

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Ā	For the	2013 cale	endar year, or tax year	eginning		, 2	013, an	nd ending			, 20	
В	Check If	applicable	C Name of organization G	RACE LU	THERAN CHU	JRCH FOUNDAT	TION			D Employe	er identification n	umber
	Address	change	Doing Business As								93-1172573	
	Name ch	ange	Number and street (or P	O. box if m	nail is not delivere	ed to street address	3)	Room/suite		E Telephor	ne number	
	Initial ret	um	435 NW 21ST STREET	•							541-757-1600	
	Terminat	ed	City or town, state or pro	vince, cou	ntry, and ZIP or f	oreign postal code						
	Amende	i return	CORVALLIS OR 97330	)						<b>G</b> Gross re	eceipts \$	
	Applicati	on pending	F Name and address of pr	ncıpal offic	er:				T			
									H(b) Are all s	subordinates	s included? Yes	. □ No
ī	Tax-exer	npt status.	✓ 501(c)(3)	501(c) (	) <b>◄</b> (inse	rt no ) 4947(a)(	1) or [	527	4 ''		list. (see instruction	
J	Website		W.GRACE97330.ORG/				.,,		H(c) Group	exemption	number ▶	
K	Form of o			ASSOCIA			L Year	of formation			of legal domicile:	OR
P	art I	Summ	ary ary			·				1		
•	1			on's miss	sion or most s	significant activ	/ities:	TO ENCO	URAGE B	EOUESTS	S AND GIFTS W	HICH
ø	1 Briefly describe the organization's mission or most significant activities: TO ENCOURAGE BEQUEST 8 BENEFIT GRACE EVANGELICAL LUTHERAN CHURCH AND WHICH FURTHER ITS RELIGIOUS AND BENE											
ă		PURPOS									OLLII.	
Ĕ	2		is box ▶☐ if the orga	nization	discontinued	its operations	or dis	nosed of	more than	25% of	its net assets	
ò	3		of voting members of			-		•		3	no not about.	٥
45	4		of independent voting	-						4		9
Activitles & Governance	5		nber of individuals en		•	• • •		•		5		0
<u>₹</u>	6		mber of volunteers (es		•	· ·				6		9
Act	7a		elated business rever							7a		5
	Ь		lated business taxable			• •				7b		<u>_</u>
رسورا <u>ب</u>	<del>                                     </del>	- 101 01110	atou buomiooo tartabi			00 1, 1110 01	<del></del> -	<del>`                                    </del>	Prior Ye		Current Y	
1 7 2014 Revenue	8	Contribu	tions and grants (Part	VIII. line	1h)					13500		29829
	9		service revenue (Parl				• •	· ·	,	13300	<del></del>	<u> </u>
Š.	10		ent income (Part VIII, o							22114		21555
-	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						· · · ·	0	······································	665
Š_	12	Salot 15 to 160 ft art viii, Goldini (vy, 11165 5, 60, 60, 50, 100, and 116)								003		
	13	Grants a	nd similar amounts pa	id (Part I	X. column (A	) lines 1–3)				29379		8871
SCANNED Expenses	14		paid to or for membe							0		0071
₩.	15			- (	-,	,		-				
<b>Z</b> §		Profession	onal fundraising fees (	Part IX. c	olumn (A). li	ne 11e)				0		0
S a	Ь		draising expenses (Pa			•		· ·				
W Y	17		penses (Part IX, colum	<u>-</u>		·				2944		3112
	18		enses. Add lines 13-				ne 25)	· ·		32323		11983
	19		less expenses. Subtr					•		3291		40066
- S	+		TOGO OXPONOGOI GUDII	10)	MANV 1	- 1 <del>UJ</del>	<del></del>	Bed	inning of Cu		End of Ye	
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)	8	WAI 1	1 2014   오				565178		671202
Ass	21		vilities (Part X, line 26)	_			• •	· ·		303170	····	071202
Set Feet	22	Net asse	ts or fund balances. S	ubtract l		he 20 T	•	· ·		565178		671202
	art II		ture Block				•	,		3031701		OTILOL
		<u>~</u>	ry, I declare that I have exa	mined this	return including	accompanying sch	edules a	and stateme	nts and to th	ne best of n	ny knowledge, and	helief it is
			ete. Declaration of preparer								ily iniowicago and	, DOMOI, 11 10
_			2/1/	1/1/					<del>-                                    </del>			
Sig	ın	Sign	ature of officer	1					Dat	te .		
He	-	7	AROLUN K	WAX	e la	Presiden	4			4/2	4/14	
		Type	or print name and title		-/	1 willer				1,10	·/ /	
		<u> </u>	pe preparer's name		Preparer's sign	ature		Date	<del></del>	05	PTIN	
Pa										Check L		
	epare	1 -	ame 🕨		·				Firm	's EIN ▶		
US	e Onl	,	ddress ►							ne no		
Ma	y the IR		s this return with the p	reparer	shown above	? (see instructi	ions)		1 - 10		TYes	No
===			4			. ,2220	J <b>J</b>				· · □ · ·	100

Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	TO ENCOURAGE BEQUESTS AND GIFTS WHICH BENEFIT GRACE EVANGELICAL LUTHERAN CHURCH AND WHICH FURTHER ITS
	RELIGIOUS AND BENEVOLENT PURPOSES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$8871 including grants of \$\$ (Revenue \$)
	FUNDS CONTRIBUTED TO GRACE EVANGELICAL LUTHERAN CHURCH TO ASSIST FAMILIES WITH MEDICAL EXPENSES.
4b	(Code) \(\sum_{\text{Code}}\)\(\sum_{C
40	(Code: ) (Expenses \$ 8871 including grants of \$ 2754 ) (Revenue \$ )
	FUNDS CONTRIBUTED TO GRACE EVANGELICAL LUTHERAN CHURCH TO ASSIST UPDATING ALTAR, BATHROOMS, KITCHEN.
	•
4c	(Code:) (Expenses \$8871 including grants of \$97 (Revenue \$)
	DISTRIBUTION OF ENDOWMENT INTEREST AND INCOME TO DESIGNEE, GRACE CENTER ADULT DAY SERVICES.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	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	3		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			,
5		4	-	_
3	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		•
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		-
_	complete Schedule D, Part III	8	L	~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	,	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		·
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	,	<u> </u>
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
e	Did the organization report an amount for other liabilities in Part X, line 25?	110		. T
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?			
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		-	
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		•
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		_
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
••	If "Yes," complete Schedule G, Part III	19		~
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	L	~
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		Ĺ <u></u>
		F	. 000	(0040)

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		,
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		~
b	Is the organization 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	25b		~
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		7
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		~
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	,	

	0 (2013)			Page 5
Part				_
	Check if Schedule O contains a response or note to any line in this Part V		· ·	<u>, []</u>
10	Fatantha annahan manantad in Day 0 of Farm 1000 Fatan 0 if not analisable		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	·
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u> </u>	<u> </u>	1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		~
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C Fo	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	+
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	60		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		-
•	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		+
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			İ
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	<u> </u>	~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<b>└</b> ─	_
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	<del> </del>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		ľ	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b> </b> -	1
9	Sponsoring organizations maintaining donor advised funds.	8	$\vdash$	+
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	T	1
10	Section 501(c)(7) organizations. Enter:			1
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	]		
а	Gross income from members or shareholders		İ	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	<u> </u>	<u> </u>	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>	<b> </b>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	-
h	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			

the organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year? .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

