 Paid during the year</b>				
A MIRACLE FOUNDATION 4640 NE AIRPORT WAY, #55904 PORTLAND, OR 97238		NC	BUILD ADAPTIVE PLAY EQUIPMENT AT CULLY PARK, PORTLAND, OR	5,000.
ACTION FOR ENVIRONMENTAL SUSTAINABILITY (AFES) PO BOX 3415 BLANTYRE, MALAWI. BLANTYRE,, MALAWI 00265-265		PC	BUILD CLEAN WATER SOURCES AND PROVIDE WATER SANITATION & HYGIENE (WASH) EDUCATION IN MALAWI.	61,365.
ADOPT A VILLAGE GUATEMALA 870 ROGUE LEA LANE GRANTS PASS, OR 97526		PC	PROMOTE SUSTAINABLE GARDENING, NUTRITION EDUCATION AND LITERACY TRAINING IN RURAL GUATEMALA.	20,980.
AFRICA BRIDGE P.O. BOX 115 MARYLHURST, OR 97036		PC	PROMOTE CO-OPS AND SOCIAL SERVICES FOR HOUSEHOLDS WITH VULNERABLE CHILDREN IN TANZANIA.	308,322.
AMMAN IMMAN 914 ROBIN ROAD SILVER SPRING, MD 20901		PC	PROVIDE CLEAN WATER SOURCES, SCHOOL MATERIALS, AND PROMOTE INCOME OPPORTUNITIES FOR WOMEN IN NIGER.	57,393.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>2,532,668.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				
				0.





Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

Table with 3 columns: Question, Yes, No. Rows include: 1 Did the organization directly or indirectly engage in any of the following... a Transfers from the reporting foundation... b Other transactions... c Sharing of facilities... d If the answer to any of the above is "Yes," complete the following schedule.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Content: N/A

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

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Content: N/A

Sign Here Under penalties of perjury, I declare that I have examined this return... Signature of officer or trustee: SANG AHN, Title: PRESIDENT

Paid Preparer Use Only Print/Type preparer's name: SANG AHN, Preparer's signature, Date, Check self-employed, PTIN: P00540880, Firm's name: MCDONALD JACOBS, P.C., Firm's EIN: 93-0900579, Firm's address: 520 SW YAMHILL ST., STE 500, PORTLAND, OR 97204, Phone no.: (503) 227-0581

THE VIBRANT VILLAGE FOUNDATION

**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.)
1a CAPITAL GAIN DISTRIBUTIONS	P		
b MFB NTGI MFB NTGI-QM COMMON DAILY RUSSELL 1000 IN	P		
c MFB NTGI MFB NTGI-QM COMMON DAILY RUSSELL 1000 IN	P		
d MFC ARES CAP CORP COM COM	P		
e YELP INC CL A	P		
f APPLE COMPUTER INC	P		
g APPLE COMPUTER INC	P		
h MFC ARES CAP CORP COM COM	P		
i GENERAL ELECTRIC CO	P		
j LEIDOS HLDGS INC COM	P		
k SYNCHRONY FINL COM	P		
l APPLE COMPUTER INC	P		
m APPLE COMPUTER INC	P		
n MFO VANGUARD BD INDEX FD INC INTER-TERM BD INDEX	P		
o			

(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)
a 1,393,848.			1,393,848.
b 750,000.		624,792.	125,208.
c 4,500,000.		3,666,518.	833,482.
d 29,131.		24,700.	4,431.
e 373,130.		255,181.	117,949.
f 305,980.		180,706.	125,274.
g 1,384,520.		772,155.	612,365.
h 529,404.		528,716.	688.
i 60.		39.	21.
j 49.		25.	24.
k 144.		74.	70.
l 1,006,632.		378,140.	628,492.
m 1,422,442.		512,573.	909,869.
n 800,000.		812,556.	-12,556.
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			1,393,848.
b			125,208.
c			833,482.
d			4,431.
e			117,949.
f			125,274.
g			612,365.
h			688.
i			21.
j			24.
k			70.
l			628,492.
m			909,869.
n			-12,556.
o			

2 Capital gain net income or (net capital loss) ..... { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } .....	2	4,739,165.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 .....	3	N/A

**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
ANDANDO FOUNDATION PO BOX 542 JEFFERSON, OR 97352		PC	SUPPORT COOPERATIVE GARDENS, SCHOOL INFRASTRUCTURE & MEALS FOR SCHOOL CHILDREN IN CET. SENEGAL.	160,000.
ARTICHOKE MUSIC 3130 SE HAWTHORNE BLVD PORTLAND, OR 97214		NC	PROVIDE MUSIC EDUCATION FOR MIDDLE SCHOOL STUDENTS IN PORTLAND, OREGON.	16,197.
BEGA KWA BEGA PO BOX 5731, 28009 KAMPALA, UGANDA 28009		PC	SUPPORT AGRICULTURAL AND BUSINESS TRAINING, NUTRITION PROGRAMS AND MOBILE HEALTH CLINICS IN UGANDA.	41,347.
THE BOMA PROJECT 4927 MAIN STREET MANCHESTER CENTER, VT 05255		NC	EMPOWERS WOMEN IN THE DRYLANDS OF AFRICA TO ESTABLISH SUSTAINABLE LIVELIHOODS, BUILD RESILIENT FAMILIES,	133,047.
COMMUNITY ACTION FOR DEVELOP'T PO BOX 85 BANGEM BANGEM, CAMEROON		PC	TRAIN FARMERS IN AGRICULTURAL AND LIVESTOCK PRODUCTION, AND MARKET ACCESS IN NORTHERN CAMEROON.	51,414.
COMMUNITY PARTNERS INTERNATIONAL 2560 NINTH ST., SUITE 315 B BERKELY, CA 94710		NC	PROVIDE EMERGENCY RELIEF, MEDICAL AND PUBLIC HEALTH SERVICES TO REFUGEES IN MYANMAR AND BANGLADESH	10,000.
CREATE! 132 EAST BROADWAY SUITE 416 EUGENE, OR 97401		NC	PROMOTE WOMEN'S GARDEN AND SAVING GROUPS, REFORESTATION, AND IMPROVED COOK STOVES IN CENTRAL SENEGAL	150,000.
DESEA PERU SECTOR LIMACPAMPA LAMAY, CUSCO, PERU		PC	INSTALL BIOSAND WATER FILTERS IN HOMES, TRAIN COMMUNITY HEALTH WORKERS IN THE HIGHLANDS OF PERU.	73,100.
ENVIRONMENTAL CONSERVATION AND AGRICULTURAL ENHANCEMENT UGANDA PO BOX 31833 KAMPALA, UGANDA		PC	SUPPORT LIVESTOCK CO-OPS, AND PROVIDE GIRLS WITH SCHOOL MATERIALS & VOCATIONAL TRAINING IN UGANDA.	43,698.
EGBOK MISSION 226 NORTH CLINTON STREET CHICAGO, IL 60661		PC	PROVIDE VOCATIONAL TRAINING FOR UNDERPRIVILEGED YOUTH IN THE HOSPITALITY INDUSTRY IN CAMBODIA.	5,000.
<b>Total from continuation sheets</b> .....				2,079,608.

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
THE GARDENS' EDGE P.O. BOX 7758 ALBUQUERQUE, NM 87194		NC	DEVELOP FAMILY GARDENS COOKING/ NUTRITION CLASSES & MALNUTRITION SCREENINGS IN GUATEMALA	58,000.
GREEN EMPOWERMENT 140 SW YAMHILL ST. PORTLAND, OR 97204		PC	INSTALL SOLAR WATER PUMPS AND DOMESTIC WATER SERVICE, AND ENGAGE THE COMMUNITY IN BEE KEEPING IN THE	77,512.
HAITI CHILDREN 1101 VILLAGE RD STE LL4D CARBONDALE, CO 81623		PC	SUPPORT A K-12 SCHOOL IN PORT-AU-PRINCE, AND PROVIDE MEALS FOR VULNERABLE FOLKS IN NORTHERN HAITI.	117,038.
JHAI COFFEE 5621 SW BRADFORD ST. SEATTLE, WA 98116		PC	TRAIN COFFEE FARMERS, IMPROVE PROCESSING FACILITIES AND PROVIDE WASH SUPPORT TO SCHOOLS IN LAOS.	16,333.
LOCAL INITIATIVES IN DEVELOPMENT AGENCY CORNER MERSEY/OXFORD ROAD, HIS, PRIVATE BOX 2799 GWERU, ZIMBABWE 263		PC	BUILD CLEAN WATER SOURCES, PROMOTE COMMUNITY GARDENS AND IMPROVED CROP STORAGE PRACTICES IN ZIMBABWE	133,927.
MAP INTERNATIONAL 4700 GLYNCO PKWY BRUNSWICK, GA 31525		NC	REPAIR SCHOOL FACILITIES, PROMOTE GARDENS, & SUPPORT VILLAGE GOVERNANCE IN COTE D'IVOIRE.	37,817.
NAGENAHIRU FOUNDATION 4/11, PATABENDIMULLA AMBALANGODA, SRI LANKA 80300		NC	SUPPORT ORGANIC CINNAMON FARMERS & BUILD SANITATION-HYGIENE FACILITIES FOR FARMERS IN SRI LANKA.	5,995.
NAZARENE COMPASSIONATE MINISTRIES OF LANKA 17001 PRAIRIE STAR PKWY # 100 LENEXA, KS 66220		PC	BUILD CLEAN WATER INFRASTRUCTURE AND SANITATION-HYGIENE FACILITIES FOR RURAL FAMILIES IN SRI LANKA.	8,259.
NOOMAYIANAT COMMUNITY DEVELOPMENT ORG PO BOX 155 -00209 LOITOKITOK, KENYA		PC	TRAIN MAASAI WOMEN ON AGRICULTURAL METHODS, SOIL CONSERVATION, BUSINESS & MARKET ACCESS IN KENYA	58,981.
NTENGWE 169 COURTEY SELOUS CRESCENT VICTORIA FALLS, ZIMBABWE		PC	PROVIDE CLEAN WATER SOURCES & MANAGEMENT TRAINING, & WASH EDUCATION TO REGIONS IN ZIMBABWE.	94,920.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
OXFAM AMERICA 226 CAUSEWAY ST. BOSTON, MA 02114		NC	TACKLE THE ROOT CAUSES OF POVERTY AND CREATE LASTING SOLUTIONS	106,054.
THE PREM RAWAT FOUNDATION PO BOX 24-1498 LOS ANGELES, CA 90024		PC	ADDRESS THE FUNDAMENTAL HUMAN NEEDS OF FOOD	10,000.
PUMP AID 90-92 GREAT PORTLAND STREET LONDON, UNITED KINGDOM W1W 7NT		NC	BUILD CLEAN WATER SOURCES AND IMPROVED SANITATION FACILITIES IN MALAWI.	124,917.
SHANTA FOUNDATION PO BOX 1603 DURANGO, CO 81302		NC	SITE SELECTION, COMMUNITY NEEDS ASSESMENT AND INITIAL PROJECT DEVELOPMNET FOR MULTI-SECTOR	28,692.
SONJE AYITI ORGANIZATION, INC 4171 ROARING RUN RD GOODE, VA 24556		NC	SUPPORT COMMUNITY RESTAURANTS SERVING VULNERABLE RESIDENTS, & A MICRO-CREDIT/ BUSINESS IN HAITI.	187,052.
SURFAID 530 SECOND STREET ENCINITAS, CA 92024		NC	PROVIDE CLEAN WATER SOURCES AND TRAIN COMMUNITY HEALTH WORKERS IN INDONESIA.	50,000.
TRICKLE UP 104 WEST 27TH ST., 12TH FLOOR NEW YORK, NY 10001		PC	INSPIRE AND SUPPORT THE POOREST AND MOST VULNERABLE TO BUILD SUSTAINABLE LIVELIHOODS	139,007.
THE WATER TRUST 700 SW TAYLOR ST #200 PORTLAND, OR 97205		PC	PRESERVE AND RESTORE FRESHWATER ECOSYSTEMS.	132,000.
WOODLAND PARK ZOO TREE KANGAROO PROJECT 601 NORTH 59TH STREET SEATTLE, WA 98103		PC	TRAIN COCOA FARMERS ON IMPROVED TECHNIQUES AND COMMUNITY HEALTH WORKERS IN PAPUA NEW GUINEA.	6,801.
VERDE 6899 NE COLUMBIA BLVD, SUITE A PORTLAND, OR 97218		PC	SERVE COMMUNITIES BY BUILDING ENVIRONMENTAL WEALTH THROUGH SOCIAL ENTERPRISE	2,500.
<b>Total from continuation sheets</b> .....				

