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Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Internal Revenue Service

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

A	For the	2014 calendar year, or tax year beginning	and ending	3					
В	Check if applicable	C Name of organization		D Employe	er identificati	ion number			
	Addres	GRAY PLANT MOOTY FOUND	ATION						
L	Name change	Doing business as			41-624	9497			
	linitial return	Number and street (or P 0, box if mail is not de	ivered to street address) Room/	suite E Telephoi	ne number				
	Final return/	500 IDS CENTER, 80 SOU		'		32-3000			
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code	G Gross recei		369,648.			
	Amend		2-3796		a group retur				
	Application				ordinates?	Yes X No			
	pendin	SAME AS C ABOVE			ubordinates includ				
$\overline{\Gamma}$	Tax-exe					. (see instructions)			
		e: ► GPMLAW.COM	4 (111001(110) 1111(11)(11)(11)(11)		exemption n	•			
			sociation			tate of legal domicile. MN			
		Summary	CONTRACT ON THE CONTRACT OF TH	real of formation	1 5 5 2 141 3	late of legal doffliche 1114			
	_	Briefly describe the organization's mission or most	significant activities: TO MAKE	CONTRIBU	TTONS T	OOTHER			
Activities & Governance	9	CHARITABLE ORGANIZATIONS							
er.	1		ntinued its operations or disposed of	more than 25% o	1 1	_			
Ĝ	1	Number of voting members of the governing body			3	9			
જ		Number of independent voting members of the go	• • • • • • • • • • • • • • • • • • • •		4	0			
ijes	1	Total number of individuals employed in calendar y	/ear 2014 (Part V, line 2a)	-	5	0			
₹	6	Total number of volunteers (estimate if necessary)			6	0			
Act	1	Total unrelated business revenue from Part VIII, co			7a	0.			
	<u> b 1</u>	Net unrelated business taxable income from Form	990-T, line 34		7b	0.			
				Prior Ye		Current Year			
ē	8 (Contributions and grants (Part VIII, line 1h)			,433.	369,648.			
ē	9 1	Program service revenue (Part VIII, line 2g)	. MAY :	D 2015 ·	0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4	, and 7d)	:	0.	0.			
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8d	, 9c, 10c, and 11e)	- r\ p	0.	0.			
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12) =	<u></u> 370		369,648.			
	1	Grants and similar amounts paid (Part IX, column (331	,526. 0.	380,936.			
	14	Benefits paid to or for members (Part IX, column (/	enefits paid to or for members (Part IX, column (A), line 4)						
ės	15	Salaries, other compensation, employee benefits (0.	0.				
eus	16a	Professional fundraising fees (Part IX, column (A),		0.	0.				
Expenses	b .	Total fundraising expenses (Part IX, column (D), lin							
_	17	Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)		302.	401.			
		Total expenses. Add lines 13-17 (must equal Part			,828.	381,337.			
	19	Revenue less expenses. Subtract line 18 from line	12		,605.	<u> <11,689.</u> :			
Net Assets or	<u> </u>			Beginning of Cur		End of Year			
SSe	20	Total assets (Part X, line 16)		96	,232.	84,543.			
et l	21	Total liabilities (Part X, line 26)		0.6	0.	0.			
<u> </u>	22	Net assets or fund balances. Subtract line 21 from	line 20	96	,232.	84,543.			
*****	art II	Signature Block							
		ities of perjury, I declare that I have examined this return			-	nowledge and belief, it is			
true	e, correc	t, and complete Declaration of preparer (other than offic	er) is dased on all information of which pre						
٠.		Signature of officer			<u>-13-15</u>				
Sig		•	MEE CHAIDDEDCON	Date	•				
He	re	Type or print name and title	TEE, CHAIRPERSON						
Dai		Print/Type preparer's name	Preparer's signature	Date	Check	PTIN			
Pai	parer	Frank and a			self-employed	<u> </u>			
	e Only	Firm's name		Firn	n's EIN 🕨				
uat	J Unity	Firm's address		Pho	one no				
Ma	y the IF	RS discuss this return with the preparer shown about	ove? (see instructions)			Yes No			
	001 11-0				·	Form 990 (2014)			
		•	-						
						921			