**c** Enter the amount of reserves on hand . . . . .

14a

14b

13b

13c

	( C )			Page 0		
Part	· · · · · · · · · · · · · · · · · · ·					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S					
Socti	Check if Schedule O contains a response or note to any line in this Part VI	· ·	• •	<u>. L.J</u>		
Secu	on A. Governing Body and Management		76			
10	Enter the number of voting members of the governing health at the and of the terror		Yes	No		
ıa	Enter the number of voting members of the governing body at the end of the tax year 1a 9			1		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.	1				
b				ĺ		
2	Enter the number of voting members included in line 1a, above, who are independent . <b>1b</b> 9 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
_	any other officer, director, trustee, or key employee?	2		1		
3	Did the organization delegate control over management duties customarily performed by or under the direct	<del>-</del>		-		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		~		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1		
6	Did the organization have members or stockholders?	6		V		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_ <del></del> _		Ť		
	one or more members of the governing body?	7a		~		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			T .		
	stockholders, or persons other than the governing body?	7b		~		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following:					
а	The governing body?	8a	~			
ь	Each committee with authority to act on behalf of the governing body?	8b	1			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		~		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	)		
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		~		
p	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ļ		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	<u> </u>		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10		<u> </u>		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		-		
b		12b	~	-		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	_	ł		
13	Did the organization have a written whistleblower policy?	13	_	1		
14	Did the organization have a written document retention and destruction policy?	14		~		
15	Did the process for determining compensation of the following persons include a review and approval by			<u> </u>		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1		
а	The organization's CEO, Executive Director, or top management official	15a	ļ	~		
b	Other officers or key employees of the organization	15b		V		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<u> </u>	<u> </u>	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	]				
	with a taxable entity during the year?	16a		~		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?	16b				
Secti	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► OREGON					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501(	c)(3)s	only)		
	available for public inspection. Indicate how you made these available. Check all that apply.					
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and		
00	financial statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•			
	organization: ► TOM KIERSKY 541-757-1600 435 NW 21ST ST, CORVALLIS OR 97330					