**Part XV** | **Supplementary Information**

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - THE BOMA PROJECT

EMPOWERS WOMEN IN THE DRYLANDS OF AFRICA TO ESTABLISH SUSTAINABLE LIVELIHOODS, BUILD RESILIENT FAMILIES, GRADUATE FROM EXTREME POVERTY, AND CATALYZE CHANGE IN THEIR RURAL COMMUNITIES.

NAME OF RECIPIENT - GREEN EMPOWERMENT

INSTALL SOLAR WATER PUMPS AND DOMESTIC WATER SERVICE, AND ENGAGE THE COMMUNITY IN BEE KEEPING IN THE COMMUNITY OF EL JAZMIN, NICARAGUA

NAME OF RECIPIENT - SHANTA FOUNDATION

SITE SELECTION, COMMUNITY NEEDS ASSESMENT AND INITIAL PROJECT DEVELOPMNET FOR MULTI-SECTOR COMMUNITY DEVELOPMENT IN MYANMAR.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2017**

Name of the organization

THE VIBRANT VILLAGE FOUNDATION

Employer identification number

27-0745672

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)



<b>Name of organization</b>  <b>THE VIBRANT VILLAGE FOUNDATION</b>	<b>Employer identification number</b>  <b>27-0745672</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	KENNETH DELASKI  1737 NE ALBERTA ST., SUITE 207  PORTLAND, OR 97211	\$ 2,424,200.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>THE VIBRANT VILLAGE FOUNDATION</b>	Employer identification number  <b>27-0745672</b>
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**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
1	17,600 SHARES OF APPLE COMMON STOCKS	\$ 2,424,200.	04/01/17
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>THE VIBRANT VILLAGE FOUNDATION</b>	Employer identification number  <b>27-0745672</b>
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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 info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Name **THE VIBRANT VILLAGE FOUNDATION** Employer identification number **27-0745672**

**Note:** Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1	Total tax (see instructions) .....	1	59,523.
2 a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a	
b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b	
c	Credit for federal tax paid on fuels (see instructions) .....	2c	
d	<b>Total.</b> Add lines 2a through 2c .....	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation doesn't owe the penalty .....	3	59,523.
4	Enter the tax shown on the corporation's 2016 income tax return. See instructions. <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b> .....	4	10,595.
5	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5	10,595.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it doesn't owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)	
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	9	05/15/17	06/15/17	09/15/17	12/15/17
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	10	2,649.	27,113.	14,880.	14,881.
11 <b>Estimated tax paid or credited for each period.</b> For column (a) only, enter the amount from line 11 on line 15. See instructions .....	11	65,684.			
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	12		63,035.	35,922.	21,042.
13 Add lines 11 and 12 .....	13		63,035.	35,922.	21,042.
14 Add amounts on lines 16 and 17 of the preceding column .....	14				
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	15	65,684.	63,035.	35,922.	21,042.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	16		0.	0.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	17				
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	18	63,035.	35,922.	21,042.	

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C Corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions .....	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2017 and before 7/1/2017 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 06/30/2017 and before 10/1/2017 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 4\% (0.04)}{365}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2017 and before 1/1/2018 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 4\% (0.04)}{365}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2017 and before 4/1/2018 .....	<b>27</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 4\% (0.04)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2018 and before 7/1/2018 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2018 and before 10/1/2018 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2018 and before 1/1/2019 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2018 and before 3/16/2019 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns .....	<b>38</b> \$			0.

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST FROM INVESTMENTS	1,172,663.	1,172,663.	
TOTAL TO PART I, LINE 3	1,172,663.	1,172,663.	

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
DIVIDENDS FROM INVESTMENTS	1,203,846.	0.	1,203,846.	1,203,846.	
TO PART I, LINE 4	1,203,846.	0.	1,203,846.	1,203,846.	

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PASS THROUGH INCOME	148,005.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	148,005.	0.	

FORM 990-PF LEGAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	14,307.	7,153.		7,153.
TO FM 990-PF, PG 1, LN 16A	14,307.	7,153.		7,153.

## FORM 990-PF

## ACCOUNTING FEES

## STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	4,371.	0.		2,185.
TO FORM 990-PF, PG 1, LN 16B	4,371.	0.		2,185.

## FORM 990-PF

## OTHER PROFESSIONAL FEES

## STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	991,825.	991,825.		0.
INVESTMENT MANAGEMENT FEES	89,032.	89,032.		0.
TO FORM 990-PF, PG 1, LN 16C	1,080,857.	1,080,857.		0.

## FORM 990-PF

## TAXES

## STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL INCOME TAXES	2,600.	0.		0.
FOREIGN TAXES	67,860.	67,860.		0.
CITY AND COUNTY	210.	0.		210.
PAYROLL TAXES	56,878.	0.		49,768.
TO FORM 990-PF, PG 1, LN 18	127,548.	67,860.		49,978.

FORM 990-PF

OTHER EXPENSES

STATEMENT 8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INSURANCE	3,579.	0.		2,040.
WEB AND COMMUNICATION	10,171.	0.		5,798.
OFFICE EXPENSES	44,124.	0.		25,151.
DUES AND SUBSCRIPTION	147.	0.		84.
PAYROLL SERVICE	3,340.	0.		2,923.
CONSULTING	29,536.	0.		27,887.
SOFTWARE FEES	7,408.	0.		4,222.
BANK FEES	3,271.	0.		1,864.
OTHER DIRECT EMPLEMENTATION EXPENSE - ECUADOR	95,513.	0.		95,513.
OTHER DIRECT EMPLEMENTATION EXPENSE - KENYA	54,097.	0.		54,097.
OTHER DIRECT EMPLEMENTATION EXPENSE - GHANA	82,160.	0.		82,160.
TO FORM 990-PF, PG 1, LN 23	333,346.	0.		301,739.



## FORM 990-PF

## CORPORATE STOCK

## STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
AJO EMERGING MARKETS ALL0CAP OFFSHORE FUND	4,293,453.	4,293,453.
ANGELES EQUITY PARTNERS I	137,569.	137,569.
AQR DELTA TA XN FUND (9922VC998) - 7,500,000 SHARES	6,514,106.	6,514,106.
BARING INTERNATIONAL SMALL CAP EQUITY FUND	2,731,217.	2,731,217.
CMMT PARTNERS LP	810,714.	810,714.
FIERA INTERNATIONAL EQUITY CAPITAL (9923E6998) - 5,000,000 SHARES	8,376,451.	8,376,451.
MORRISON STREET DEBT OPPORTUNITIES FUND (9924FL992) - 160,000 SHARES	3,072,171.	3,072,171.
OAKTREE ENHANCED INCOME FUND III	3,137,347.	3,137,347.
POST TRADITIONAL HIGH YIELD FUND	95,682.	95,682.
SANDS CAPITAL EMERGING MARKETS (9922G8994) - 5,000,000 SHARES	4,161,830.	4,161,830.
SANDS CAPITAL PRIVATE GROWTH FUND II L.P	1,507,049.	1,507,049.
TCP DIRECT LENDING FUND VIII-L	367,604.	367,604.
TENNENBAUM SPECIAL SITUATIONS (9924UL995) - 198,272.40 SHARES	421,045.	421,045.
AJO GLOBAL MARKET-NEUTRAL FUND, LTD	1,965,561.	1,965,561.
GEF COMPOST GROUP LLC	767,582.	767,582.
POST CREDIT OPPORTUNITIES	3,235,828.	3,235,828.
SILVERVIEW CLO II LP	932,634.	932,634.
BRANDYWINE GLOBAL OPPORTUNISTIC FIXED INCOME	8,451,980.	8,451,980.
HARRIS ASSOC INVT TR OAKMARK INTL FDINSTL CL	2,046,942.	2,046,942.
MORGAN STANLEY INSTL FD INC	7,012,485.	7,012,485.
AERCAP HOLDINGS N.V. EUR0.	1,315,250.	1,315,250.
ALASKA AIR GROUP INC COM	441,060.	441,060.
APPLE INC COM STK	1,184,610.	1,184,610.
GEN MTRS CO COM	614,850.	614,850.
VERIZON COMMUNICATIONS COM	529,300.	529,300.
WALGREENS BOOTS ALLIANCE INC	435,720.	435,720.
BROADCOM	233,265.	233,265.
QURATE 2P1NAQ2	181,319.	181,319.
MI CORP CASH	87,185.	87,185.
AECOM	79,612.	79,612.
AERCAP HOLDINGS N.V. EUR0.	124,370.	124,370.
AETNA INC	252,546.	252,546.
AFFILIATED 205.2500	165,432.	165,432.
AFLAC INC	240,693.	240,693.
AMERIPRISE FINL	272,847.	272,847.
ANTHEM INC COM	272,487.	272,487.
APRIS INTERNATIONAL	70,956.	70,956.
ASSURANT INC	86,722.	86,722.
AVIS BUDGET	50,243.	50,243.
CELANESE CORP	213,303.	213,303.
COMMSCOPE	107,967.	107,967.
CORNING INC	244,915.	244,915.
EOG RESOURCES	262,113.	262,113.
FLEX LTD	133,756.	133,756.
GOODYEAR TIRE & RUBBER CO.	112,730.	112,730.
HCA HEALTHCARE	248,939.	248,939.
HERTZ GLOBAL	24,244.	24,244.

THE VIBRANT VILLAGE FOUNDATION

27-0745672

JOHNSON CTLS	218,018.	218,018.
LINCOLN NATIONAL CORP.	244,677.	244,677.
NATIONAL OILWELL VARCO	184,782.	184,782.
NCR CORP	60,400.	60,400.
OWENS ILL INC	51,745.	51,745.
SUNCOR ENERGY	245,767.	245,767.
TE CONNECTIVITY	260,220.	260,220.
TENNECO INC	42,793.	42,793.
WESTERN DIGITAL CORP	205,917.	205,917.
WESTERN UNION	131,131.	131,131.
WHIRLPOOL CORP.	184,829.	184,829.
WILLIS TOWERS	222,142.	222,142.
TOTAL TO FORM 990-PF, PART II, LINE 10B	<u>70,078,105.</u>	<u>70,078,105.</u>

<u>FORM 990-PF</u>		<u>CORPORATE BONDS</u>		<u>STATEMENT 10</u>	
<u>DESCRIPTION</u>		<u>BOOK VALUE</u>		<u>FAIR MARKET VALUE</u>	
VANGUARD BD INDEX FD INC INTER-TERM BD INDEX FD		1,989,660.		1,989,660.	
TOTAL TO FORM 990-PF, PART II, LINE 10C		<u>1,989,660.</u>		<u>1,989,660.</u>	

<u>FORM 990-PF</u>		<u>OTHER INVESTMENTS</u>		<u>STATEMENT 11</u>	
<u>DESCRIPTION</u>	<u>VALUATION METHOD</u>	<u>BOOK VALUE</u>		<u>FAIR MARKET VALUE</u>	
NORTHERN TRUST INVESTMENT INC COMMON FUNDS	FMV	1,849,030.		1,849,030.	
APPLIED FUNDAMENTAL RESEARCH	FMV	2,736,310.		2,736,310.	
MFB NORTHERN FUNDS U S GOVT SELECT MONEYMKT FD	FMV	3,878,993.		3,878,993.	
MFB NORTHERN FUNDS U S GOVT SELECT MONEYMKT FD	FMV	20,424.		20,424.	
MFB NORTHERN FUNDS U S GOVT SELECT MONEYMKT FD	FMV	75,529.		75,529.	
TOTAL TO FORM 990-PF, PART II, LINE 13		<u>8,560,286.</u>		<u>8,560,286.</u>	

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FORM 990-PF      DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT      STATEMENT 12