	, <u>, , , , , , , , , , , , , , , , , , </u>	1-0249497 Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	MAKE GRANTS TO CHARITABLE ORGANIZATIONS	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	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?	Yes X No
	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 me	assured 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
4 -	revenue, if any, for each program service reported. (Code) (Expenses \$ 381,337. including grants of \$ 380,936.) (Revenue \$	
4a)
	GRANTS TO COMMUNITY CHARITABLE ORGANIZATIONS	
		
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		·
		
4c	(Code) (Expenses \$)
		
	· · · · · · · · · · · · · · · · · · ·	
	Other pregram conject (Decombs in Schedule C.)	
4d	• •	•
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 381, 337.	
4e	Total program service expenses ►	

		249497	Р	age 3
Par	t IV 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in ef			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	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		Х
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, Pa			x
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	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			1
•	Schedule D, Part III			х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	. 8		
•	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			l v
10		. 9	 	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permane	ı		v
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			X
* 1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	`		
	as applicable.		1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule Did the organization report an amount for land, buildings and equipment in Part X, line 10? If "Yes," complete Schedule Did the organization report and amount for land, buildings and equipment in Part X, line 10? If "Yes," complete Schedule Did the organization report and the organization rep	1		١,,
	Part VI	11a		X
Ь	Did the organization report an amount for investments • other securities in Part X, line 12 that is 5% or more of its total	İ		i
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ļ	X
С	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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	ļ	X
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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	o		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
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	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			

20b

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2014) GRAY PLANT MOOTY F
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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
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		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
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 "Yes,"			
	complete Schedule L, Part II	26		X
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			Ì
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ľ	X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c				
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	•	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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	<u> </u>	_ X_
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		X_
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X _
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u></u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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	<u></u>	<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			}
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2014)

Form	990 (2014) GRAY PLANT MOOTY FOUNDATION		41-6249	497	Pa	age 5
	t V Statements Regarding Other IRS Filings and Tax Compliance				-	
•	Check if Schedule O contains a response or note to any line in this Part V					
				·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and re		ole gaming			
•	(gambling) winnings to prize winners?			1c	1	i
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1				·
	filed for the calendar year ending with or within the year covered by this return	2a	0			l
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retur			2b		l
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		•			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	•	3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		tty over a			
4 a	financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a		X
_	If "Yes," enter the name of the foreign country:	accour	101	70		- -
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		+a (EDAD)			1
E-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	CCOur	is (FDAN).	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	atia = 2		5b	-	X
b		CLIOIT				
				5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit	8-		X
	any contributions that were not tax deductible as charitable contributions?			6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	rgms	O.L.		
_	were not tax deductible?			6Ь		ļ
7	Organizations that may receive deductible contributions under section 170(c).			_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	rovided to the payor?	7a		<u>X</u> _
ь	•			7b		ļ
С		as req	uired	_		v
_	to file Form 8282?	1	1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		1
е			et?	7e		├
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			7f		
9			•	7g	ļ	
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	е			1
	sponsoring organization have excess business holdings at any time during the year?			8	ļ	,
9	Sponsoring organizations maintaining donor advised funds.					1
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
Ь	1 5 5			9b		
10	Section 501(c)(7) organizations. Enter:	1 1	ı			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
p		10b		}		1
11	Section 501(c)(12) organizations. Enter:	ı	I			1
а	Gross income from members or shareholders	11a				1
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b	L			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	្1041'	?	12a	ļ	<u> </u>
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ	ļ	
а	is the organization licensed to issue qualified health plans in more than one state?		•	13a	ļ	ļ
	Note. See the instructions for additional information the organization must report on Schedule O.					
þ	Enter the amount of reserves the organization is required to maintain by the states in which the		1			
	organization is licensed to issue qualified health plans	13b		1		
С		13c	L		<u> </u>	سيسة
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	<u>e O</u>		14b	<u> </u>	Щ_
				Form	n 990	(2014