Check if Schedule O contains a response or note to any line in this Part VIII.    Total evenue   Pashed or provided   Pashed or part Pashed or provided   Pashed or part Pashed or part Pashed or part Pashed or part Pashed or part Pashed or part Pashed or part Pashed or part Pashed or part Pashed or part Pashed or pa	Part	VIII	Statement of Revenue	·		·		Page 3
Total revenue senting to sent				ponse or note to	anv line in this	Part VIII		
Business Code    Business Code					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
Business Code    Business Code   Business Cod	ats its	1a	Federated campaigns 1a					
Business Code    Business Code   Business Cod	irar	b	Membership dues 1b					
Business Code    Business Code	s, G	С	Fundraising events 1c		ļ			
Business Code    Business Code	ar.	d	Related organizations 1d				<b>{</b>	
Business Code    Business Code	s, C	е						
Business Code    Business Code	lon Si	f						
Business Code    Business Code   Business Cod	the th		and similar amounts not included above 11	30494				
Business Code    Business Code   Business Cod	E O	g	Noncash contributions included in lines 1a-1f: \$					
Business Code    Business Code	a G	h	Total. Add lines 1a-1f	•	30494			
3 Investment income (including dividends, interest, and other similar amounts)   21555   21551   4				Business Code				
3 Investment income (including dividends, interest, and other similar amounts)   21555   21551   4	Ven	2a						
3 Investment income (including dividends, interest, and other similar amounts)   21555   21551   4	-Be	b						
3 Investment income (including dividends, interest, and other similar amounts)   21555   21551   4	vice	С			,,			
3 Investment income (including dividends, interest, and other similar amounts)	Ser	d						
3 Investment income (including dividends, interest, and other similar amounts)   21555   21551   4	E	е						
3 Investment income (including dividends, interest, and other similar amounts)   21555   21551   4	ogu	f						
and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  6 Gross rents  b Less. rental expenses  c Rental income or (loss)  d Net rental income or (loss)  b Less: cost or other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)  b Less: cost or other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)  b Less: direct expenses  c Net income or (loss) from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18  b Less: direct expenses  c Net income or (loss) from fundraising events  See Part IV, line 19  d Less: direct expenses  b Less: direct expenses  c All dither revenue  e Total. Add lines 11a-11d	<u>-</u>	_	Total. Add lines 2a–2f	▶				
4 Income from investment of tax-exempt bond proceeds   5 Royalties   (i) Real   (ii) Personal   (ii) Personal   (iii) Persona		3		1				
Second Part   Second Part		_	•	L	21555	21551	4	
Company   Comp		_	·	· · · · · · · · · · · · · · · · · · ·				
Base   Company   Compan		5	Hoyalties			<del> </del>		
B Less: central expenses c Rental income or (loss)  d Net rental income or (loss)  forse amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)  b Net gain or (loss)  c Gain or (loss)  b Net gain or (loss)  c Net gain or (loss)  b Less: direct expenses  c Net income or (loss) from fundraising events (not including \$  of contributions reported on line 1c). See Part IV, line 18  c Net income or (loss) from fundraising events  see Part IV, line 19  c Net income or (loss) from gaming activities. See Part IV, line 19  c Net income or (loss) from gaming activities  los Cross sales of inventory, less returns and allowances  a b Less: cost of goods sold  b Net income or (loss) from sales of inventory.   Miscellaneous Revenue  Business Code  11a  b C Notal Add lines 11a-11d				(II) Personal				
Rental income or (loss)  Net rental income or (loss)  Net rental income or (loss)  Ross amount firm sales of assets other than inventory  Less: cost or other basis and sales expenses  C Gain or (loss)  Net gain or (loss)  Net gain or (loss)  Less: cost or other basis and sales expenses  C Gain or (loss)  Net gain or (loss)  Less: cost or other basis and sales expenses  D Net income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  Less: direct expenses  D Net income or (loss) from fundraising events  See Part IV, line 19  Less: direct expenses  D Net income or (loss) from gaming activities. See Part IV, line 19  Less: direct expenses  D Net income or (loss) from gaming activities  Net income or (loss) from gaming activities  Less: cost of goods sold  D Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  Total. Add lines 11a-11d		_						1
d Net rental income or (loss) ▶  7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . c Gain or (loss) ▶  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events . ▶  9a Gross income from fundraising events . ▶  10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory. ▶  Miscellaneous Revenue Business Code  11a b		_				! !		}
Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . c Gain or (loss) . d Net gain or (loss) .  d Net gain or (loss) .  b Less: direct expenses . c Net income or (loss) from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		_	Alex nemted to see a surface of					
assets other than inventory b Less: cost or other basis and sales expenses. c Gain or (loss). d Net gain or (loss). b less: direct expenses b c of contributions reported on line 1c). See Part IV, line 18			<u> </u>					<u> </u>
b Less: cost or other basis and sales expenses . c Gain or (loss)		7.0	l l	(ii) Olici		!		
and sales expenses .  c Gain or (loss) .  d Net gain or (loss) .  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	_	ь						
The state of the s		_						
d Net gain or (loss) ▶  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		c	<u> </u>					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						<del> </del>		
c Net income or (loss) from fundraising events . ▶  9a Gross income from gaming activities. See Part IV, line 19 a  b Less: direct expenses b  c Net income or (loss) from gaming activities . ▶  10a Gross sales of inventory, less returns and allowances a  b Less: cost of goods sold b  c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a  b  c All other revenue	j	_	, , , , , , , , , , , , , , , , , , ,					
c Net income or (loss) from fundraising events . ▶  9a Gross income from gaming activities. See Part IV, line 19 a  b Less: direct expenses b  c Net income or (loss) from gaming activities . ▶  10a Gross sales of inventory, less returns and allowances a  b Less: cost of goods sold b  c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a  b  c All other revenue	venue	8a	avanta /nat inaludina f					
c Net income or (loss) from fundraising events .    9a Gross income from gaming activities.   See Part IV, line 19	er Re							
9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities ▶  10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a b c d All other revenue ▶	₹							
See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities ▶  10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory ▶  Miscellaneous Revenue Business Code  11a b				events . 🕨				
b Less: direct expenses b c Net income or (loss) from gaming activities >  10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . >  Miscellaneous Revenue Business Code  11a b		9a						
C Net income or (loss) from gaming activities ▶  10a Gross sales of inventory, less returns and allowances a  b Less: cost of goods sold b  C Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a  b		_						
10a Gross sales of inventory, less returns and allowances a  b Less: cost of goods sold b c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code  11a b C C C C C C C C C C C C C C C C C C C								
returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory .   Miscellaneous Revenue Business Code  11a b				vities ▶				
C Net income or (loss) from sales of inventory .   Miscellaneous Revenue Business Code  11a  b  C  d All other revenue			returns and allowances a					
Miscellaneous Revenue  Business Code  11a  b  c  d All other revenue  e Total. Add lines 11a–11d								
11a b c d All other revenue e Total. Add lines 11a–11d		С						
b c d All other revenue e Total. Add lines 11a–11d		44-	wisceilaneous Revenue	business Code				
d All other revenue					·			
d All other revenue  e Total. Add lines 11a–11d								
e Total. Add lines 11a–11d			All other revenue				<del></del>	
40 7 1 1 0 1 1								
					52049	21551	4	