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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER EQUIPMENT	2,191.	2,191.	0.
FURNITURE & EQUIPMENT	31,675.	29,555.	2,120.
ARTWORK AND SIGNS	1,278.	1,193.	85.
COPIER	2,820.	1,974.	846.
APPLE DESKTOP COMPUTER	1,468.	1,176.	292.
DELL LAPTOP COMPUTER	999.	650.	349.
APPLE LAPTOP COMPUTER	1,399.	1,050.	349.
GHANA MOTOR VEHICLES	3,053.	2,138.	915.
GHANA COMPUTERS	1,319.	924.	395.
KENYA COMPUTERS (10)	3,199.	1,973.	1,226.
KENYA VEHICLE	10,250.	7,688.	2,562.
GHANA OFFICE BUILDING IN PROCESS	8,065.	0.	8,065.
CONFERENCE ROOM SCREEN	958.	388.	570.
BASE DOCKING STATION FOR CONFERENCE ROOM	2,695.	1,091.	1,604.
CONFERENCE ROOM PHONE SYSTEM	790.	320.	470.
GHANA OFFICE BUILDING IN PROCESS	1,647.	0.	1,647.
GHANA COMPUTERS	942.	470.	472.
GHANA VEHICLE	23,967.	7,190.	16,777.
<b>TOTAL TO FM 990-PF, PART II, LN 14</b>	<b>98,715.</b>	<b>59,971.</b>	<b>38,744.</b>

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FORM 990-PF      OTHER ASSETS      STATEMENT 13

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DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
OTHER ASSETS - GHANA	29,929.	7,233.	7,233.
OTHER ASSETS - KENYA	8,085.	120,655.	120,655.
OTHER ASSETS - HQ	1,000,000.	0.	0.
<b>TO FORM 990-PF, PART II, LINE 15</b>	<b>1,038,014.</b>	<b>127,888.</b>	<b>127,888.</b>

FORM 990-PF                      NAME OF FOREIGN COUNTRY IN WHICH                      STATEMENT 14  
    ORGANIZATION HAS FINANCIAL INTEREST

NAME OF COUNTRY

GHANA  
 ECUADOR  
 KENYA

FORM 990-PF                      PART VIII - LIST OF OFFICERS, DIRECTORS                      STATEMENT 15  
    TRUSTEES AND FOUNDATION MANAGERS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KENNETH E. DE LASKI 1737 NE ALBERTA ST., #207 PORTLAND, OR 97211	PRESIDENT, DIRECTOR 20.00	0.	0.	0.
SARAH GORACKE 1737 NE ALBERTA ST., #207 PORTLAND, OR 97211	SECRETARY, DIRECTOR 2.00	0.	0.	0.
SANG AHN 1737 NE ALBERTA ST., #207 PORTLAND, OR 97211	TREASURER, DIRECTOR 1.00	15,050.	0.	0.
KATHLEEN DE LASKI GRUBB 1737 NE ALBERTA ST., #207 PORTLAND, OR 97211	DIRECTOR 1.00	0.	0.	0.
JEREMY BARNICLE 1737 NE ALBERTA ST., #207 PORTLAND, OR 97211	DIRECTOR 1.00	0.	0.	0.
SASHA MUENCH 1737 NE ALBERTA ST., #207 PORTLAND, OR 97211	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		15,050.	0.	0.

FORM 990-PF

EXPENDITURE RESPONSIBILITY STATEMENT  
PART VII-B, LINE 5C

STATEMENT 16

GRANTEE'S NAME

ACTION FOR ENVIRONMENTAL SUSTAINABILITY AFES

GRANTEE'S ADDRESS

PO BOX 3415  
BLNTYRE, MALAWI

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
165,496.	06/01/16	61,365.

PURPOSE OF GRANT

GRANT FUNDS SUPPORT THE CONSTRUCTION OF A GRAVITY FED IRRIGATION SCHEME TO SUPPORT FARMERS IN IRRIGATING GARDENS AND FIELDS TO INCREASE FOOD SECURITY WITH AN EMPHASIS ON ORGANIC AGRICULTURE.

DATES OF REPORTS BY GRANTEE

01/25/18

ANY DIVERSION BY GRANTEE

NONE

GRANTEE'S NAME

BEGA KWA BEGA

GRANTEE'S ADDRESS

P.O. BOX 28009  
KAMPALA, UGANDA

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
122,000.	10/01/17	12,256.

PURPOSE OF GRANT

BEGA KWA BEGA PROMOTES ECONOMIC WELLBEING BY PROVIDING ACCESS TO CLEAN WATER, FARMER TRAINING, AGRICULTURE TRAINING FOR TEACHERS, BUSINESS SKILL DEVELOPMENT, AND A MOBILE HEALTH CLINIC TO SERVE THE COMMUNITY.

DATES OF REPORTS BY GRANTEE

01/31/18

ANY DIVERSION BY GRANTEE

NONE

GRANTEE'S NAME

COMMUNITY ACTION FOR DEVELOPMENT (CAD)

GRANTEE'S ADDRESS

PO BOX 85 BANGEM  
BANGEM SOUTH WEST REGION, CAMEROON, 237

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
145,858.	10/01/14	51,414.

PURPOSE OF GRANT

THIS PROGRAM PROVIDES TRAINING FOR FARMER GROUPS IN AGRICULTURAL PRACTICES FOR SUBSISTENCE CROPS AND CASH CROPS, LIVESTOCK RAISING, AND MARKETING OF PRODUCE AND PRODUCTS.

DATES OF REPORTS BY GRANTEE

1/30/18

ANY DIVERSION BY GRANTEE

NONE

GRANTEE'S NAME

DESEA PERU

GRANTEE'S ADDRESS

SECTOR LIMACPAMPA  
LAMAY, PERU

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
60,000.	01/01/17	73,100.

PURPOSE OF GRANT

DESEA WORKS IN MICROCUENCA CCARAMPA COMMUNITIES TO IMPROVE COMMUNITY HEALTH BY TRAINING HEALTH WORKERS TO BETTER SERVE ISOLATED COMMUNITIES IN THE HIGHLANDS, AND INSTALLING BIOSAND FILTERS TO PROVIDE ACCESS TO CLEAN DRINKING WATER.

DATES OF REPORTS BY GRANTEE

1/30/18

ANY DIVERSION BY GRANTEE

NONE



GRANTEE'S NAME

ENVIROMENTAL CONSERVATION AND AGRICULTURAL ENHANCEMENT UGANDA

GRANTEE'S ADDRESS

PO BOX 31833 CLOCK TOWER  
KAMPALA, UGANDA

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
83,450.	10/01/14	18,698.

PURPOSE OF GRANT

THIS PROGRAM SUPPORTS ORPHANS AND VULNERABLE FAMILIES THROUGH AGRICULTURAL AND LIVESTOCK COOPERATIVE MEMBERSHIP, EDUCATIONAL SUPPORT AND VOCATIONAL TRAINING FOR TEENAGE GIRLS, AND A SOCIAL SERVICE NETWORK OF COMMUNITY MEMBERS.

DATES OF REPORTS BY GRANTEE

10/31/17

ANY DIVERSION BY GRANTEE

NONE

GRANTEE'S NAME

LOCAL INITIATIVES IN DEVELOPMENT LID

GRANTEE'S ADDRESS

CORNER MERSEY/OXFORD ROAD, HIS, PRIVATE BOX 2799  
GWERU, ZIMBABWE, 263

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
344,891.	05/04/15	133,927.

PURPOSE OF GRANT

PROVIDE ORGANIC FARMING TRAINING, CERTIFICATION AND INPUTS TO SMALLHOLDER FARMERS IN CHITORA, ZIMBABWE. CONSTRUCT WATER HARVESTING DAMS; DRILL SOLAR POWERED BOREHOLES; AND PRODUCE STORAGE FACILITY. SUPPORT TWO PRIMARY SCHOOLS IN THE CHITORA COMMUNITY, SHURUGWI DISTRICT, THROUGH IMPROVING EDUCATIONAL SUPPORT SERVICES, INFRASTRUCTURE, ACCESS TO CLEAN WATER, SANITATION SERVICES AND NUTRITION.

DATES OF REPORTS BY GRANTEE

2/1/18

ANY DIVERSION BY GRANTEE

NONE

GRANTEE'S NAME

NAGENAHIRU FOUNDATION

GRANTEE'S ADDRESS

4/11, PATABENDIMULLA AMBALANGODA  
GALLE DISTRICT, SRI LANKA, 80300

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
85,000.	05/01/15	5,995.

PURPOSE OF GRANT

NAGENAHIRU PROVIDES AGRICULTURAL DEVELOPMENT TO SMALLHOLDER CINNAMON FARMERS IN SOUTHERN SRI LANKA. THE GRANT ALSO FUNDS SANITATION AND HYGIENE INFRASTRUCTURE IMPROVEMENT AND HOUSEHOLD GARDEN DEVELOPMENT.

DATES OF REPORTS BY GRANTEE

4/28/17

ANY DIVERSION BY GRANTEE

NONE

GRANTEE'S NAME

NOOMAYIANAT COMMUNITY DEVELOPMENT ORG

GRANTEE'S ADDRESS

PO BOX 155 LOITOKTOK  
KAJIADO, KENYA, 00209

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
105,000.	10/01/16	58,981.

PURPOSE OF GRANT

THIS PROGRAM SUPPORTS PASTORALISTS AND THEIR FAMILIES THROUGH IMPROVED LIVELIHOOD OPTIONS BY DIVERSIFYING ECONOMIC ACTIVITIES, IMPROVING CROP HUSBANDRY AND ACCESS TO MARKET SYSTEMS. WOMEN ARE ALSO SUPPORTED THROUGH A VILLAGE SAVINGS AND LOAN VSLA PROGRAM.

DATES OF REPORTS BY GRANTEE

10/31/17

ANY DIVERSION BY GRANTEE

NONE

GRANTEE'S NAME

PUMP AID

GRANTEE'S ADDRESS

90-92 GREAT PORTLAND ST LONDON  
LONDON, UNITED KINGDOM

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
209,000.	10/01/16	124,917.

PURPOSE OF GRANT

THIS PROGRAM PROVIDES ACCESS TO CLEAN WATER AND IMPROVED SANITION THROUGH CONSTRUCTION OF NEW WATER POINTS AND THE IMPLEMENTATION OF COMMUNITY-LED TOTAL SANITATION INITIATIVES TO ENCOURAGE HOUSEHOLDS TO END OPEN DEFECATION AND CONSTRUCT HOUSEHOLD LATRINES.

DATES OF REPORTS BY GRANTEE

2/1/18

ANY DIVERSION BY GRANTEE

NONE

GRANTEE'S NAME

ENVIROMENTAL CONSERVATION AND AGRICULTURAL ENHANCEMENT UGANDA

GRANTEE'S ADDRESS

PO BOX 31833 CLOCK TOWER  
KAJIADO, UGANDA

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
25,000.	10/01/17	25,000.

PURPOSE OF GRANT

THIS PROGRAM SUPPORTS ORPHANS AND VULNERABLE FAMILIES THROUGH AGRICULTURAL AND LIVESTOCK COOPERATIVE MEMBERSHIP, EDUCATIONAL SUPPORT AND VOCATIONAL TRAINING FOR TEENAGE GIRLS, AND A SOCIAL SERVICE NETWORK OF COMMUNITY MEMBERS.

DATES OF REPORTS BY GRANTEE

10/31/18

ANY DIVERSION BY GRANTEE

NONE

GRANTEE'S NAME

NTENGWE FOR COMMUNITY DEVELOPMENT

GRANTEE'S ADDRESS

169 COURTNEY SELOUS CRESCENT  
VICTORIA FALLS, MATABELELAND NORTH, ZIMBABWE

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
30,000.	10/01/17	30,000.

PURPOSE OF GRANT

CONSTRUCT A SAND ABSTRACTION WATER SOURCE AND A FORM WATER MANAGEMENT COMMITTEE. THE PROGRAM ALSO INCLUDES HEALTH AND HYGIENE EDUCATION TO PREVENT CONTAMINATION OF THE NEW WATER SOURCE AND IMPROVE HEALTH OUTCOMES FOR THE COMMUNITY.

DATES OF REPORTS BY GRANTEE

10/31/18

ANY DIVERSION BY GRANTEE

NONE

GRANTEE'S NAME

BEGA KWA BEGA

GRANTEE'S ADDRESS

P.O. BOX 28009  
KAMPALA, UGANDA

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
107,918.	08/01/15	29,091.

PURPOSE OF GRANT

BEGA KWA BEGA PROMOTES ECONOMIC WELLBEING BY PROVIDING ACCESS TO CLEAN WATER, FARMER TRAINING, AGRICULTURE TRAINING FOR TEACHERS, BUSINESS SKILL DEVELOPMENT, AND A MOBILE HEALTH CLINIC TO SERVE THE COMMUNITY.