GRAY PLANT MOOTY FOUNDATION 41-6249497 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Y

S-0	tion A. Governing Rody and Management									
<u> </u>	tion A. Governing Body and Management			—т	, 					
	F. 4	. 1	9		Yes	No				
18	Enter the number of voting members of the governing body at the end of the tax year .	1a								
	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	Enter the number of voting members included in line 1a, above, who are independent	1b	0		1					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other		1					
	officer, director, trustee, or key employee?			2	X					
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	•		3		_X_				
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	4		X _				
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		5		X				
6	Did the organization have members or stockholders?			6		X				
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?									
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following							
а	The governing body?			8a	<u>X</u>					
b	Each committee with authority to act on behalf of the governing body?			8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apter	s. affiliates.							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•	, -	10ь						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befo	re filing the form?	11a		Х				
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a				12a		Х				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t	to con	flicts?	12b						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye			1-2		_				
_	In Schedule O how this was done	, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12c						
13	Did the organization have a written whistleblower policy?			13		Х				
14	Did the organization have a written document retention and destruction policy?			14		X				
15	Did the process for determining compensation of the following persons include a review and approval	lbur	Idopondont	177		 -				
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ı Oy ıı	шерепцепц							
				450	1	v				
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			15a	 	X				
D				15b						
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		th. a							
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient v	viin a	10-		х				
	taxable entity during the year?			16a	ļ	^				
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	•	•							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ıızatıc	n's	40.	•	1				
<u></u>	exempt status with respect to such arrangements?			16b	L	L				
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed MN	(0								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Seci	ion ou i (c)(3)s only)	availab	иe					
	for public inspection. Indicate how you made these available. Check all that apply.		t (- (- ())							
	Own website Another's website X Upon request Other (explain		· ·	- C						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	ntilict d	or interest policy, an	d tinan	cıal					
	statements available to the public during the tax year.	-1								
20	State the name, address, and telephone number of the person who possesses the organization's boo									
	QUENTIN WITTROCK, TRUSTEE-CHAIRPERSON - (612) 632-									
	80 S 8TH STREET, SUITE 500, MINNEAPOLIS, MN 55402	<u> – 3 /</u>	70							

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)		(C) Position			ı		(D)	(E)	(F)
Name and Title	Average hours per		not c	heck i	more	than o		Reportable compensation	Reportable compensation	Estimated amount of
	week	offic	er an	d a di	recto	r/trus	tee)	from	from related	other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JESSICA JOHNSON	0.30									
TRUSTEE		X						0.	0.	0
(2) CATIE BITZEN	0.30				ŀ					
TRUSTEE		X						0.	0.	0
(3) WADE ANDERSON	0.30	١				1		_		
TRUSTEE		X	<u>L</u>					0.	0.	0
(4) MARK KIRSCH	0.30							_	_	
TRUSTEE		X				<u> </u>		0.	0.	0
(5) JULIA OFFENHAUSER	0.30	١							_	_
TRUSTEE		Х			<u> </u>	<u> </u>	L.	0.	0.	0
(6) JEFF PETERSON	0.30	ļ						_	_	
TRUSTEE		X	ļ			<u> </u>		0.	0.	0
(7) QUENTIN R. WITTROCK	1.00	١					l			_
TRUSTEE, CHAIRPERSON		X		-	_	<u> </u>		0.	0.	0
(8) SARAH DUNIWAY	0.30	۱.,		1					_	_
TRUSTEE		X	_		ļ	ļ		0.	0.	0
(9) JOHN GREEN	0.30	١.,							_	_
TRUSTEE		X		-				0.	0.	<u>0</u>
		_	_			-				
		-				├-				
		}_	_	<u> </u>	<u> </u>					
		<u> </u>								
		-								
		-								
		+								
		+-	\vdash	\vdash	\vdash	+				
		1	1	1	1	1	1			1