Part IX	Statement	of Functional	Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con								
Check if Schedule O contains a response or note to any line in this Part IX									
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and								
	organizations in the United States. See Part IV, line 21	6535	6535						
2	Grants and other assistance to individuals in								
	the United States. See Part IV, line 22	2336	2336						
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
	United States. See Part IV, lines 15 and 16				· · · · · · · · · · · · · · · · · · ·				
4	Benefits paid to or for members								
5	Compensation of current officers, directors,			į					
_	trustees, and key employees								
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
7									
7 8	Other salaries and wages								
•	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes	<u> </u>							
11	Fees for services (non-employees):				<del></del>				
а	Management	2717		2717					
b	Legal			27.1.					
С	Accounting								
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O.)								
12	Advertising and promotion								
13	Office expenses								
14	Information technology			· · · · · · · · · · · · · · · · · · ·					
15	Royalties								
16 17	Occupancy								
18	Payments of travel or entertainment expenses				<del></del>				
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings .								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization .								
23	Insurance								
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)				<u> </u>				
a	TAXES AND FEES	132		132					
b	SUPPLIES	152		152					
C				· · · · · · · · · · · · · · · · · · ·					
d	All other expenses	444		4.5	<del> </del>				
е 25	All other expenses  Total functional expenses. Add lines 1 through 24e	110	0074	110					
<del>25</del> 26	Joint costs. Complete this line only if the	11982	8871	3111					
_0	organization reported in column (B) joint costs								
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	1							
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)			l					

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash non-interest-bearing	681	1	2067
	2	Savings and temporary cash investments	5104	2	37232
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ξį	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	<del> </del>	7	
As	8	Inventories for sale or use	·	8	<del></del>
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	·
	12	Investments—other securities. See Part IV, line 11	559396	<del></del>	631903
	13	Investments—program-related. See Part IV, line 11	000000	13	001000
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	565180		671202
_	17	Accounts payable and accrued expenses	303100	17	071101
	18	Grants payable	· · · · · · · · · · · · · · · · · · ·	18	· · · · · · · · · · · · · · · · · · ·
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
ø	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	<u>C</u>
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	15347	27	18087
ala	28	Temporarily restricted net assets	65488		· · · · · · · · · · · · · · · · · · ·
<b>8</b>	29	Permanently restricted net assets	484345		161505 491610
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.	404343		491010
ţş	30	Capital stock or trust principal, or current funds		30	
38	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Met	33	Total net assets or fund balances	565180	33	671202
_	34	Total liabilities and net assets/fund balances	565180		671202

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

2c

3a

Form **990** (2013)

