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**Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation**

**2002**

Department of the Treasury  
Internal Revenue Service

*Note The organization may be able to use a copy of this return to satisfy state reporting requirements*

For calendar year 2002, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_  
**G** Check all that apply:  Initial return  Final return  Amended return  Address change  Name change

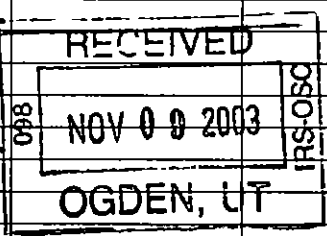
**Use the IRS label** Name of organization: **TARBELL FAMILY FOUNDATION**  
**Otherwise, print or type** Number and street (or P O box number if mail is not delivered to street address) Room/suite: **220 NW SECOND AVENUE 1000**  
**See Specific Instructions** City or town, state, and ZIP code: **PORTLAND, OR 97209-3971**

**A** Employer identification number: **93-1104762**  
**B** Telephone number: **(503) 227-0519**

**H** Check type of organization:  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

**I** Fair market value of all assets at end of year (from Part II, col (c), line 16): **\$ 704,504.** (Part I, column (d) must be on cash basis)  
**J** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received Check <input type="checkbox"/> if the foundation is not required to attach Sch. B	40,000.		N/A	
	<b>2</b> Distributions from split-interest trusts				
	<b>3</b> Interest on savings and temporary cash investments	645.	645.		STATEMENT 1
	<b>4</b> Dividends and interest from securities	5,593.	5,593.		STATEMENT 2
	<b>5a</b> Gross rents	9,078.	9,078.		STATEMENT 3
	<b>b</b> (Net rental income or (loss)) <b>7,490.</b>				STATEMENT 4
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	3.			
	<b>b</b> Gross sales price for all assets on line 6a <b>3.</b>				
	<b>7</b> Capital gain net income (from Part IV, line 2)		3.		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss)					
<b>11</b> Other income					
<b>12</b> Total Add lines 1 through 11	55,319.	15,319.			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	0.	0.		0.
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees				
	<b>b</b> Accounting fees <b>STMT 5</b>	2,780.	2,502.		0.
	<b>c</b> Other professional fees				
	<b>17</b> Interest				
	<b>18</b> Taxes <b>STMT 6</b>	2,047.	1,766.		0.
	<b>19</b> Depreciation and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
<b>22</b> Printing and publications					
<b>23</b> Other expenses <b>STMT 7</b>	328.	164.		0.	
<b>24</b> Total operating and administrative expenses Add lines 13 through 23	5,155.	4,432.		0.	
<b>25</b> Contributions, gifts, grants paid	37,000.			37,000.	
<b>26</b> Total expenses and disbursements Add lines 24 and 25	42,155.	4,432.		37,000.	
<b>27</b> Subtract line 26 from line 12					
<b>a</b> Excess of revenue over expenses and disbursements	13,164.				
<b>b</b> Net investment income (if negative enter 0-)		10,887.			
<b>c</b> Adjusted net income (if negative, enter 0-)			N/A		



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Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	163,363.	176,935.	176,753.
	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 8	692,916.	692,508.	352,751.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment basis ▶ 175,000. Less: accumulated depreciation ▶	175,000.	175,000.	175,000.
	12 Investments - mortgage loans			
	13 Investments - other			
14 Land, buildings, and equipment basis ▶ Less: accumulated depreciation ▶				
15 Other assets (describe ▶ )				
16 Total assets (to be completed by all filers)	1,031,279.	1,044,443.	704,504.	
Liabilities	17 Accounts payable and accrued expenses			
	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 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Organizations 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			
	Organizations 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	1,031,279.	1,044,443.	
30 Total net assets or fund balances	1,031,279.	1,044,443.		
31 Total liabilities and net assets/fund balances	1,031,279.	1,044,443.		

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	1,031,279.
2 Enter amount from Part I, line 27a	2	13,164.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2 and 3	4	1,044,443.
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	1,044,443.

**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	AGERE SYSTEMS, INC. - CASH-IN-LIEU	P	VARIOUS	05/31/02
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	3.		3.	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(j) FMV as of 12/31/69	(k) Adjusted basis as of 12/31/69	(l) Excess of col (i) over col (j), if any		
a			3.	
b				
c				
d				
e				
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	3.	
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 organization liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No

If "Yes," the organization does not qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2001	15,000.	774,480.	.0193678
2000	54,000.	1,155,285.	.0467417
1999	60,000.	1,067,136.	.0562253
1998	19,500.	433,436.	.0449893
1997	14,000.	271,879.	.0514935
2	Total of line 1, column (d)	2	.2188176
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.0437635
4	Enter the net value of noncharitable-use assets for 2002 from Part X, line 5	4	720,246.
5	Multiply line 4 by line 3	5	31,520.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	109.
7	Add lines 5 and 6	7	31,629.
8	Enter qualifying distributions from Part XII, line 4 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	8	37,000.