(A) Name and title	(B) Average hours per week (list any hours for	box	Position (do not check more than on box, unless person is both a officer and a director/trustee			than is bot or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		other compensation		n
	related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2) 1099-MIG		orga and	nization related lizations	
		-											
											<u> </u>		
							 						_
		_		-		ļ							
		 											_
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A						> > >	0. 0.		0.		() .) .
Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed a	bov	e) w	ho re	eceived more than \$100),000 of reportable			res N	0
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for	such Individual										3	>	
 For any individual listed on line 1a, is the s and related organizations greater than \$15 Did any person listed on line 1a receive or 	0,000? <i>If</i> "Yes,	," cc	mpl	ete	Sch	edul	θJf	or such individual			4	<u> </u>	<u></u>
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedui	le J	for <u>s</u>	<u>ụch</u>	per	son					5	}	<u> </u>
1 Complete this table for your five highest co										pensa	ation fro	om	_
(A)	the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services								C	(C)		_	
							_				_		
											-	 	
Total number of independent contractors	(including but i	not l	imite	ed to	the	ose l	stec	d above) who received n	nore than	.		······································	
\$100,000 of compensation from the organ						0		·				90 (20:	

				PLANT MO	OTY FOUN	DATION		41-6249	9497 Page 9
Pa	rt V	/111	Statement of Rever	nue					
		••••	Check if Schedule O cont	ains a response	or note to any lin				
********						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns	1a					
Gra		b	Membership dues	. 1b					
ts, An		C	Fundraising events	1c					
Gif			Related organizations	1d					
ins, Sim			Government grants (contribut						
utio		f	All other contributions, gifts, gran		250 540				
Oth			similar amounts not included abo		369,648.				
ou			Noncash contributions included in lines	3 1a-1f \$		260 640			
9 0		h	Total. Add lines 1a-1f		•	369,648.			
60	_	_			Business Code				
Program Service Revenue	2	_			-				
Ser		Ь						<u>-</u> -	 -
E S		c d							
ğΨ									
P		f	All other program service reve	enue				· · · · · · · · · · · · · · · · · · ·	
			Total. Add lines 2a-2f		•				
	3		Investment income (including	dividends, intere	est, and				1
			other similar amounts)		>				
	4		Income from investment of ta	x-exempt bond p	roceeds 🕨				
İ	5		Royalties		.				
				(i) Real	(ii) Personal				
	6		Gross rents						
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)	-	<u> </u>			······································	
	7	а	Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory						
		D	Less: cost or other basis						
		_	and sales expenses						
			Gain or (loss) Net gain or (loss)				1		
•	B		Gross income from fundraisin	 Ia events (not					
Other Revenue	ľ	_	including \$	-					
9/9			contributions reported on line						
Α.			Part IV, line 18	а					
Ě	İ	b	Less: direct expenses	b					
J		С	Net income or (loss) from fund	draising events					1
	9	а	Gross income from gaming a	ctivities. See		,			
			Part IV, line 19	. а					
			Less: direct expenses	b					
			Net income or (loss) from gan	-	—				
	10	а	Gross sales of inventory, less						
			and allowances	a					
			Less: cost of goods sold	b oo of inventors					
	\vdash	٢	Net income or (loss) from sale Miscellaneous Revenu		Business Code			·	
	11	a	Wiscellaneous Nevent		- damess Code				
]	þ			-				
		С							
		d	All other revenue						
		e	Total. Add lines 11a-11d		•				
	12		Total revenue. See instructions	·	>	369,648.	0.	0	0.