DATES OF REPORTS BY GRANTEE

8/31/17

ANY DIVERSION BY GRANTEE

NONE



FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 17

ACTIVITY ONE

VIBRANT VILLAGE ECUADOR WORKS WITHIN MULTIPLE COMMUNITIES IN THE NORTHERN HIGHLANDS. OUR OBJECTIVE IS TO ENHANCE AGRICULTURAL PRODUCTIVITY AND INCREASE FAMILIES' INTAKE OF NUTRITIOUS FOODS. BIO-INTENSIVE GARDENING IS EXTENDED ACROSS THE COMMUNITIES BY KNOWLEDGEABLE STAFF. FAMILIES RECEIVE TRAINING IN PLANTING, HARVESTING AND SEED PRESERVATION FOR THEIR BACKYARD/KITCHEN GARDENS. THIS PROGRAM ALSO INCLUDES A LARGE SENIOR CENTER, ARTS EDUCATION FOR AT-RISK YOUTH, AND IRRIGATION PROJECTS TO SUPPORT THE LARGER COMMUNITY.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

208,102.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 18

ACTIVITY TWO

VIBRANT VILLAGE KENYA WORKS IN THE LAKE VICTORIA REGION OF WESTERN KENYA. THIS PROGRAM FOCUSES ON FARM INPUT CREDIT, ADVANCED TEACHER TRAINING, TUTORING PROGRAMS FOR PRIMARY SCHOOL STUDENTS, A FARM COOPERATIVE, ADULT EDUCATION. THE FARM INPUT PROGRAM REACHED ALMOST 1500 PEOPLE, INCREASING THEIR YIELDS AND PROFITS. THE TEACHER TRAINING REACHED 26 TEACHERS IMPACTING OVER 300 PUPILS. THE TUTORING PROGRAM TARGETED 550 UNDER-PERFORMING PRIMARY SCHOOL STUDENTS, AND WAS CONDUCTED BY 89 HIGH SCHOOL STUDENTS WHO GAINED LEADERSHIP SKILLS. THE AGRICULTURAL COOPERATIVE HAS 70 MEMBERS AND IS ON ITS WAY TO BECOMING SELF-SUSTAINING. THE ADULT EDUCATION COMPONENT FOCUSES ON LITERACY AND NUMERACY, IN ADDITION TO BASIC COMPUTER CLASSES.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 2

229,807.

ACTIVITY THREE

VIBRANT VILLAGE GHANA WORKS IN THE UPPER WEST REGION OF GHANA TO ADDRESS KEY ISSUES OF WATER ACCESS, SANITATION AND HYGIENE, AND ACCESS TO GARDENS. WE WORK TO CONSTRUCT AND REPAIR BOREHOLES, PROVIDING 12,833 (CUMULATIVE) PEOPLE WITH ACCESS TO CLEAN WATER. WE TRAINED COMMUNITIES AND HOUSEHOLDS IN HAND WASHING AND SANITATION PRACTICES. THIS EDUCATION WAS ALSO EXTENDED TO 24 SCHOOLS. WE EXPANDED OUR DRY-SEASON GARDENS TO INCLUDE 4 COMMUNITY GARDENS.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 3

142,779.

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	COMPUTER EQUIPMENT	12/27/11	200DB	5.00	MC	17	2,191.			2,191.				0.	
2	FURNITURE & EQUIPMENT	07/01/12	200DB	7.00	HY	17	31,675.			15,838.	15,837.	12,303.		1,414.	13,717.
3	ARTWORK AND SIGNS	07/01/12	200DB	7.00	HY	17	1,278.			639.	639.	497.		57.	554.
11	COPIER	07/11/12	SL	5.00		16	2,820.				2,820.	1,692.		282.	1,974.
12	APPLE DESKTOP COMPUTER	09/06/13	SL	5.00		16	1,468.				1,468.	882.		294.	1,176.
13	DELL LAPTOP COMPUTER	10/06/14	SL	5.00		16	999.				999.	450.		200.	650.
14	APPLE LAPTOP COMPUTER	03/19/14	SL	5.00		16	1,399.				1,399.	770.		280.	1,050.
15	GHANA MOTOR VEHICLES	07/01/14	SL	5.00		16	3,053.				3,053.	1,527.		611.	2,138.
16	GHANA COMPUTERS	07/01/14	SL	5.00		16	1,319.				1,319.	660.		264.	924.
17	KENYA COMPUTERS (10)	11/24/14	SL	5.00		16	3,199.				3,199.	1,333.		640.	1,973.
18	KENYA VEHICLE	03/21/14	SL	5.00		16	10,250.				10,250.	5,638.		2,050.	7,688.
19	GHANA OFFICE BUILDING IN PROCESS		L				8,065.				8,065.			0.	
27	CONFERENCE ROOM SCREEN	03/13/15	SL	7.00		16	958.				958.	251.		137.	388.
28	BASE DOCKING STATION FOR CONFERENCE ROOM	03/13/15	SL	7.00		16	2,695.				2,695.	706.		385.	1,091.
29	CONFERENCE ROOM PHONE SYSTEM	03/13/15	SL	7.00		16	790.				790.	207.		113.	320.
30	GHANA OFFICE BUILDING IN PROCESS		L				1,647.				1,647.			0.	
31	GHANA COMPUTERS	07/01/15	SL	5.00		16	942.				942.	282.		188.	470.
33	GHANA VEHICLE	07/01/16	SL	5.00		16	23,967.				23,967.	2,397.		4,793.	7,190.

728111 04-01-17

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* TOTAL 990-PF PG 1 DEPR						98,715.			18,668.	80,047.	29,595.		11,708.	41,303.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						89,003.			18,668.	70,335.	29,595.			41,303.
	ACQUISITIONS						9,712.			0.	9,712.	0.			0.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						98,715.			18,668.	80,047.	29,595.			41,303.
	ENDING ACCUM DEPR											59,971.			
	ENDING BOOK VALUE											38,744.			

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2017

For calendar year 2017 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

H Describe the organization's primary unrelated business activity. SEE STATEMENT 20

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of KENNETH E. DE LASKI Telephone number 503-206-4859

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales; 2 Cost of goods sold; 3 Gross profit; 4a Capital gain net income; 5 Income (loss) from partnerships and S corporations; 13 Total. Combine lines 3 through 12.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees; 15 Salaries and wages; 16 Repairs and maintenance; 17 Bad debts; 18 Interest; 19 Taxes and licenses; 20 Charitable contributions; 21 Depreciation; 22 Less depreciation claimed; 23 Depletion; 24 Contributions to deferred compensation plans; 25 Employee benefit programs; 26 Excess exempt expenses; 27 Excess readership costs; 28 Other deductions; 29 Total deductions; 30 Unrelated business taxable income before net operating loss deduction; 31 Net operating loss deduction; 32 Unrelated business taxable income before specific deduction; 33 Specific deduction; 34 Unrelated business taxable income.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
(1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____		
(2) Additional 3% tax (not more than \$100,000) \$ _____		
<b>c</b> Income tax on the amount on line 34		<b>35c</b> 0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from:		
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		<b>36</b>
<b>37 Proxy tax.</b> See instructions		<b>37</b>
<b>38 Alternative minimum tax</b>		<b>38</b>
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions		<b>39</b>
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies		<b>40</b> 0.

**Part IV Tax and Payments**

<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>41a</b>	
<b>b</b> Other credits (see instructions)	<b>41b</b>	
<b>c</b> General business credit. Attach Form 3800	<b>41c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>41d</b>	
<b>e Total credits.</b> Add lines 41a through 41d	<b>41e</b>	
<b>42</b> Subtract line 41e from line 40	<b>42</b>	0.
<b>43</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>43</b>	
<b>44 Total tax.</b> Add lines 42 and 43	<b>44</b>	0.
<b>45a</b> Payments: A 2016 overpayment credited to 2017	<b>45a</b>	
<b>b</b> 2017 estimated tax payments	<b>45b</b>	
<b>c</b> Tax deposited with Form 8868	<b>45c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>45d</b>	
<b>e</b> Backup withholding (see instructions)	<b>45e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>45f</b>	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>45g</b>	
<b>46 Total payments.</b> Add lines 45a through 45g	<b>46</b>	
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>47</b>	
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	<b>48</b>	0.
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<b>49</b>	0.
<b>50</b> Enter the amount of line 49 you want: <b>Credited to 2018 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>50</b>	

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>51</b> At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <b>SEE STATEMENT 23</b>	Yes	No
	X	
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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.

**Sign Here**  
 Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **PRESIDENT**  
 May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**  
 Print/Type preparer's name: **SANG AHN** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: **P00540880**  
 Firm's name: **MCDONALD JACOBS, P.C.** Firm's EIN: **93-0900579**  
 Firm's address: **520 SW YAMHILL ST., STE 500 PORTLAND, OR 97204** Phone no.: **(503) 227-0581**

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year .....	1		6	Inventory at end of year .....	6			
2	Purchases .....	2		7	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	7			
3	Cost of labor .....	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....			Yes	No
4a	Additional section 263A costs (attach schedule) .....	4a							
b	Other costs (attach schedule) .....	4b							
5	<b>Total.</b> Add lines 1 through 4b .....	5							

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
<b>Total dividends-received deductions</b> included in column 8 .....				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5))		0.	0.			0.



**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 27. <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 20

HOLDS INTEREST IN PUBLICLY TRADED PARTNERSHIPS

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS STATEMENT 21

DESCRIPTION	AMOUNT
TENNENBAUM	953.
OAKTREE ENHANCED INCOME FUND III	126,727.
POST CREDIT	20,325.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	148,005.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 22

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/13	285,491.	193,528.	91,963.	91,963.
12/31/14	196,157.	0.	196,157.	196,157.
NOL CARRYOVER AVAILABLE THIS YEAR			288,120.	288,120.

FORM 990-T NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST STATEMENT 23

NAME OF COUNTRY

GHANA  
ECUADOR  
KENYA



**Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary**

(see instructions) (continued)

<b>7a</b> Name of financial institution in which account is maintained <b>NATIONAL INVESTMENT BANK</b>	<b>b</b> Global Intermediary Identification Number (GIIN) (Optional)
<b>8</b> Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. <b>PO BOX 365</b>	
<b>9</b> City or town, state or province, and country (including postal code) <b>WA GHANA</b>	

**Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary** (see instructions)

If you have more than one asset to report in Part VI, attach a continuation statement for each additional asset (see instructions).

<b>1</b> Description of asset	<b>2</b> Identifying number or other designation
<b>3</b> Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.	
<b>a</b> Date asset acquired during tax year, if applicable	
<b>b</b> Date asset disposed of during tax year, if applicable	
<b>c</b> <input type="checkbox"/> Check if asset jointly owned with spouse	<b>d</b> <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset

**4** Maximum value of asset during tax year (check box that applies)

**a**  \$0 - \$50,000    **b**  \$50,001 - \$100,000    **c**  \$100,001 - \$150,000    **d**  \$150,001 - \$200,000

**e** If more than \$200,000, list value \$

**5** Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars?  Yes  No

**6** If you answered "Yes" to line 5, complete all that apply.

<b>(a)</b> Foreign currency in which asset is denominated	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars	<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
---	---	---

**7** If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

**a** Name of foreign entity \_\_\_\_\_ **b** GIIN (Optional) \_\_\_\_\_

**c** Type of foreign entity    **(1)**  Partnership    **(2)**  Corporation    **(3)**  Trust    **(4)**  Estate

**d** Mailing address of foreign entity. Number, street, and room or suite no.

**e** City or town, state or province, and country (including postal code)

**8** If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

**Note.** If this asset has more than one issuer or counterparty, attach a continuation statement with the same information for each additional issuer or counterparty (see instructions).

**a** Name of issuer or counterparty \_\_\_\_\_

Check if information is for     Issuer     Counterparty

**b** Type of issuer or counterparty

**(1)**  Individual    **(2)**  Partnership    **(3)**  Corporation    **(4)**  Trust    **(5)**  Estate

**c** Check if issuer or counterparty is a     U.S. person     Foreign person

**d** Mailing address of issuer or counterparty. Number, street, and room or suite no.

**e** City or town, state or province, and country (including postal code)

**Part V Foreign Deposit and Custodial Accounts** (see instructions)

1 Type of account  Deposit  Custodial 2 Account number or other designation  
11600013122-5

3 Check all that apply a  Account opened during tax year b  Account closed during tax year  
c  Account jointly owned with spouse d  No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year ..... \$ 19,857.