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

# **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.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization					"	inpoyer ic	Penuncauon	numbe		
GRACE LUTHERAN CHURCH FOUNDATION							93-117			
Part I Reason for Public Cha	<del> </del>			<del></del>			nstructio	ns.		
The organization is not a private founda	•		_		-	-	_			
1 A church, convention of church				ed in <b>sec</b>	tion 170(	b)(1)(A)(i	).			
2 A school described in section			•							
3 A hospital or a cooperative hos							N/L \/ 4 \/ 4 \/	C-	A Ab	
4 A medical research organization hospital's name, city, and state	e:									<del></del>
5 An organization operated for section 170(b)(1)(A)(iv). (Com		ge or uni	versity o	wned or	operated	by a go	vemment	al unit	descri	bed in
7 An organization that normally	<ul> <li>☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>☐ 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.)</li> </ul>									
8 A community trust described in	n section 170(b)(1)(A)	<b>(vi).</b> (Cor	nplete Pa	ırt II.)						
9 An organization that normally receipts from activities related support from gross investme	d to its exempt funct ent income and unrel	ions—sul lated bus	bject to d siness ta	certain ex xable inc	ceptions	s, and (2) ss sectio	no more	than	331/3%	of its
acquired by the organization a						-				
<ul> <li>10 ☐ An organization organized and</li> <li>11 ☑ An organization organized an purposes of one or more pub</li> <li>509(a)(3). Check the box that organized and</li> </ul>	nd operated exclusive	ely for th	e benefi describe	t of, to p	perform to ion 509(a	the funct a)(1) or se	ions of, o	9(a)(2).	See s	
<u></u>							-			
a ☑ Type I b ☐ Type			-	_			Non-funct	•	-	
e P By checking this box, I certify other than foundation manage or section 509(a)(2).										
f If the organization received a organization, check this box	a written determination	on from t	the IRS 1	that it is	a Type	I, Type	il, or Typ	e III s 	upporti	ing
g Since August 17, 2006, has the following persons?	he organization accep	oted any	gift or co	ontributio	n from a	ny of the	•			
(i) A person who directly or in	ndirectly controls, eitl	her alone	or toget	her with	persons	describe	d in (ii) ar	ıd	Yes	No
(iii) below, the governing bo	ody of the supported o	organizat	ion?					119	3(i)	1
(ii) A family member of a person	on described in (i) abo	ve?						110	3(ii)	~
(iii) A 35% controlled entity of	a person described in	(i) or (ii) a	above? .					119	(tii)	1
h Provide the following informati	ion about the supporte	ed organi	zation(s).							
(i) Name of supported organization (ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	is the tion in col zed in the S.?	(vii) Am	ount of m support	_
	(**************************************	Yes	No	Yes	No	Yes	No			
A) GRACE EVANG. LUTHERAN CHUR 93-6009000	1	,				,		<u>-</u>		3877
B) GRACE CENTER										
ADULT DAY SERV 93-0839745	1		~	~		~				1937
(C)	1		~	~		,				
(D)										
(E)										

							5
Part	II Support Schedule for Organiza	ations Descr	ibed in Secti	ons 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(v	<u>(i)</u>
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	<del></del>
	on A. Public Support			<del></del>			
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					_	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support				I		
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
7	Amounts from line 4	-					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on		-				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					=	
11 12 13	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc. <b>First five years.</b> If the Form 990 is for the	•	•	d third fourth	or fifth tay w	12	501(a)(2)
10	organization, check this box and stop he	-			-		
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2013 (line 6		<del> – ,</del>	1, column (f))		14	%
15	Public support percentage from 2012 Sch	nedule A, Part	ll, line 14 .			15	%
16a	331/3% support test—2013. If the organization qua					/3% or more, o	
b	331/3% support test—2012. If the organicheck this box and stop here. The organic				•	15 is 33 <sup>1</sup> / <sub>3</sub> %	or more, ▶ □
17a							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	tion meets the leets the "facts	facts-and-ci	rcumstances" tances" test. T	test, check th	is box and st n qualifies as	i, and line t <b>op here</b> . a publicly
18	Private foundation. If the organization di	d not check a	box on line 13,	16a, 16b, 17a	a, or 17b, chec	k this box and	see

## SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

2013

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

RAC	E EVANGELICAL LUTHERAN CHURCH		93-1172573
Par		ds or Ac	counts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets h		
	funds are the organization's property, subject to the organization's exclusive legal control	oi?	· · · 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grantees	nt funds ca	an be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or f		
	conferring impermissible private benefit?		· · · 🔲 Yes 🗌 No
Par	t II Conservation Easements.		
,	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation o	f an histori	cally important land area
			historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	on in the fo	rm of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	22	
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic structure included in (a)		<del></del>
d	Number of conservation easements included in (c) acquired after 8/17/06, and not		
_	historic structure listed in the National Register		•
3	Number of conservation easements modified, transferred, released, extinguished, or terr		<u> </u>
•	tax year ►	······acca by	the organization during the
4	Number of states where property subject to conservation easement is located ▶		
5	Does the organization have a written policy regarding the periodic monitoring, ins	nection h	andling of
•	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation		
U	Stan and volunteer hours devoted to monitoring, inspecting, and emotioning conservation	casciliciii	s during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ease	amante du	ring the year
•	★ \$	errerris dui	ing the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	of caction :	170/b)/ <i>4</i> )/R)
0	(i) and section 170(h)(4)(B)(ii)?		
y	In Part XIII, describe how the organization reports conservation easements in its revenue balance sheet, and include, if applicable, the text of the footnote to the organization's fire		
	organization's accounting for conservation easements.	iai iciai Stat	ements that describes the
Dord		Othor Si	milar Assats
Part	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Oulei Si	illiai Assets.
			tatament and balance about
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, ed		
	public service, provide, in Part XIII, the text of the footnote to its financial statements that		
D	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its		
	works of art, historical treasures, or other similar assets held for public exhibition, ex	aucation, c	or research in furtherance of
	public service, provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>\$</b>
_	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical treasures, or other similar		r tinancial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these it		
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
•	Assats included in Earn 000 Port V		•

Part	Organizations Maintaining	Collections of a	Art, Historical T	reasures, or Ot	ther Similar Ass	ets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and ot	her records, chec	k any of the follow	wing that are a sig	inificant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	rams	
b	☐ Scholarly research		e 🗌 Other	•		
C	☐ Preservation for future generations					
4	Provide a description of the organizati XIII.	on's collections a	and explain how t	hey further the org	ganization's exemp	ot purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta				☐ Yes ☐ No
Part	Escrow and Custodial Arra Complete if the organization 990, Part X, line 21.	_	' to Form 990, P	art IV, line 9, or	reported an amo	unt on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?					☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	ete the following ta	able:	Am	nount
C	Beginning balance			10	;	
đ	Additions during the year			10	<b>i</b>	
е	Distributions during the year			16		
f	Ending balance			11	F	
2a	Did the organization include an amoun	t on Form 990, Pa	art X, line 21? .			☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	rt XIII. Check here	e if the explanation	n has been provid	ed in Part XIII .	🗆
Par	V Endowment Funds.					
	Complete if the organization	answered "Yes'	' to Form 990, P			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	549833	481688	504856	446726	
b	Contributions	25600	10000	10	400	
C	Net investment earnings, gains, and losses			40040		
4		87510	73939	-16218		
d	Grants or scholarships	4073	15794	6960	2650	
е	programs					
f	Administrative expenses					
g	End of year balance	653115	549833		<del></del>	<u> </u>
2	Provide the estimated percentage of the		d balance (line 1g	, column (a)) held	as:	
а	Board designated or quasi-endowmen	t ▶2	0%			
b	Permanent endowment >	75%				
C	Temporarily restricted endowment ▶	5%				
	The percentages in lines 2a, 2b, and 2d	should equal 10	0%.			
3a	Are there endowment funds not in the	possession of th	e organization tha	at are held and ad	ministered for the	·
	organization by:					Yes No
	(i) unrelated organizations					3a(i) 🗸
	(ii) related organizations					3a(ii) 🗸
b	If "Yes" to 3a(ii), are the related organize	ations listed as re	equired on Sched	ule R?		3b 🗸
4	Describe in Part XIII the intended uses	of the organization	n's endowment fo	unds.		<del></del>
Part	VI Land, Buildings, and Equip	ment.	•			
	Complete if the organization	answered "Yes'	' to Form 990, P	art IV, line 11a.	See Form 990, P	art X, line 10.
	Description of property	(a) Cost or ot	her basis (b) Cost o	r other basis (c)	Accumulated	(d) Book value
		(investme	ent) (o	ther) d	epreciation	
1a	Land					
b	Buildings					·
C	Leasehold improvements					
d	Equipment					
	Other					
Total.	Add lines 1a through 1e, (Column (d) m	ust equal Form 99	00 Part X column	(B) line 10(c))	<b>•</b>	