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, 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 domestic organizations				
	and domestic governments See Part IV, line 21	380,936.	380,936.		
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	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)		<u> </u>		
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes .				
11	Fees for services (non-employees):				
а	Management			***	<u>.</u>
b	Legal				
¢	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion				
13	Office expenses				<u> </u>
14	Information technology .				
15	Royalties	· · · · · · · · · · · · · · · · · · ·			
16	Occupancy				
17	Travel .				· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses				
	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)				
а	BANK FEES	376.	376.		
b	STATE OF MINNESOTA FILI	25.	25.		
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	381,337.	381,337.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)		<u> </u>		

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 Cash - non-interest-bearing 96,232. 84,543. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 instr). Complete Part II of Sch L 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 10b b Less: accumulated depreciation 10c Investments · publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 96,232. 84,543 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 0. 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 96,232. 84,543. 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 96,232. 84,543. 33 33 Total net assets or fund balances

Form **990** (2014)

96,232.

84,543.

Total liabilities and net assets/fund balances

orm	990 (2014) GRAY PLANT MOOTY FOUNDATION	41-624	9497	Pag	ge 12
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			48.
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>37.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>89.</u> :
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9	<u>6,2</u>	<u>32.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7		_	
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u>0.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	8	<u>4,5</u>	43.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	∍ O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ıngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	uired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		

Form **990** (2014)

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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

GRAY PLANT MOOTY FOUNDATION

Employer identification number

41-6249497

Pa	rt i	Reason for Public (Charity Status (/	All organizations must co	mplete th	ıs part.) Se	e instructions.					
Γhe	organ	ization is not a private found	ation because it is: (For lines 1 through 11, o	heck only	one box.)						
1		A church, convention of chi	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).					
2		A school described in secti				`						
3		A hospital or a cooperative			ection 170	/b)/1\/Δ\/ii	i).					
4		A medical research organiza						the hospital's name				
-		city, and state:			4000	0000.0	otoltilladini	ino nospitars name,				
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ed by a g	wornmontal unit decemb	od in				
9				nege of university owner	J OI OPEIAI	led by a go	overnmental unit describ	ed in				
		section 170(b)(1)(A)(iv). (C				-04.141401						
~	$\overline{\mathbf{x}}$	A federal, state, or local gov										
′	لیا	, , , , , , , , , , , , , , , , , , ,										
_		section 170(b)(1)(A)(vi). (Co										
8	片	A community trust describe										
y	ш	An organization that norma										
		activities related to its exen										
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqu	ired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Cor										
10	님	An organization organized a										
11	لـــا	An organization organized a										
		more publicly supported or						check the box in				
	Г	lines 11a through 11d that ∈					-					
а	<u> </u>	Type I. A supporting orga										
		the supported organization			a majority o	of the direc	ctors or trustees of the s	upporting				
		organization. You must o	•									
b	· L	☐ Type II. A supporting org										
		control or management o			ame perso	ons that co	ontrol or manage the sup	ported				
	_	organization(s). You mus										
C	: L	☐ Type III functionally inte						ed with,				
	_	tts supported organization										
d	I L_							• •				
		that is not functionally int						veness				
		requirement (see instruct										
e	. L	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	Type III non-functio	nally integrated support	ing organiz	zation.						
f	Ent	er the number of supported o	organizations			-						
		vide the following information			(GA 1- 41							
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		rganization n your	(-,-	(vi) Amount of				
		O. gas neation		above or IRC section		document?	support (see Instructions)	other support (see Instructions)				
				(see instructions))	Yes	No		matroctoria)				
							1					
					ļ							
Tot	اه											