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? .....  Yes  No

6 If you answered "Yes" to line 5, complete all that apply.  
(1) Foreign currency in which account is maintained: UNITED STATES, DOLLAR  
(2) Foreign currency exchange rate used to convert to U.S. dollars  
(3) Source of exchange rate used if not from U.S.: Treasury Department's Bureau of the Fiscal Service

7a Name of financial institution in which account is maintained: CODESARROLLO  
b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.  
CALLE LADRON DE GUEVARA Y BARCELONA ESQ.

9 City or town, province or state, and country (including postal code)  
QUITO  
ECUADOR

1 Type of account  Deposit  Custodial 2 Account number or other designation  
1160300109-8

3 Check all that apply a  Account opened during tax year b  Account closed during tax year  
c  Account jointly owned with spouse d  No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year ..... \$ 1,001.

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? .....  Yes  No

6 If you answered "Yes" to line 5, complete all that apply.  
(1) Foreign currency in which account is maintained: UNITED STATES, DOLLAR  
(2) Foreign currency exchange rate used to convert to U.S. dollars  
(3) Source of exchange rate used if not from U.S.: Treasury Department's Bureau of the Fiscal Service

7a Name of financial institution in which account is maintained: CODESARROLLO  
b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.  
CALLE LADRON DE GUEVARA Y BARCELONA ESQ.

9 City or town, province or state, and country (including postal code)  
QUITO  
ECUADOR

1 Type of account  Deposit  Custodial 2 Account number or other designation  
60000787182-0

3 Check all that apply a  Account opened during tax year b  Account closed during tax year  
c  Account jointly owned with spouse d  No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year ..... \$ 44,486.

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? .....  Yes  No

6 If you answered "Yes" to line 5, complete all that apply.  
(1) Foreign currency in which account is maintained: GHANA, CEDI  
(2) Foreign currency exchange rate used to convert to U.S. dollars  
(3) Source of exchange rate used if not from U.S.: Treasury Department's Bureau of the Fiscal Service  
US TREASURY FMS

7a Name of financial institution in which account is maintained: SOCIETE GENERALE  
b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.  
PO BOX 13119

9 City or town, province or state, and country (including postal code)  
WA  
GHANA

**Part V Foreign Deposit and Custodial Accounts** (see instructions)

1 Type of account  Deposit  Custodial 2 Account number or other designation  
00701075621210

3 Check all that apply a  Account opened during tax year b  Account closed during tax year  
c  Account jointly owned with spouse d  No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year ..... \$ 67,696.

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? .....  Yes  No

6 If you answered "Yes" to line 5, complete all that apply.  
(1) Foreign currency in which account is maintained: **KENYA, SHILLING**  
(2) Foreign currency exchange rate used to convert to U.S. dollars  
(3) Source of exchange rate used if not from U.S.: Treasury Department's Bureau of the Fiscal Service **US TREASURY FMS**

7a Name of financial institution in which account is maintained: **I & M BANK**  
b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.  
**PO BOX 424-40100**

9 City or town, province or state, and country (including postal code)  
**NAIROBI  
KENYA**

1 Type of account  Deposit  Custodial 2 Account number or other designation  
726685849

3 Check all that apply a  Account opened during tax year b  Account closed during tax year  
c  Account jointly owned with spouse d  No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year ..... \$ 44,992.

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? .....  Yes  No

6 If you answered "Yes" to line 5, complete all that apply.  
(1) Foreign currency in which account is maintained: **KENYA, SHILLING**  
(2) Foreign currency exchange rate used to convert to U.S. dollars  
(3) Source of exchange rate used if not from U.S.: Treasury Department's Bureau of the Fiscal Service **US TREASURY FMS**

7a Name of financial institution in which account is maintained: **SAFARICOM**  
b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.  
**PO BOX 66827-00800**

9 City or town, province or state, and country (including postal code)  
**NAIROBI  
KENYA**

1 Type of account  Deposit  Custodial 2 Account number or other designation  
2100113282

3 Check all that apply a  Account opened during tax year b  Account closed during tax year  
c  Account jointly owned with spouse d  No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year ..... \$ 45,365.

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? .....  Yes  No

6 If you answered "Yes" to line 5, complete all that apply.  
(1) Foreign currency in which account is maintained: **UNITED STATES, DOLLAR**  
(2) Foreign currency exchange rate used to convert to U.S. dollars  
(3) Source of exchange rate used if not from U.S.: Treasury Department's Bureau of the Fiscal Service

7a Name of financial institution in which account is maintained: **BANCO PICHINCHA**  
b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.  
**CALLE FLORES Y AYACUCHO**

9 City or town, province or state, and country (including postal code)  
**PIMAMPIRO  
ECUADOR**

**Part V Foreign Deposit and Custodial Accounts** (see instructions)

1 Type of account  Deposit  Custodial 2 Account number or other designation  
00701075621211

3 Check all that apply a  Account opened during tax year b  Account closed during tax year  
c  Account jointly owned with spouse d  No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year ..... \$ 100,788.

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? .....  Yes  No

6 If you answered "Yes" to line 5, complete all that apply.  
(1) Foreign currency in which account is maintained: UNITED STATES, DOLLAR  
(2) Foreign currency exchange rate used to convert to U.S. dollars  
(3) Source of exchange rate used if not from U.S.: Treasury Department's Bureau of the Fiscal Service

7a Name of financial institution in which account is maintained: I & M BANK  
b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.  
PO BOX 424-40100

9 City or town, province or state, and country (including postal code)  
NAIROBI  
KENYA

1 Type of account  Deposit  Custodial 2 Account number or other designation  
701075620155

3 Check all that apply a  Account opened during tax year b  Account closed during tax year  
c  Account jointly owned with spouse d  No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year ..... \$ 38,744.

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? .....  Yes  No

6 If you answered "Yes" to line 5, complete all that apply.  
(1) Foreign currency in which account is maintained: KENYA, SHILLING  
(2) Foreign currency exchange rate used to convert to U.S. dollars  
(3) Source of exchange rate used if not from U.S.: Treasury Department's Bureau of the Fiscal Service  
US TREASURY FMS

7a Name of financial institution in which account is maintained: I & M BANK  
b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.  
PO BOX 424-40100

9 City or town, province or state, and country (including postal code)  
NAIROBI  
KENYA

1 Type of account  Deposit  Custodial 2 Account number or other designation  
701075620154

3 Check all that apply a  Account opened during tax year b  Account closed during tax year  
c  Account jointly owned with spouse d  No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year ..... \$ 39,599.

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? .....  Yes  No

6 If you answered "Yes" to line 5, complete all that apply.  
(1) Foreign currency in which account is maintained: KENYA, SHILLING  
(2) Foreign currency exchange rate used to convert to U.S. dollars  
(3) Source of exchange rate used if not from U.S.: Treasury Department's Bureau of the Fiscal Service  
US TREASURY FMS

7a Name of financial institution in which account is maintained: I & M BANK  
b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.  
PO BOX 424-40100

9 City or town, province or state, and country (including postal code)  
NAIROBI  
KENYA

**Part V Foreign Deposit and Custodial Accounts** (see instructions)

1 Type of account  Deposit  Custodial 2 Account number or other designation  
701075620153

3 Check all that apply a  Account opened during tax year b  Account closed during tax year  
c  Account jointly owned with spouse d  No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year ..... \$ 45,554.

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? .....  Yes  No

6 If you answered "Yes" to line 5, complete all that apply.  
(1) Foreign currency in which account is maintained: **KENYA, SHILLING**  
(2) Foreign currency exchange rate used to convert to U.S. dollars  
(3) Source of exchange rate used if not from U.S.: **US TREASURY FMS**  
Treasury Department's Bureau of the Fiscal Service

7a Name of financial institution in which account is maintained: **I & M BANK**  
b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.  
**PO BOX 424-40100**

9 City or town, province or state, and country (including postal code)  
**NAIROBI  
KENYA**

1 Type of account  Deposit  Custodial 2 Account number or other designation

3 Check all that apply a  Account opened during tax year b  Account closed during tax year  
c  Account jointly owned with spouse d  No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year ..... \$

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? .....  Yes  No

6 If you answered "Yes" to line 5, complete all that apply.  
(1) Foreign currency in which account is maintained  
(2) Foreign currency exchange rate used to convert to U.S. dollars  
(3) Source of exchange rate used if not from U.S.: Treasury Department's Bureau of the Fiscal Service

7a Name of financial institution in which account is maintained  
b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

9 City or town, province or state, and country (including postal code)

1 Type of account  Deposit  Custodial 2 Account number or other designation

3 Check all that apply a  Account opened during tax year b  Account closed during tax year  
c  Account jointly owned with spouse d  No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year ..... \$

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? .....  Yes  No

6 If you answered "Yes" to line 5, complete all that apply.  
(1) Foreign currency in which account is maintained  
(2) Foreign currency exchange rate used to convert to U.S. dollars  
(3) Source of exchange rate used if not from U.S.: Treasury Department's Bureau of the Fiscal Service

7a Name of financial institution in which account is maintained  
b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

9 City or town, province or state, and country (including postal code)



# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>THE VIBRANT VILLAGE FOUNDATION</b>	Employer identification number (EIN) or  <b>27-0745672</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1737 NE ALBERTA STREET, NO. 207</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PORTLAND, OR 97211</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**KENNETH E. DE LASKI**

• The books are in the care of ▶ **1737 NE ALBERTA STREET, SUITE 207 - PORTLAND, OR 97211**  
Telephone No. ▶ **503-206-4859** Fax No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box    
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year **2017** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	65,684.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>THE VIBRANT VILLAGE FOUNDATION</b>	Employer identification number (EIN) or  <b>27-0745672</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1737 NE ALBERTA STREET, NO. 207</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PORTLAND, OR 97211</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**KENNETH E. DE LASKI**

• The books are in the care of ▶ **1737 NE ALBERTA STREET, SUITE 207 - PORTLAND, OR 97211**  
Telephone No. ▶ **503-206-4859** Fax No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box    
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year **2017** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

# 2017 TAX RETURN FILING INSTRUCTIONS

OREGON FORM OR-20

## FOR THE YEAR ENDING

December 31, 2017

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**Prepared For:**

The Vibrant Village Foundation  
1737 NE Alberta St.  
Portland, OR 97211

---

**Prepared By:**

McDonald Jacobs, P.C.  
520 SW Yamhill St., Ste 500  
Portland, OR 97204

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**To Be Signed and Dated By:**

The appropriate corporate officer(s).

---

**Amount of Tax:**

Total tax	\$	150
Less: payments and credits	\$	150
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
No payment required	\$	

---

**Overpayment:**

Not applicable

---

**Make Check Payable to:**

Not applicable

---

**Mail Tax Return and Check (if applicable) to:**

Oregon Department of Revenue  
P.O. Box 14777  
Salem, OR 97309-0960

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**Return Must be Mailed On or Before:**

November 15, 2018

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**Special Instructions:**

# 2017 TAX RETURN FILING INSTRUCTIONS

PORTLAND/MULTNOMAH FORM C-2017

## FOR THE YEAR ENDING

December 31, 2017

---

**Prepared For:**

The Vibrant Village Foundation  
1737 NE Alberta St.  
Portland, OR 97211

---

**Prepared By:**

McDonald Jacobs, P.C.  
520 SW Yamhill St., Ste 500  
Portland, OR 97204

---

**To Be Signed and Dated By:**

The appropriate corporate officer(s).

---

**Amount of Tax:**

Total tax	\$	200
Less: payments and credits	\$	366
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
Overpayment	\$	166

---

**Overpayment:**

Credit to your estimated tax	\$	166
Other amount	\$	0
Refunded to you	\$	0

---

**Make Check Payable to:**

Not applicable

---

**Mail Tax Return and Check (if applicable) to:**

City of Portland  
Revenue Division  
111 SW Columbia St., Ste 600  
Portland, OR 97201-5840

---

**Return Must be Mailed On or Before:**

Please mail as soon as possible.

---

**Special Instructions:**

▼ Cut Here

Cut Here ▼

1019 01

**Form OR-20-V, Oregon Corporation Tax Payment Voucher**

Office use only
•

• **Tax year:**

Begins: 01/01/2017  
Ends: 12/31/2017

• **FEIN:** 27-0745672

• **Payment type** (check only one):

- Original return.       Estimated payment.  
 Extension payment.       Amended return.