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. Line 1: 109. Line 2: 0. Line 3: 109. Line 4: 0. Line 5: 109. Line 7: 0. Line 9: 109. Line 11: Refunded.

Part VII-A Statements Regarding Activities

Table with 11 rows for activity statements. Columns: Question, Yes, No. Row 1a: X. Row 1b: X. Row 1c: X. Row 2: X. Row 3: X. Row 4a: X. Row 4b: N/A. Row 5: X. Row 6: X. Row 7: X. Row 8a: OREGON. Row 8b: X. Row 9: X. Row 10: STMT 10. Row 11: X. Row 12: N/A. Row 13: N/A.

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies

	Yes	No
<b>1a</b> During the year did the organization (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception Check "No" if the organization agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 19 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	1b
<b>c</b> Did the organization engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2002?		1c X
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the organization was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
<b>a</b> At the end of tax year 2002, did the organization have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2002? If "Yes," list the years	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b> Are there any years listed in 2a for which the organization is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions)	N/A	2b
<b>c</b> If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		
<b>3a</b> Did the organization hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b> If "Yes," did it have excess business holdings in 2002 as a result of (1) any purchase by the organization or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the organization had excess business holdings in 2002)	N/A	3b
<b>4a</b> Did the organization invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a X
<b>b</b> Did the organization make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2002?		4b X
<b>5a</b> During the year did the organization pay or incur any amount to		
(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 509(a)(1), (2), or (3), or section 4940(d)(2)?	<input type="checkbox"/> Yes <input checked="" 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)? Organizations relying on a current notice regarding disaster assistance check here	N/A	5b
<b>c</b> If the answer is "Yes" to question 5a(4), does the organization claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d)	N/A	
<b>6a</b> Did the organization, 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 organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If you answered "Yes" to 6b, also file Form 8870		6b X

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

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

(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 13		0.	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
NONE				

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

**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
NONE		

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 N/A	
2	
3	
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 N/A	
2	
All other program-related investments See instructions	
3	
<b>Total</b> Add lines 1 through 3	<b>0.</b>

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

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	469,089.
b Average of monthly cash balances	1b	87,125.
c Fair market value of all other assets	1c	175,000.
d Total (add lines 1a, b, and c)	1d	731,214.
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	731,214.
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	10,968.
5 Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4	5	720,246.
6 Minimum investment return Enter 5% of line 5	6	36,012.

**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	36,012.
2a Tax on investment income for 2002 from Part VI, line 5	2a	109.	
b Income tax for 2002 (This does not include the tax from Part VI)	2b		
c Add lines 2a and 2b	2c	109.	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	35,903.	
4a Recoveries of amounts treated as qualifying distributions	4a	0.	
b Income distributions from section 4947(a)(2) trusts	4b	0.	
c Add lines 4a and 4b	4c	0.	
5 Add lines 3 and 4c	5	35,903.	
6 Deduction from distributable amount (see instructions)	6	0.	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	35,903.	

**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	37,000.
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 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	37,000.
5 Organizations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b	5	109.
6 Adjusted qualifying distributions Subtract line 5 from line 4	6	36,891.

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 2001	(c) 2001	(d) 2002
1 Distributable amount for 2002 from Part XI, line 7				35,903.
2 Undistributed income, if any, as of the end of 2001				
a Enter amount for 2001 only			0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2002				
a From 1997	690.			
b From 1998				
c From 1999	7,055.			
d From 2000				
e From 2001				
f Total of lines 3a through e	7,745.			
4 Qualifying distributions for 2002 from Part XII, line 4 ▶ \$	37,000.			
a Applied to 2001, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2002 distributable amount				35,903.
e Remaining amount distributed out of corpus	1,097.			
5 Excess distributions carryover applied to 2002 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below	8,842.			
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount - see instructions		0.		
e Undistributed income for 2001 Subtract line 4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2002 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2003				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(E) or 4942(g)(3)	0.			
8 Excess distributions carryover from 1997 not applied on line 5 or line 7	690.			
9 Excess distributions carryover to 2003 Subtract lines 7 and 8 from line 6a	8,152.			
10 Analysis of line 9				
a Excess from 1998				
b Excess from 1999	7,055.			
c Excess from 2000				
d Excess from 2001				
e Excess from 2002	1,097.			