Part VII	Investments—Other Securities			441 0 5	000 D 4 V II 40
	Complete if the organization answ		m 990, Part IV, line	11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	,	(b) Book value		hod of valuation -of-year market value
(1) Financial	derivatives				
	neld equity interests				
(3) Other	,				
	ENDOWMENT FUND A		631903	FMV	
(B)	LINDOWNILLIT I OND A		001000		<del></del>
(C)					
(D)					· <del></del>
(E)					
(F)					
(G) (H)				<u> </u>	
	15 000 B 1V 1 001				<del></del>
	b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments—Program Related Complete if the organization answers		m 990 Part IV line	a 11c See Form	990 Part X line 13
	(a) Description of investment	World 100 to 101	(b) Book value		thod of valuation
	(a) Description of investment		(b) book value	1	-of-year market value
(1)		· · · · · · · · · · · · · · · · · · ·			
<u>(1)</u>	· · · · · · · · · · · · · · · · · · ·				
(2)					
(3)					
(4)		<del></del>	ļ		
(5)	<del></del>		ļ <u> </u>		
(6)				-	
_(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)		L		<del> </del>
Part IX	Other Assets.				
	Complete if the organization ansi		m 990, Part IV, line	e 11d. See Form	
	(e	i) Description			(b) Book value
(1)					
(2)					
_(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colui	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)			
Part X	Other Liabilities.			· · · · · · · · · · · · · · · · · · ·	<u> </u>
	Complete if the organization ans	wered "Yes" to For	m 990. Part IV. line	e 11e or 11f. See	Form 990, Part X,
	line 25.		, , , , , ,		,
1.	(a) Description of liability	(b) Book value			
(1) Federal ır	ncome taxes				
(2)		·			
(3)					
(4)					
<del>(4)</del>			<del></del>		
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (I	b) must equal Form 990, Part X, col. (B) line 25.)		1		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	r Return.	
	Complete if the organization answered "Yes" to Form 990, F	art IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a	<b> </b>	
b	Donated services and use of facilities	2b	4	
С	Recoveries of prior year grants	2c	_	
d	Other (Describe in Part XIII.)	2d	4_	
е			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4.		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	-	
b	Other (Describe in Part XIII.)		4c	
С 5	Add lines <b>4a</b> and <b>4b</b>	12)	5	
Part	The state of the s			
rait	Complete if the organization answered "Yes" to Form 990, F		, or 110101111	
1			11	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	<del></del>	
	Add lines 4a and 4b		4c	
C				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	e 18.)	5	line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X	, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	e 18.)	5 2b; Part V, line 4; Part X	, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X	, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X	, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X	, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X	, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X	, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X	, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X	, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X	, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X	, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X	, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X	, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X	, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X	, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X	, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X	, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X	, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X	, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X	, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X	, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X	, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X	, line

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047 2013

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

GRACE LUTHERAN CHURCH FOUNDATION	93-1172573			
01. FORM 990 GOVERNING BODY REVIEW (PART VI, LINE 11)				
FORM 990 IS MADE AVAILABLE AT A MEETING AND DISTRIBUTED VIA ELECTRONIC MEANS.				
02. CONFLICT OF INTEREST POLICY (PART VI, LINE 12)				
THE CONFLICT OF INTEREST POLICY IS REVIEWED AT THE MEETING WHERE OFFICERS ARE ELEC	TED.			
03. GOVERNING DOCUMENTS, ETC, AVAILABLE TO THE PUBLIC (PART VI, LINE 19)				
THE GOVERNING BODY DOCUMENTS ARE AVAILABLE UPON REQUEST. THE REQUEST SHOULD BE GIVEN TO A BOARD MEMBER.				