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")	381,384.	367,033.	382,700.	369,433.	369,648.	1870198.
2	Tax revenues levied for the organ-					-	
	ization'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	381,384.	367,033.	382,700.	369,433.	369,648.	1870198.
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)						
	Public support. Subtract line 5 from line 4						1870198.
<u>Sec</u>	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	381,384.	367,033.	382,700.	369,433.	369,648.	1870198.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	11.					11.
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 VI.)						
	Total support. Add lines 7 through 10						1870209.
	Gross receipts from related activities,	•	•			12	· · · · · · · · · · · · · · · · · · ·
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
804	organization, check this box and stop						
	ction C. Computation of Publ						100 00
	Public support percentage for 2014 (=	olumn (t))			100.00 %
	Public support percentage from 2013	•	•			15	99.97 %
IVa	33 1/3% support test - 2014. If the cases have the experience qualifies				14 IS 33 1/3% or m	iore, check this bo	
	stop here. The organization qualifies		-				▶ X
	33 1/3% support test - 2013. If the c				ine 15 is 33 1/3%	or more, cneck th	is box
170	and stop here. The organization qual				. 10 10 10-		. ▶□
	10% -facts-and-circumstances tes and if the organization meets the 'fac						
	meets the "facts-and-circumstances"					t vi now the organ	ization
ь	10% -facts-and-circumstances tes					17a and line 45 :	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-cire						.
18	Private foundation. If the organization						
						dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II.)

<u>Se</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that		-				
•	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-				-		
•	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
,	furnished by a governmental unit to					+	
	the organization without charge						
۰	· · · · · · · · · · · · · · · · · · ·				 		
	Total. Add lines 1 through 5			 -		 	
7 8	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	O Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
	Add lines 7a and 7b	-	†		 		· · · · ·
	Public support (Subtract line 7c from line 6)		1		1	/ · · · · · · · · · · · · · · · · · · ·	
	ction B. Total Support		<u></u>	I	1		·
		(a) 2010	(h) 0011	(+) 0040	T 40040	1 1 1 1 1 1 1	
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014_	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income					<u> </u>	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b	-					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	<u></u>					· · · · · · · · · · · · · · · · · · ·
	First five years. If the Form 990 is for	the organization	's first, second, thu	rd, fourth, or fifth t	ax vear as a sect	on 501(c)(3) organiz	ration
	check this box and stop here		,,		ar your as a soon	on oo rojoj organiz	. ation,
Se	ction C. Computation of Publi	c Support Pe	ercentage				
	Public support percentage for 2014 (li			column (fl)		15	9
	Public support percentage from 2013		•	30.0 (1,7,		16	9
	ction D. Computation of Inves					1101	
17						17	0.
18		•	• • • • • • • • • • • • • • • • • • • •	ne 13, column (i)		18	
	a 33 1/3% support tests - 2014. If the		· •	on line 14, and line	e 15 is more than		9 17 is not
	more than 33 1/3%, check this box an						i / is not ▶ [
							▶ []
	33 1/3% support tests - 2013. If the						
20	line 18 is not more than 33 1/3%, chec						
	Private foundation. If the organization	i did not check a	LOOK ON TIME 14, 19	a, or 190, check t	nis oox and see li	ISTRUCTIONS	

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI**how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part Vi**how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part Viwhen and how the organization made the determination.**
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in **Part Vi**what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part Vi**what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	p	Yes	No
	1		
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	3c		<u></u> .
	4a		
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	5a		
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	10a]	
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91	10b 90 or 99	 0-E <i>Z</i>)	2014

******	dule A (Form 990 or 990-EZ) 2014 GRAY PLANT MOOTY FOUNDA			41-6249497 Page
ستستسا	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	1
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		-	
	collection of gross income or for management, conservation, or	1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
<u> </u>	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	, , , , , , , , , , , , , , , , , , ,	
е	Discount claimed for blockage or other		+	
	factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	······································	"

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

4 Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2014

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L	* • Type III Non-Functionally integrated 509	(a)(a) Supporting Orga	<u>anizations (continued) </u>	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а			.,, , , , , , , , , , , , , , , , , , ,	
b				
c				
d				
е	From 2013			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years	H		
<u>h</u>	Applied to 2014 distributable amount			-
_ <u>i</u> _	Carryover from 2009 not applied (see instructions)		1.du	
i _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
<u> </u>	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
<u>d</u>	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-E	Z) 2014 GRAY	PLANT	YTOOM	FOUNDA'	TION		41-6249497	Page 8
Part VI	(Form 990 or 990-E Supplementa					Part II, line 10; F	Part II, line 17a or	17b; and Part III, line	12.
	Also complete this	s part for any addr	tional informa	ation. (See in	structions).				
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SCHEDULE (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047 2014