Contact name			
Legal name of filer on tax return <b>THE VIBRANT VILLAGE FOUNDATION</b>			
Filer address <b>1737 NE ALBERTA ST.</b>			
City <b>PORTLAND</b>	State <b>OR</b>	ZIP code <b>97211</b>	Contact phone <b>(503) 206-4859</b>

Enter payment amount

\$ 150.00

2002000000270745672THEV000000000201712310101019015

**FOR OREGON ONLY**  
**Application for Automatic Extension of Time To File Certain  
Business Income Tax, Information, and Other Returns**  
▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form7004](http://www.irs.gov/Form7004) for instructions and the latest information.**

<b>Print or Type</b>	Name <b>THE VIBRANT VILLAGE FOUNDATION</b>	Identifying number <b>27-0745672</b>
	Number, street, and room or suite no. (If P.O. box, see instructions.) <b>1737 NE ALBERTA ST.</b>	
	City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)). <b>PORTLAND, OR 97211</b>	

**Note:** File request for extension by the due date of the return. See instructions before completing this form.

**Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns.** See instructions.

1 Enter the form code for the return listed below that this application is for

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND	19
Form 706-GS(T)	02	Form 1120-ND (section 4951 taxes)	20
Form 1041 (bankruptcy estate only)	03	Form 1120-PC	21
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-POL	22
Form 1041 (trust)	05	Form 1120-REIT	23
Form 1041-N	06	Form 1120-RIC	24
Form 1041-QFT	07	Form 1120S	25
Form 1042	08	Form 1120-SF	26
Form 1065	09	Form 3520-A	27
Form 1065-B	10	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36

**Part II All Filers Must Complete This Part**

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here   
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here
- 5a The application is for calendar year 2017, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- b **Short tax year.** If this tax year is less than 12 months, check the reason:  Initial return  Final return  
 Change in accounting period  Consolidated return to be filed  Other (see instructions - attach explanation)

6 Tentative total tax	6	150.
7 Total payments and credits (see instructions)	7	0.
8 Balance due. Subtract line 7 from line 6 (see instructions)	8	150.

LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

**2017 Form OR-20**

Page 1 of 3, 150-102-020 (Rev. 10-17) Oregon Department of Revenue



Office use only	

**Oregon Corporation Excise Tax Return**

*Submit original form - do not submit photocopy*

Fiscal year beginning  
 Fiscal year ending

Space for 2-D barcode - do not write in box below

**See instructions for checkboxes.**

- New name
- New address
- OR-FCG-20
- Extension
- Form OR-37
- REIT/RIC
- Amended
- Form OR-24
- IC-DISC
- Ag co-op
- Federal Form 8886
- Federal Form 5471
- Accounting period change
- Alternative apportionment

<ul style="list-style-type: none"> <li>Legal name <b>THE VIBRANT VILLAGE FOUNDATION</b></li> </ul>	<ul style="list-style-type: none"> <li>FEIN <b>27-0745672</b></li> </ul>
<ul style="list-style-type: none"> <li>DBA/ABN</li> </ul>	<ul style="list-style-type: none"> <li>Attn. or c/o</li> </ul>
<ul style="list-style-type: none"> <li>Current address <b>1737 NE ALBERTA ST.</b></li> </ul>	<ul style="list-style-type: none"> <li>City <b>PORTLAND</b></li> <li>State <b>OR</b></li> <li>ZIP code <b>97211</b></li> </ul>
<ul style="list-style-type: none"> <li>Contact name</li> </ul>	<ul style="list-style-type: none"> <li>Contact phone <b>(503) 206-4859</b></li> </ul>
<ul style="list-style-type: none"> <li>Web</li> </ul>	

**Complete questions A through D only if this is your first return or the answer changed during this tax year.**

<ul style="list-style-type: none"> <li><b>A.</b> Incorporated in (state)</li> </ul>	<ul style="list-style-type: none"> <li>Incorporated on (date)</li> </ul>	<ul style="list-style-type: none"> <li><b>B.</b> State of commercial domicile</li> </ul>	<ul style="list-style-type: none"> <li><b>C.</b> Date business activity began in Oregon</li> </ul>	<ul style="list-style-type: none"> <li><b>D.</b> Business activity code</li> </ul>
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<ul style="list-style-type: none"> <li><b>E.</b> <input type="checkbox"/> (1) Consolidated federal return.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> (2) Consolidated Oregon return.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> (3) Corporations included in consolidated federal return, but not in Oregon return.</li> </ul>
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<ul style="list-style-type: none"> <li><b>F.</b> Enter name of parent corporation, if applicable</li> </ul>	<ul style="list-style-type: none"> <li>Enter FEIN of parent corporation, if applicable</li> </ul>	<ul style="list-style-type: none"> <li><b>G.</b> Number of Oregon corporations</li> </ul>
---	---	---

**H.** List the tax years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire

**I.** List the tax years for which your federal taxable income was changed by an IRS audit or by an amended federal return filed during this tax year

<ul style="list-style-type: none"> <li><b>J.</b> If first return, <input type="checkbox"/> New business <input type="checkbox"/> Successor to previous business</li> <li>indicate:</li> <li>Name of previous business</li> <li>FEIN</li> </ul>	<ul style="list-style-type: none"> <li><b>K.</b> If final return, <input type="checkbox"/> Withdrawn <input type="checkbox"/> Dissolved <input type="checkbox"/> Merged or reorganized</li> <li>indicate:</li> <li>Name of merged or reorganized corporation</li> <li>FEIN</li> </ul>
--	---

<ul style="list-style-type: none"> <li><b>L.</b> <input type="checkbox"/> Utility or telecommunications companies (see instructions).</li> </ul>	<ul style="list-style-type: none"> <li><b>M.</b> <input type="checkbox"/> Interstate broadcaster (see instructions).</li> </ul>
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**N.** Fill in the amount of your total Oregon sales ..... **N.** 148,005.00

2017 Form OR-20

Page 2 of 3, 150-102-020 (Rev. 10-17) Oregon Department of Revenue



1. Taxable income from U.S. corporation income tax return (see instructions)	• 1.	0.00
2. Total additions from Schedule OR-ASC-CORP, Section A (see instructions)	• 2.	
3. Income after additions (line 1 plus line 2)	• 3.	
4. Total subtractions from Schedule OR-ASC-CORP, Section B (see instructions)	• 4.	
5. Income before net loss deduction (line 3 minus line 4). <b>If income is derived from sources both in Oregon and other states, carry amount from line 5 to Schedule OR-AP, part 2, line 1</b>	• 5.	
6. Net loss deduction if not apportioned (include schedule, enter as a positive number) <b>STMT 6.1</b>	• 6.	0.00
7. Net capital loss deduction if not apportioned (include schedule, enter as a positive number)	• 7.	
8. Enter the apportionment percentage from Schedule OR-AP, part 1, line 22; enter 100.0000 if you don't apportion income	• 8.	100.0000 %
<b>You must include Schedule OR-AP to apportion income.</b>		
9. Oregon taxable income (line 5 minus lines 6 and 7, or Schedule OR-AP, part 2, line 11)	• 9.	0.00

<b>Tax</b>	10. Calculated excise tax (see instructions)	• 10.	0.00
	11. Schedule OR-FCG-20 adjustment (include schedule)	• 11.	
	12. Total calculated excise tax (line 10 minus line 11)	• 12.	
	13. Minimum tax (see instructions)	• 13.	150.00
	14. Tax (greater of line 12 or line 13)	• 14.	150.00
	15. Tax adjustments (see instructions, include schedule)	• 15.	
	16. Tax before credits (line 14 plus line 15)	• 16.	150.00

<b>Credits</b>	17. Total standard credits from Schedule OR-ASC-CORP, Section C	• 17.	
	18. Tax after standard credits (line 16 minus line 17, not less than minimum tax)	• 18.	150.00
	19. Total carryforward credits from Schedule OR-ASC-CORP, Section D	• 19.	

<b>Excise tax</b>	20. Excise tax after standard and carryforward credits (line 18 minus line 19, not below minimum tax; see instructions)	• 20.	150.00
	21. LIFO benefit recapture subtraction (see instructions)	• 21.	
	22. Net excise tax (line 20 minus line 21)	• 22.	150.00
	23. 2017 Estimated tax payments, other prepayments, and refundable credits from Schedule ES line 8. Include payments made with extension	• 23.	150.00
	24. Withholding payments made on your behalf from pass-through entity or real estate income (include schedule)	• 24.	
	25. <b>Tax due.</b> Is line 22 more than line 23 plus line 24? If so, line 22 minus lines 23 and 24	• 25.	<b>Tax due</b>
	26. <b>Overpayment.</b> Is line 22 less than line 23 plus line 24? If so, line 23 plus line 24, minus line 22	• 26.	<b>Overpayment</b>
	27. Penalty due with this return	27.	
	28. Interest due with this return	28.	
	29. Interest on underpayment of estimated tax (include Form OR-37)	• 29.	
	30. Total penalty and interest (add lines 27 through 29)	30.	
	31. Total due (line 25 plus line 30)	<b>Total due</b> 31.	0.00
	32. <b>Refund</b> available (line 26 minus line 30)	<b>Refund</b> • 32.	
	33. Amount of refund to be credited to estimated tax	• 33.	
	34. Net refund (line 32 minus line 33)	<b>Net refund</b> 34.	



**2017 Form OR-20**

Page 3 of 3, 150-102-020 (Rev. 10-17) Oregon Department of Revenue



**Schedule ES - Estimated Tax Payments, Other Prepayments, and Refundable Credits**

1. <b>Quarter 1</b>	Name of payer			Amount paid .....	• 1.	
	• Payer's FEIN	Date paid				
2. <b>Quarter 2</b>	Name of payer			Amount paid .....	• 2.	
	• Payer's FEIN	Date paid				
3. <b>Quarter 3</b>	Name of payer			Amount paid .....	• 3.	
	• Payer's FEIN	Date paid				
4. <b>Quarter 4</b>	Name of payer			Amount paid .....	• 4.	
	• Payer's FEIN	Date paid				
5.	Overpayment of another year's tax applied as a credit against this year's tax .....				• 5.	
6.	Payments made with extension or other prepayments for this tax year and date paid <u>05/15/2018</u> .....				• 6.	150.00
7.	Total refundable credits from Schedule OR-ASC-CORP, Section E .....				• 7.	
8.	Total prepayments and refundable credits (carry to line 23 on previous page) .....				• 8.	150.00

Under penalty of false swearing, I declare that the information in this return and any enclosures are true, correct, and complete.			
<b>Sign here X</b>	Signature of officer	Signature of preparer other than taxpayer	• License number of preparer
		X	9963
	Date	Date	Phone
			(503) 227-0581
	Print name of officer	Print name of preparer	
		MCDONALD JACOBS, P.C.	
	Title of officer	Address of preparer	
	TREASURER	520 SW YAMHILL ST., STE 500	
		PORTLAND OR 97204	

<b>Mail refund returns and no tax due returns to:</b> Refund, PO Box 14777, Salem OR 97309-0960	<b>Mail tax-to-pay returns with payment and payment voucher to:</b> Oregon Department of Revenue, PO Box 14790, Salem OR 97309-0470
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**Include a complete copy of your federal Form 1120 and schedules  
Don't staple**

FORM OR-20

OREGON NET OPERATING LOSS DEDUCTION

STATEMENT 1

LOSS TAX YEAR ENDING	ORIGINAL LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	LOSS AVAILABLE THIS YEAR
12/31/14	140,094.	0.	140,094.	140,094.
TOTAL NET OPERATING LOSS AVAILABLE ON OR-20, LINE 6				140,094.

# REQUEST FOR EXTENSION OF TIME TO FILE\*

FORM EXT  
REV 7/30/2013

File & pay this form online at: [www.portlandoregon.gov/biztax](http://www.portlandoregon.gov/biztax)

## CITY OF PORTLAND BUSINESS LICENSE TAX & MULTNOMAH COUNTY BUSINESS INCOME TAX

111 SW COLUMBIA, SUITE 600, PORTLAND OR 97201  
FAX: 503-823-5192 ~ Office: 503-823-5157 ~ TDD:503-823-6868

Federal or state extensions will not be honored

ACCOUNT #	TAX ID # (FEIN or SSN) 27-0745672	TAX YEAR BEGINNING 01/01/2017	TAX YEAR ENDING 12/31/2017
BUSINESS NAME <b>THE VIBRANT VILLAGE FOUNDATION</b>			
BUSINESS LOCATION ADDRESS <input type="checkbox"/> Check if this is an address change 1737 NE ALBERTA ST.	CITY PORTLAND	STATE/PROV OR	ZIP CODE 97211

### PLEASE INDICATE THE AMOUNT TO BE APPLIED TO EACH PROGRAM

(You must include payment of the estimated tax due along with this extension request.)