**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 2002, enter the date of the ruling ▶

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

	Tax year		Prior 3 years		(e) Total
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities					
3 Subtract line 2d from line 2c					
Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - Enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

**Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year-see page 25 of the instructions.)**

**1 Information Regarding Foundation Managers**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

NONE

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

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

HARRY TARBELL III, TARBELL FAMILY FOUNDATION, C/O MAGINNIS & CAREY LLP, 220 NW SECOND AVE, STE 1000, PORTLAND, OREGON 97209-3971

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

LETTER FORM, DETAIL DESCRIPTION OF CHARITABLE PURPOSES

c Any submission deadlines

NONE

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

NONE

**Part XV** Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
SEE STATEMENT 14				
<b>Total</b>			▶ 3a	37,000.
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>			▶ 3b	0.





**Schedule B**  
(Form 990, 990-EZ, or  
990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No 1545-0047

**2002**

Name of organization

TARBELL FAMILY FOUNDATION

Employer identification number

93-1104762

Organization type (check one)

Filters 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 box(es) for both the General Rule and a Special Rule-see instructions )

**General Rule-**

For organizations filing Form 990, 990 EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to 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 Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year ) ▶ \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not 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 and Form 990-EZ

Schedule B (Form 990, 990-EZ, or 990-PF) (2002)

Name of organization <b>TARBELL FAMILY FOUNDATION</b>	Employer identification number <b>93-1104762</b>
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**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	HARRY TARBELL 2039 ESSEX MINE CT. GOLD RIVER, CA 95670	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

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

SOURCE	AMOUNT
CHARLES SCHWAB	645.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	645.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
CHARLES SCHWAB	5,593.	0.	5,593.
TOTAL TO FM 990-PF, PART I, LN 4	5,593.	0.	5,593.

FORM 990-PF RENTAL INCOME STATEMENT 3

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
LAND - RIDGEFIELD, WA	1	9,078.
TOTAL TO FORM 990-PF, PART I, LINE 5A		9,078.

FORM 990-PF RENTAL EXPENSES STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
REAL PROPERTY TAXES		1,588.	
- SUBTOTAL -	1		1,588.
TOTAL RENTAL EXPENSES			1,588.
NET RENTAL INCOME TO FORM 990-PF, PART I, LINE 5B			7,490.



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	2,780.	2,502.		0.
TO FORM 990-PF, PG 1, LN 16B	2,780.	2,502.		0.

FORM 990-PF	TAXES			STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CT-12	178.	178.		0.
FEDERAL TAX	281.	0.		0.
REAL PROPERTY TAXES	1,588.	1,588.		0.
TO FORM 990-PF, PG 1, LN 18	2,047.	1,766.		0.

FORM 990-PF	OTHER EXPENSES			STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MISCELLANEOUS EXPENSES	328.	164.		0.
TO FORM 990-PF, PG 1, LN 23	328.	164.		0.

FORM 990-PF	CORPORATE STOCK		STATEMENT 8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE	
STOCK & STOCK FUNDS (SEE SCHWAB STMT. FOR LIST AT FMV)	692,508.	352,751.	
TOTAL TO FORM 990-PF, PART II, LINE 10B	692,508.	352,751.	



FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
HARRY TARBELL 2039 ESSEX MINE CT, GOLD RIVER CA 95670 PHONE (916) 853-9509	TRUSTEE 1	0.	0.	0.
BEVERLY TARBELL 952 BEL MARIN KEYS BLVD, NOVATO, CA 94949 PHONE (415) 383-3078	TRUSTEE 1	0.	0.	0.
HANK TARBELL 19 HEATHER LANE, ORINDA, CA 94563 PHONE (510) 254-5270	TRUSTEE 1	0.	0.	0.
PATTY LEISER 101 SAN JOSE CT, VACAVILLE, CA 95688 PHONE (707) 449-8545	TRUSTEE 1	0.	0.	0.
GARY LEISER 101 SAN JOSE CT, VACAVILLE, CA 95688 PHONE (707) 449-8545	TRUSTEE 1	0.	0.	0.
JIM TARBELL P.O. BOX 90, MENDOCINO, CA 95460 PHONE (707) 964-8465	TRUSTEE 1	0.	0.	0.
JUDY TARBELL P.O. BOX 90, MENDOCINO, CA 95460 PHONE (707) 964-8465	TRUSTEE 1	0.	0.	0.
PETER BUFFINGTON 124 E BLYTHEDALE AVE, MILL VALLEY, CA 94941 PHONE (415) 398-7575	TRUSTEE 1	0.	0.	0.
DARCY TARBELL 19 HEATHER LANE, ORINDA, CA 94563 PHONE (510) 254-5270	TRUSTEE 1	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF

GRANTS AND CONTRIBUTIONS  
PAID DURING THE YEAR

STATEMENT 14

RECIPIENT NAME AND ADDRESS	RECIPIENT STATUS	PURPOSE OF GRANT	RECIPIENT RELATIONSHIP	AMOUNT
CASPER COMMUNITY, P.O. BOX 84, CASPER, CA 95420	PUBLIC CHARITY	ENVIROMENTAL	UNRELATED	5,000.
FEED THE HUNGRY, 521 LOGAN AVENUE PMB 141-A, LAREDO, TX 78040-6633	PUBLIC CHARITY	FOOD & HOUSING ASSISTANCE	UNRELATED	1,500.
FRIENDS OF THE ORINDA LIBRARY, P.O. BOX 152, ORINDA, CA 94563	PUBLIC CHARITY	EDUCATIONAL	UNRELATED	1,000.
HORICON SCHOOL DISTRICT, 35555 ANNAPOLIS ROAD, ANNAPOLIS, CA 95412	PUBLIC CHARITY	EDUCATIONAL	UNRELATED	5,000.
IMAGINE BUS PROJECT, PMB 947, 1001, BRIDGEWAY, SAUSALITO, CA 94965	PUBLIC CHARITY	EDUCATIONAL	UNRELATED	3,000.
KIDDO - MILL VALLEY SCHOOLS CF, 409 SYCAMORE AVENUE, MILL VALLEY, CA 94941	PUBLIC CHARITY	EDUCATIONAL	UNRELATED	2,500.
STONLEIGH BURNHAM SCHOOL, 574 BERNARDSTON ROAD, GREENFIELD, MA 01301	PUBLIC CHARITY	EDUCATIONAL	UNRELATED	1,000.
UNIVERSITY OF OREGON FOUNDATION, PO BOX 3346, EUGENE, OR 97403	PUBLIC CHARITY	EDUCATIONAL	UNRELATED	5,000.
AM. RES INST. IT, ARIT, U OF PENN MUSEUM, 33RD & SPRUCE ST, PHIL, PA 19104	PUBLIC CHARITY	EDUCATIONAL	UNRELATED	2,000.
GLOBAL GREEN GRANTS FUND, 2840 WILDERNESS PL, SUITE E, BOULDER, CO 80301	PUBLIC CHARITY	EDUCATIONAL	UNRELATED	2,750.
MENDOCINO COUNTY PUBLIC BROADCASTING, PO BOX 1, PHILO, CA 95466	PUBLIC CHARITY	EDUCATIONAL	UNRELATED	1,000.
FINE ARTS MUSEUM OF SF, 233 POST ST, 5TH FL, SF, CA 94118	PUBLIC CHARITY	EDUCATIONAL	UNRELATED	1,000.

FRIENDS OF BILKENT UNIVERSITY, 600 MADISON AVE, 23RD FL, NEW YORK, NY	PUBLIC CHARITY	EDUCATIONAL	UNRELATED	5,000.
URBANA-CHAMPAIGN IMC, 218 W MAIN ST, SUITE 110, URBANA, IL 61801	PUBLIC CHARITY	EDUCATIONAL	UNRELATED	1,250.
TOTAL TO FORM 990-PF, PART XV, LINE 3A				<u>37,000.</u>

Schwab One® Trust Account  
 Account Number: 8706-5638

Statement Period: December 1, 2002 to December 31, 2002  
 Last Statement: November 30, 2002

SCHWAB signature platinum™

Visit our website at: schwab.com  
 Questions? Call 1-800-435-9050

Account Opened in 1995  
 Page 1

31/12-CNCR2412 001351 SML 972090000003 891421  
 MR JEFFREY BRUCE, CPA  
 MAGINNIS & CAREY, LLP  
 220 N W 2ND AVE,  
 SUITE 1000  
 PORTLAND, OR 97209



001351

**Account Of**

H TARBELL & H TARBELL III & J  
 TARBELL TTEE  
 TARBELL FAMILY FOUNDATION  
 U/A DTD 01/01/1993  
 19 HEATHER LN  
 ORINDA CA 94563-3500

**Account Value Summary**

Cash & Sweep Money Market Funds \$ 112,924 60  
 Investments \$ 433,091 91

**Total Account Value \$ 546,016 51**

**Change in Value Summary**

Change in Value Since November 30, 2002 \$ (32,561 65)  
 Change in Value Since January 1, 2002 \$ (110,267 42)

