

Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
 ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning** , 2009, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> Ann Campana Judge Foundation		<b>D Employer identification number</b> 68 0517949
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 3359 NW Poppy Drive	<b>E Telephone number</b> 541 754 4007	
		City or town, state or country, and ZIP + 4 Corvallis, OR 97330-3476		<b>F Group Exemption Number</b> ▶ none

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting Method:**  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ www.acjfoundation.org

**H Check** ▶  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J Tax-exempt status** (check only one) —  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K Check** ▶  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ 52318

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .															40300													
	2	Program service revenue including government fees and contracts . . . . .															-0-													
	3	Membership dues and assessments . . . . .															-0-													
	4	Investment income . . . . .															18													
	5a	Gross amount from sale of assets other than inventory . . . . .					-0-																							
	b	Less: cost or other basis and sales expenses . . . . .						-0-																						
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .																												
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>																												
	a	Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .																												
	b	Less: direct expenses other than fundraising expenses . . . . .																												
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .																													
7a	Gross sales of inventory, less returns and allowances . . . . .																													
b	Less: cost of goods sold . . . . .																													
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .																													
8	Other revenue (describe ▶ Return of grant from 2008 project that could not be done.) . . . . .																12000													
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .																52318													
Expenses	10	Grants and similar amounts paid (attach schedule) . . . . .															39447													
	11	Benefits paid to or for members . . . . .															-0-													
	12	Salaries, other compensation, and employee benefits . . . . .															-0-													
	13	Professional fees and other payments to independent contractors . . . . .															-0-													
	14	Occupancy, rent, utilities, and maintenance . . . . .															246													
	15	Printing, publications, postage, and shipping . . . . .															20													
	16	Other expenses (describe ▶ PayPal CC process fees; OR Corp. Comm. and Atty. Gen. fees) . . . . .															281													
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .															39994														
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .															12324													
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .															28476													
	20	Other changes in net assets or fund balances (attach explanation) . . . . .															-0-													
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .															40800													

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	28476	40800
23	Land and buildings . . . . .	-0-	-0-
24	Other assets (describe ▶ _____) . . . . .	-0-	-0-
25	<b>Total assets</b> . . . . .	28476	40800
26	<b>Total liabilities</b> (describe ▶ _____) . . . . .	0	-0-
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	28476	40800

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)		<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? <b>Grants; water and sanitation work in Central America</b> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
<b>28</b> PREDISAN, a 501c3 working in Honduras to provide clean water and sanitation, received a grant to complete a drinking-water project in the community of El Porvenir, Wasparani. The project will provide clean water for approximately 200 people. (Grants \$ <b>5403</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>5403</b>	
<b>29</b> El Porvenir, a 501c3 working in Nicaragua, received a grant to rehabilitate a drinking-water well and construct 57 latrines in two rural Nicaraguan communities. The project will provide clean water and sanitary facilities for about 300 people. (Grants \$ <b>15000</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	<b>15000</b>	
<b>30</b> Agua Para La Vida, a 501c3 working in Nicaragua, received a grant to construct a drinking-water system for the community of Los Pinares. The project will provide safe drinking water for about 250 community members. (Grants \$ <b>12544</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	<b>12544</b>	
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ <b>6500</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	<b>6500</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	<b>39447</b>	

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(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 & deferred compensation	(e) Expense account and other allowances
Michael E. Campana 3359 NW Poppy Drive, Corvallis, OR 97330-3476	Pres., Treasurer, Director; 3	-0-	-0-	-0-
Mary F. Campana 3359 NW Poppy Drive, Corvallis, OR 97330-3476	VP, Secretary, Director; 1	-0-	-0-	-0-
Loring Green 5060 N. Via Condesa, Tucson, AZ 85718-5727	Director; 1	-0-	-0-	-0-

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		✓
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> _____ -0-		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ -0- ; section 4912 ▶ _____ -0- ; section 4955 ▶ _____ -0-		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____ -0-		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____ -0-		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		✓
41	List the states with which a copy of this return is filed. ▶ <b>Oregon</b>		
42a	The organization's books are in care of ▶ <u>Michael E. Campana</u> Telephone no. ▶ <u>541 754 4007</u> Located at ▶ <u>3359 NW Poppy Drive, Corvallis, OR</u> ZIP + 4 ▶ <u>97330-3476</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	Yes	No
	If "Yes," enter the name of the foreign country: ▶ _____		✓
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		✓
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes," was the related organization a section 527 organization? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 . . . . . ▶ -0-

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 . . . ▶ -0-

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 officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 ▶ Michael E. Campana | 2 May 2010  
 Signature of officer Date  
 ▶ Michael E. Campana, President and Treasurer  
 Type or print name and title

**Paid Preparer's Use Only**  
 Preparer's signature ▶ \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed   
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ \_\_\_\_\_ Preparer's identifying number (See instructions)  
 EIN ▶ \_\_\_\_\_ Phone no. ▶ \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

**Ann Campana Judge Foundation  
EIN 68-0517949**

**2009 Form 990-EZ – Part III  
Schedule - Statement of Other Program Services**

- 1) \$1,500 grant to the WaTER Center, University of Oklahoma, to provide travel assistance for participants from Central American countries to attend the center's conference on water and sanitation in developing countries, 26-28 October 2009.**
  
- 2) \$5,000 grant to Mr. Rolando López, a volunteer for the ACJ Foundation, to purchase supplies for a drinking-water project that the Foundation is undertaking in Brisas de Cuyamel, Honduras.**

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization <b>Ann Campana Judge Foundation</b>	Employer identification number <b>68 0517949</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
    - (ii) A family member of a person described in (i) above?
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	36025	11150	46080	41400	40300	174955
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	-0-	-0-	-0-	-0-	-0-	-0-
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	-0-	-0-	-0-	-0-	-0-	-0-
4 <b>Total.</b> Add lines 1 through 3 . . . . .	36025	11150	46080	41400	40300	174955
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						91885
6 <b>Public support.</b> Subtract line 5 from line 4.						83070

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	36025	11150	46080	41400	40300	174955
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	100	35	249	738	18	1140
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	-0-	-0-	-0-	-0-	-0-	-0-
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	-0-	-0-	-0-	-0-	-0-	-0-
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						176095
12 Gross receipts from related activities, etc. (see instructions) . . . . .				12		0
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	47 %
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	47 %
16a <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		