MULTNOMAH COUNTY:	<input type="text" value="17."/>
PORTLAND:	<input type="text" value="17."/>
	+
TOTAL PAYMENT/CHECK AMOUNT (CALCULATED)	<input type="text" value="34."/>
CHECK #:	_____
(PAYABLE TO CITY OF PORTLAND)	_____

\*If you are unable to complete your tax forms prior to the due date, you may request a six-month extension of time to file (to Oct 15 for calendar years). The due date is the 15th day of the 4th month following the tax year end. To request an extension for time to file you must:

- Include payment of the estimated tax due along with this extension request.
- File this form to request an extension *by the due date* (April 15 for calendar years) in order to avoid delinquent account status and late filing penalties.

**FEDERAL OR STATE TAX EXTENSIONS WILL NOT BE HONORED. You must file this form directly with this Bureau to avoid penalty (even if you have overpaid).**

Penalty will be assessed for underpayment unless the extension payment is 90% of the current year tax or 100% of prior year tax. Interest is due on tax not paid by the original due date. If you have prepayments on each program that are sufficient to cover current taxes, no further payment is due.

If no longer in business, submit an OUT OF BUSINESS NOTIFICATION FORM available at [www.portlandoregon.gov/biztax](http://www.portlandoregon.gov/biztax).

File & pay this form online at: [www.portlandoregon.gov/biztax](http://www.portlandoregon.gov/biztax) or  
Mail completed form and payment to City of Portland, 111 SW Columbia St., Suite #600, Portland, OR 97201.

I declare that the information on this form is true and that I am authorized to act as a representative of the filer.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

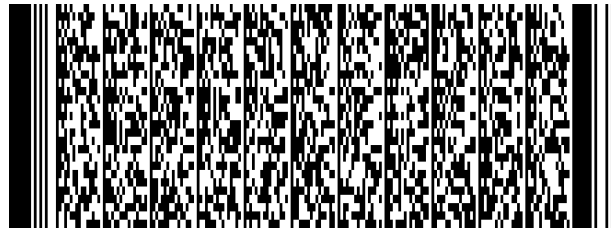
Signature: \_\_\_\_\_ Telephone: (503) 227-0581

**COMBINED TAX RETURN FOR CORPORATIONS**

**FORM C-2017**

Multnomah County  
Business Income Tax  
City of Portland  
Business License Tax

**DUE DATE: 15th day of 4th month after taxable year end**  
(Calendar Year Filers: 4/17/2018)



TAXABLE YEAR	
From: 01/01/17	to 12/31/17
ACCOUNT #	FEIN #
	27-0745672
	FEDERAL BUSINESS CODE
	721110

OFFICIAL USE ONLY

NAME  
**THE VIBRANT VILLAGE FOUNDATION**

MAILING ADDRESS (Notify the Revenue Division if business location address changes) **1737 NE ALBERTA ST. PORTLAND OR 97211** CITY, STATE/PROV, ZIP CODE

AMENDED RETURN?  MAILING ADDRESS CHANGE?  CEASED PORTLAND/MULTNOMAH BUSINESS? (attach explanation)

INCOME	ATTACH OREGON FORM 20, FEDERAL FORM 1120, & 1125-E, IF FILED		Multnomah County *		City of Portland *	
			1M	1P	2M	2P
1. Net Income or (Loss)						
2. Business Income Tax & Business License Tax Add Back					200.	200.
3. Compensation (# of controlling shareholders _____)						
4. Other additions or subtractions						
5. Adjusted Net Income (total lines 1, 2, 3 and 4)			200.	200.		
6. Compensation Allowance Deduction (see instructions) Enter as negative sum →						
7. Subject Net Income (line 5 minus line 6)			200.	200.		

<b>Multnomah County</b> Avg. Sum of Multnomah Employees in 2017: <u>5</u>						
8a. County Gross Income = <u>148,005.</u>	8c. <u>1.000000</u>					
8b. Total Gross Income* <u>148,005.</u> (must be 1.0 or less)						
<i>*If less than \$50,000, the taxpayer is exempt and should complete Form AER</i>						
9. County Apportioned Net Income (line 7M x line 8c)	9		200.			
10. Net Operating Loss Deduction (max 75% of line 9) ... Enter as negative sum →	10		( 150.)			
11. Income Subject to Tax (line 9 minus line 10)	11		50.			
12. Tax (line 11 x tax rate of 1.45%) <b>MINIMUM \$100</b>	12		100.			
13. Prepayments ... Enter as negative sum →	13		( 183.)			
14. Penalty	14					
15. Interest	15					
16. Balance Due or (Overpayment) - Allocate overpayment on line 17	16		<83.>			
17. REFUND: CREDIT: <u>83.</u> TRANSFER TO PORTLAND:						

STATEMENT 2

ATTACH CHECK HERE	<b>City of Portland</b> Avg. Sum of Portland Employees in 2017: <u>5</u>						
	18a. Portland Gross Income = <u>148,005.</u>	18c. <u>1.000000</u>					
	18b. Total Gross Income* <u>148,005.</u>						
	<i>*If less than \$50,000, the taxpayer is exempt and should complete Form AER</i>						
	19. Portland Apportioned Net Income (line 7P x line 18c)	19		200.			
	20. Net Operating Loss Deduction (max 75% of line 19) ... Enter as negative sum →	20		( 150.)			
	21. Income Subject to Tax (line 19 minus line 20) <b>STMT 3</b>	21		50.			
	22. Tax (line 21 x tax rate of 2.2%) <b>MINIMUM \$100</b>	22		100.			
	22a. Heavy Vehicle Use Tax (HVT) (amount from line 4 of HVT Schedule)	22a					
	22b. Pay Ratio Surtax - only applicable to publicly traded corporations (see PRS Schedule)	22b					
	23. Prepayments ... Enter as negative sum →	23		( 183.)			
	24. Penalty	24					
	25. Interest	25					
26. Balance Due or (Overpayment) - Allocate overpayment on line 27	26		<83.>				
27. REFUND: CREDIT: <u>83.</u> TRANSFER TO MULT CO: DONATE TO "WORK FOR ART":							

28. **COMBINED AMOUNT DUE WITH REPORT** (total lines 16 and 26) Check # 28 0.

**Make check payable to City of Portland, 111 SW Columbia St., Suite #600, Portland, OR 97201-5840.**  
The undersigned declares that the information given on this report is true. The undersigned is authorized to act as a representative of the filer. Filers of incomplete returns (including returns that have not reported the Average Sum of Employees) may be subject to civil penalties of up to \$500.

Signature of Filer \_\_\_\_\_ Date \_\_\_\_\_ Filer's Daytime Phone 5032064859  
Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_ Filer's Email \_\_\_\_\_  
**MCDONALD JACOBS, P.C.**  
Preparer's Name/Address PORTLAND, OR 97204 Preparer Phone (503) 227-0581  
**REVENUE DIVISION (503) 823-5157 FAX (503) 823-5192 TDD (503) 823-6868**

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MUL FORM C-2017            MULTNOMAH NET OPERATING LOSS DEDUCTION            STATEMENT 2

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LOSS TAX YEAR ENDING	ORIGINAL LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
12/31/14	140,094.	150.	139,944.
TOTAL FOR FORM C-2017, LINE 10			<u>139,944.</u>

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MUL FORM C-2017            PORTLAND NET OPERATING LOSS DEDUCTION            STATEMENT 3

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LOSS TAX YEAR ENDING	ORIGINAL LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
12/31/14	140,094.	150.	139,944.
TOTAL FOR FORM C-2017, LINE 20			<u>139,944.</u>

**2017 Form OR-20**

Page 1 of 3, 150-102-020 (Rev. 10-17) Oregon Department of Revenue



Office use only	

**Oregon Corporation Excise Tax Return**

*Submit original form - do not submit photocopy*

Fiscal year beginning  
 Fiscal year ending

Space for 2-D barcode - do not write in box below

**See instructions for checkboxes.**

- New name
- New address
- OR-FCG-20
- Extension
- Form OR-37
- REIT/RIC
- Amended
- Form OR-24
- IC-DISC
- Ag co-op
- Federal Form 8886
- Federal Form 5471
- Accounting period change
- Alternative apportionment

<ul style="list-style-type: none"> <li>Legal name <b>THE VIBRANT VILLAGE FOUNDATION</b></li> </ul>	<ul style="list-style-type: none"> <li>FEIN <b>27-0745672</b></li> </ul>
<ul style="list-style-type: none"> <li>DBA/ABN</li> </ul>	<ul style="list-style-type: none"> <li>Attn. or c/o</li> </ul>
<ul style="list-style-type: none"> <li>Current address <b>1737 NE ALBERTA ST.</b></li> </ul>	<ul style="list-style-type: none"> <li>City <b>PORTLAND</b></li> <li>State <b>OR</b></li> <li>ZIP code <b>97211</b></li> </ul>
<ul style="list-style-type: none"> <li>Contact name</li> </ul>	<ul style="list-style-type: none"> <li>Contact phone <b>(503) 206-4859</b></li> </ul>
<ul style="list-style-type: none"> <li>Web</li> </ul>	

**Complete questions A through D only if this is your first return or the answer changed during this tax year.**

<ul style="list-style-type: none"> <li><b>A.</b> Incorporated in (state)</li> </ul>	<ul style="list-style-type: none"> <li>Incorporated on (date)</li> </ul>	<ul style="list-style-type: none"> <li><b>B.</b> State of commercial domicile</li> </ul>	<ul style="list-style-type: none"> <li><b>C.</b> Date business activity began in Oregon</li> </ul>	<ul style="list-style-type: none"> <li><b>D.</b> Business activity code</li> </ul>
<ul style="list-style-type: none"> <li><b>E.</b> <input type="checkbox"/> (1) Consolidated federal return.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> (2) Consolidated Oregon return.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> (3) Corporations included in consolidated federal return, but not in Oregon return.</li> </ul>		
<ul style="list-style-type: none"> <li><b>F.</b> Enter name of parent corporation, if applicable</li> </ul>		<ul style="list-style-type: none"> <li>Enter FEIN of parent corporation, if applicable</li> </ul>		<ul style="list-style-type: none"> <li><b>G.</b> Number of Oregon corporations</li> </ul>
<ul style="list-style-type: none"> <li><b>H.</b> List the tax years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire</li> </ul>				
<ul style="list-style-type: none"> <li><b>I.</b> List the tax years for which your federal taxable income was changed by an IRS audit or by an amended federal return filed during this tax year</li> </ul>				
<ul style="list-style-type: none"> <li><b>J.</b> If first return, <input type="checkbox"/> New business <input type="checkbox"/> Successor to previous business</li> <li>Name of previous business</li> <li>FEIN</li> </ul>		<ul style="list-style-type: none"> <li><b>K.</b> If final return, <input type="checkbox"/> Withdrawn <input type="checkbox"/> Dissolved <input type="checkbox"/> Merged or reorganized</li> <li>Name of merged or reorganized corporation</li> <li>FEIN</li> </ul>		
<ul style="list-style-type: none"> <li><b>L.</b> <input type="checkbox"/> Utility or telecommunications companies (see instructions).</li> </ul>		<ul style="list-style-type: none"> <li><b>M.</b> <input type="checkbox"/> Interstate broadcaster (see instructions).</li> </ul>		

**N.** Fill in the amount of your total Oregon sales ..... **N.** 148,005.00

2017 Form OR-20

Page 2 of 3, 150-102-020 (Rev. 10-17) Oregon Department of Revenue



1. Taxable income from U.S. corporation income tax return (see instructions)	• 1.	0.00
2. Total additions from Schedule OR-ASC-CORP, Section A (see instructions)	• 2.	
3. Income after additions (line 1 plus line 2)	• 3.	
4. Total subtractions from Schedule OR-ASC-CORP, Section B (see instructions)	• 4.	
5. Income before net loss deduction (line 3 minus line 4). <b>If income is derived from sources both in Oregon and other states, carry amount from line 5 to Schedule OR-AP, part 2, line 1</b>	• 5.	
6. Net loss deduction if not apportioned (include schedule, enter as a positive number) <b>STMT 6.4</b>	• 6.	0.00
7. Net capital loss deduction if not apportioned (include schedule, enter as a positive number)	• 7.	
8. Enter the apportionment percentage from Schedule OR-AP, part 1, line 22; enter 100.0000 if you don't apportion income	• 8.	100.0000 %
<b>You must include Schedule OR-AP to apportion income.</b>		
9. Oregon taxable income (line 5 minus lines 6 and 7, or Schedule OR-AP, part 2, line 11)	• 9.	0.00

<b>Tax</b>	10. Calculated excise tax (see instructions)	• 10.	0.00
	11. Schedule OR-FCG-20 adjustment (include schedule)	• 11.	
	12. Total calculated excise tax (line 10 minus line 11)	• 12.	
	13. Minimum tax (see instructions)	• 13.	150.00
	14. Tax (greater of line 12 or line 13)	• 14.	150.00
	15. Tax adjustments (see instructions, include schedule)	• 15.	
	16. Tax before credits (line 14 plus line 15)	• 16.	150.00

<b>Credits</b>	17. Total standard credits from Schedule OR-ASC-CORP, Section C	• 17.	
	18. Tax after standard credits (line 16 minus line 17, not less than minimum tax)	• 18.	150.00
	19. Total carryforward credits from Schedule OR-ASC-CORP, Section D	• 19.	