**Investment Detail**

Description	Symbol	Quantity		Price	Market Value
		Long	Short		
CASH					
<b>Investments</b>					
A T & T CORP NEW ODDLOT TENDER OFFER EXP 01/22/03	T	400	L	26 1100	10,444 00
A T & T WIRELESS SVCS	AWE	643	L	5 6500	3,632 95
AGERE SYSTEMS INC CL A CLASS A	AGRA	32	L	1 4400	46 08
AGERE SYSTEMS INC CL B CLASS B	AGRB	793	L	1 4000	1,110 20
AVAYA INC	AV	250	L	2 4500	612 50
CISCO SYSTEMS INC	CSCO	4,000	L	13 1000	52,400 00
COMCAST CORP NEW CL A	CMCSA	647	L	23 5700	15,249 79
HIGH INCOME OPPTY FD INC	HIO	5,000	L	6 2700	31,350 00
INDIA FUND INC	IFN	2,000	L	10 5900	21,180 00
LUCENT TECHNOLOGIES INC	LU	3,000	L	1 2600	3,780 00
MICROSOFT CORP	MSFT	3,000	L	51 7000	155,100 00

Please see "Footnotes for Your Account" section for an explanation of the footnote codes and symbols on this statement



\*0000013510102D\*

Schwab One® Trust Account  
 Account Number: 8706-5638

Statement Period: December 1, 2002 to December 31, 2002

Page 1

**Investment Detail (continued)**

<i>Description</i>	<i>Symbol</i>	<i>Quantity</i>		<i>Price</i>	<i>Market Value</i>
		<i>Long</i>	<i>Short</i>		
<b>Investments (continued)</b>					
MOTOROLA INCORPORATED	MOT	600	L	\$ 8 6500	\$ 5,190 00
NORTEL NETWORKS CP NEW F HOLDING COMPANY	NT	200	L	1 6100	322 00
SCHERING PLOUGH CORP	SGP	1,000	L	22 2000	22,200 00
ALLIANCE WORLDWIDE PRIVATIZATION FD CL A	AWP1Z	2,735 4090	L	7 5400	20,624 98
FIRSTHAND TECHNOLOGY VALUE FUND	TVFQX	525 6440	L	18 0900	9,508 90
<b>Total</b>					<b>352,751</b>

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Form fields for Name of Exempt Organization (TARBELL FAMILY FOUNDATION), Employer identification number (93-1104762), and address (220 NW SECOND AVENUE, NO. 1000, PORTLAND, OR 97209-3971).

Check type of return to be filed (File a separate application for each return) with checkboxes for various forms like Form 990, Form 990-EZ, Form 990-T, etc.

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

• 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

4 I request an additional 3-month extension of time until NOVEMBER 17, 2003
5 For calendar year 2002, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_
6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period
7 State in detail why you need the extension: ADDITIONAL TIME IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ 0.
b If this application is for Form 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 and any amount paid previously with Form 8868 \$ 0.
c Balance Due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature: Geoffrey S Bruce Title: CPA P00149831 Date: 8/14/03

Notice to Applicant - To Be Completed by the IRS

Checkboxes for IRS notice: We have approved this application, We have not approved this application (10-day grace period), We have not approved this application (cannot grant extension), We cannot consider this application because it was filed after the due date, Other.

EXTENSION APPROVED
LINDA J. ... FIELD DIRECTOR
ISS. ON 11 AUGUST 2003

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Form fields for Name (MAGINNIS & CAREY LLP), Number and street (220 NW 2ND AVE, SUITE 1000), and City or town, province or state, and country (PORTLAND, OR 97209-3971).



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

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

**Note.** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only   
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

<b>Type or print</b>	Name of Exempt Organization  <b>TARBELL FAMILY FOUNDATION</b>	Employer identification number  <b>93-1104762</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>220 NW SECOND AVENUE, NO. 1000</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>PORTLAND, OR 97209-3971</b>	

**Check type of return to be filed** (file a separate application for each return)

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ            | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041 A                             | <input type="checkbox"/> Form 8870 |

- 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 will cover

**1** I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until **AUGUST 15, 2003** to file the exempt organization return for the organization named above. The extension is for the organization's return for  calendar year **2002** or  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**2** If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

**3a** If this application is for Form 990-BL, 990-PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0.

**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ 0.

**c Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0.

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ *Jeffrey S Bue* Title ▶ CPA P00149831 Date ▶ 4/30/03  
 LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)