<b>Excise tax</b>	20. Excise tax after standard and carryforward credits (line 18 minus line 19, not below minimum tax; see instructions)	• 20.	150.00
	21. LIFO benefit recapture subtraction (see instructions)	• 21.	
	22. Net excise tax (line 20 minus line 21)	• 22.	150.00
	23. 2017 Estimated tax payments, other prepayments, and refundable credits from Schedule ES line 8. Include payments made with extension	• 23.	150.00
	24. Withholding payments made on your behalf from pass-through entity or real estate income (include schedule)	• 24.	
	25. <b>Tax due.</b> Is line 22 more than line 23 plus line 24? If so, line 22 minus lines 23 and 24	• 25.	<b>Tax due</b>
	26. <b>Overpayment.</b> Is line 22 less than line 23 plus line 24? If so, line 23 plus line 24, minus line 22	• 26.	<b>Overpayment</b>
	27. Penalty due with this return	27.	
	28. Interest due with this return	28.	
	29. Interest on underpayment of estimated tax (include Form OR-37)	• 29.	
	30. Total penalty and interest (add lines 27 through 29)	30.	
	31. Total due (line 25 plus line 30)	<b>Total due</b> 31.	0.00
	32. <b>Refund</b> available (line 26 minus line 30)	<b>Refund</b> • 32.	
	33. Amount of refund to be credited to estimated tax	• 33.	
	34. Net refund (line 32 minus line 33)	<b>Net refund</b> 34.	

**2017 Form OR-20**

Page 3 of 3, 150-102-020 (Rev. 10-17) Oregon Department of Revenue



**Schedule ES - Estimated Tax Payments, Other Prepayments, and Refundable Credits**

1. <b>Quarter 1</b>	Name of payer			Amount paid .....	• 1.	
	• Payer's FEIN	Date paid				
2. <b>Quarter 2</b>	Name of payer			Amount paid .....	• 2.	
	• Payer's FEIN	Date paid				
3. <b>Quarter 3</b>	Name of payer			Amount paid .....	• 3.	
	• Payer's FEIN	Date paid				
4. <b>Quarter 4</b>	Name of payer			Amount paid .....	• 4.	
	• Payer's FEIN	Date paid				
5.	Overpayment of another year's tax applied as a credit against this year's tax .....				• 5.	
6.	Payments made with extension or other prepayments for this tax year and date paid <u>05/15/2018</u> .....				• 6.	150.00
7.	Total refundable credits from Schedule OR-ASC-CORP, Section E .....				• 7.	
8.	Total prepayments and refundable credits (carry to line 23 on previous page) .....				• 8.	150.00

Under penalty of false swearing, I declare that the information in this return and any enclosures are true, correct, and complete.			
<b>Sign here X</b>	Signature of officer	Signature of preparer other than taxpayer	• License number of preparer
		X	9963
	Date	Date	Phone
			(503) 227-0581
	Print name of officer	Print name of preparer	
		MCDONALD JACOBS, P.C.	
	Title of officer	Address of preparer	
	TREASURER	520 SW YAMHILL ST., STE 500	
		PORTLAND OR 97204	

<b>Mail refund returns and no tax due returns to:</b> Refund, PO Box 14777, Salem OR 97309-0960	<b>Mail tax-to-pay returns with payment and payment voucher to:</b> Oregon Department of Revenue, PO Box 14790, Salem OR 97309-0470
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**Include a complete copy of your federal Form 1120 and schedules  
Don't staple**



FORM OR-20

OREGON NET OPERATING LOSS DEDUCTION

STATEMENT 4

<u>LOSS TAX YEAR ENDING</u>	<u>ORIGINAL LOSS SUSTAINED</u>	<u>LOSS PREVIOUSLY APPLIED</u>	<u>LOSS REMAINING</u>	<u>LOSS AVAILABLE THIS YEAR</u>
12/31/14	140,094.	0.	140,094.	140,094.
TOTAL NET OPERATING LOSS AVAILABLE ON OR-20, LINE 6				<u>140,094.</u>

<p>Form <b>CT-12</b>  <b>For Oregon Charities</b>  For Accounting Periods Beginning in:  <b>2017</b></p>	<p><b>Charitable Activities Section</b>  <b>Oregon Department of Justice</b></p> <p>100 SW Market Street  Portland, OR 97201-5702  Email: charitable.activities@doj.state.or.us  Website: http://www.doj.state.or.us</p> <p>VOICE (971) 673-1880  FAX (971) 673-1882</p>	<p><b>You can now file reports and pay by credit card using our online form at</b>  <a href="https://justice.oregon.gov/paymentportal/Account/Login">https://justice.oregon.gov/paymentportal/Account/Login</a></p>
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**Section I. General Information**

<p>1. #43753</p> <p>THE VIBRANT VILLAGE FOUNDATION</p> <p>1737 NE ALBERTA STREET., #207</p> <p>PORTLAND, OR 97211</p> <p>503-227-0581</p> <p>SANG@MCDONALDJACOBS.COM  01/01/2017 - 12/31/2017</p>	<p><b>Cross Through Incorrect Items and Correct Here:</b>  (See instructions for change of name or accounting period.)</p> <p>Registration #:</p> <p>Organization Name:</p> <p>Address:</p> <p>City, State, Zip:</p> <p>Phone: _____ Fax: _____  Email: _____  Period Beginning: / / Period Ending: / /</p> <p style="text-align: right;">Amended Report? <input type="checkbox"/></p>
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2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements.  Yes  No
3. Is the organization a party to a contract involving person-to-person, advertising, vending machine or telephone fund-raising in Oregon?  
If yes, write the name of the fund-raising firm(s) who conducts the campaign(s): \_\_\_\_\_  Yes  No
4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency, such as a state attorney general, secretary of state, or local district attorney, or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions.  Yes  No
5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter.  Yes  No
6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.)  Yes  No
7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
SANG AHN	TREASURER	(503) 227-0581	520 SW YAMHILL ST., #500, PORTLAND, OR 97204 SANG@MCDONALDJACOBS.COM

8. List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing that section. **(Oregon law requires a minimum of three directors for nonprofit corporations.)**

(A) Name, mailing address, daytime phone number and email address	(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)
Name: SEE ATTACHED IRS FORM 990PF Address: _____ Phone: (____) _____ Email: _____		
Name: _____ Address: _____ Phone: (____) _____ Email: _____		
Name: _____ Address: _____ Phone: (____) _____ Email: _____		

## Section II. Fee Calculation

<p>9. Total Revenue.....  <small>(From Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; Line 9 on Form 1041; or see the CT-12 instructions if no federal tax return was prepared or a Form 990-N was filed. <b>Attach explanation if Total Revenue is \$0.</b>)</small></p>	9.	\$9,687,879.00																	
<p>10. Revenue Fee.....  <small>(See chart below. Minimum fee is \$20, even if total revenue is a negative amount.)</small></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Amount on Line 9</th> <th style="text-align: left;">Revenue Fee</th> </tr> </thead> <tbody> <tr><td>\$0 - \$24,999</td><td>\$20</td></tr> <tr><td>\$25,000 - \$49,999</td><td>\$50</td></tr> <tr><td>\$50,000 - \$99,999</td><td>\$90</td></tr> <tr><td>\$100,000 - \$249,999</td><td>\$150</td></tr> <tr><td>\$250,000 - \$499,999</td><td>\$200</td></tr> <tr><td>\$500,000 - \$999,999</td><td>\$300</td></tr> <tr><td>\$1,000,000 or more</td><td>\$400</td></tr> </tbody> </table>	Amount on Line 9	Revenue Fee	\$0 - \$24,999	\$20	\$25,000 - \$49,999	\$50	\$50,000 - \$99,999	\$90	\$100,000 - \$249,999	\$150	\$250,000 - \$499,999	\$200	\$500,000 - \$999,999	\$300	\$1,000,000 or more	\$400	10.	\$400.00	
Amount on Line 9	Revenue Fee																		
\$0 - \$24,999	\$20																		
\$25,000 - \$49,999	\$50																		
\$50,000 - \$99,999	\$90																		
\$100,000 - \$249,999	\$150																		
\$250,000 - \$499,999	\$200																		
\$500,000 - \$999,999	\$300																		
\$1,000,000 or more	\$400																		
<p>11. Net Assets or Fund Balances at End of the Reporting Period.....  <small>(From Line 22 (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, Line 6 on Form 990-PF; or see the CT-12 instructions to calculate.)</small></p>	11.	\$83,085,663.00																	
<p>12. Net Fixed Assets Used to Conduct Charitable Activities.....  <small>(Generally, from Part X, Line 10c on Form 990, Line 23B on Form 990-EZ or Part II, Line 14b on Form 990-PF; or see the CT-12 instructions to calculate. See the CT-12 instructions if organization owns income-producing assets.)</small></p>	12.	\$42,898.00																	
<p>13. Amount Subject to Net Assets or Fund Balances Fee.....  <small>(Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)</small></p>	13.	\$83,042,765.00																	
<p>14. Net Assets or Fund Balances Fee.....  <small>(Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. <b>Not to exceed \$2,000.</b> Round cents to the nearest whole dollar.)</small></p>	14.	\$2,000.00																	
<p>15. Are you filing this report late? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No.....  <small>(If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)</small></p>	15.	\$0.00																	
<p>16. Total Amount Due.....  <small>(Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)</small></p>	16.	\$2,400.00																	

17. Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS, except that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$50,000 or more, or Net Assets or Fund Balances of \$100,000 or more, see the instructions as the organization may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy or confirmation of its filing.

**Please Sign Here**

Under penalties of perjury, I declare that I am an officer/director of the organization. I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.



Signature of officer	Date	TREASURER Title
SANG AHN Officer's name (printed)	520 SW YAMHILL ST., #500, PORTLAND, OR 97204 Address	(503) 227-0581 Phone

**Paid Preparer's Use Only**



Preparer's signature	Date	(503) 227-0581 Phone
SANG AHN Preparer's name (printed)	520 SW YAMHILL ST., #500, PORTLAND, OR 97204 Address	

## Request a Filing Extension for Annual Reports

### Confirmation of Extension Request

Please print and retain a copy of the "Confirmation of Extension Request" for your records. A printout of the confirmation serves as proof that your request was submitted on time in the event questions arise about the date your extension request was filed. You will not receive a subsequent email confirming receipt of your extension request.

<b>Organization:</b>	Vibrant Village Foundation, The
<b>Registration Number:</b>	
<b>New Due Date Requested:</b>	Thursday, November 15, 2018
<b>Requestor Name:</b>	Sang Ahn
<b>Requestor Email:</b>	sang@mcdonaldjacobs.com
<b>Relationship to Organization:</b>	CPA
<b>Day Time Phone:</b>	503-227-0581
<b>Timestamp:</b>	Monday, May 14, 2018 6:02 PM

[Return to Request For Extension form](#)



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