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

Employer identification number 41-6249497 Open to Public Inspection

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	GRAY PLANT MOOTY FOUNDATION	41-6	ဖ
Parti	Part i General Information on Grants and Assistance		ı
8	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
Ę	criteria used to award the grants or assistance?	X Yes	S
Z Č	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	:	J

SHARING CAMPAIGN, LAW DAY ASSOCIATES' ONE HOUR OF (h) Purpose of grant or assistance DINNER AND GENERAL MULTI-YEAR PLEDGE EVENT SPONSORSHIP SENERAL OPERATING GENERAL OPERATING MULTI-YEAR PLEDGE Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any PERATING (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ö ö ö ö Ö (e) Amount of non-cash assistance recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 000 600 (d) Amount of 10,000 5,000 35,675 22,500, cash grant 65, 27 (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) (**b**) EIN PROGRAM - 1101 K STREET, NW, SUITE UNIVERSITY OF MINNESOTA FOUNDATION 1 (a) Name and address of organization DISTRICT OF COLUMBIA BAR PRO BONO 430 FIRST AVENUE NORTH, SUITE 300 FOUNDATION - PO BOX 3140 - RAPID UNITED WAY OF CENTRAL MINNESOTA 3001 CLEARWATER ROAD, SUITE 201 GREATER TWIN CITIES UNITED WAY NATIONAL AMERICAN UNIVERSITY 200 OAK STREET SE, SUITE 500 - WASHINGTON, DC 20005 FUND FOR LEGAL AID SOCIETY or government MINNEAPOLIS, MN 55401 MINNEAPOLIS, MN 55455 MINNEAPOLIS, MN 55405 404 SOUTH 8TH STREET ST. CLOUD, MN 56301 SD 57709 Partil CITY,

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Q

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2014)

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Page 1

Schedule I (Form 990) GRAY PLANT MOOTY	T MOOTY E	FOUNDATION					41-6249497 Page
Part il Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	overnments and Organ	izations in the Ur	nited States (Sche	dule I (Form 990), Pa	1 II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IFA EDUCATIONAL FOUNDATION 1501 K STREET NW, SUITE 350 WASHINGTON, DC 20005		501(C)(3)	5,000.	0			MULTI-YEAR PLEDGE
WILLIAM MITCHELL COLLEGE OF LAW 875 SUMMIT AVENUE ST. PAUL, MN 55105		501(C)(3)	.000,5	0			MULTI-YEAR PLEDGE
GUTHRIE THEATER 818 SOUTH 2ND STREET MINNEAPOLIS, NN 55415	_	501(C)(3)	.000,01	0.			GENERAL OPERATING
DUNKIN' DONUTS & BASKIN-ROBBINS COMMUNITY FOUNDATION - 130 ROYALL STREET - CANTON, MA 02021		501(C)(3)	9,440	0.			GENERAL OPERATING
MINNEAPOLIS INSTITUTE OF ARTS 2400 SOUTH 3RD AVENUE MINNEAPOLIS NO 55404		501(0)(3)	5,000	0			GENERAL OPERATING
.1							

Schedule i (Form 990)

(f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Schedule I (Form 990) (2014) GRAY PLANT MOOTY FOUNDATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Schedule I (Form 990) (2014)

432102 10-15-14

Page 2

41-6249497

GRAY PLANT MOOTY FOUNDATION

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.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection **Employer identification number**

GRAY PLANT MOOTY FOUNDATION	41-6249497
FORM 990, PART VI, SECTION A, LINE 2:	
ALL TRUSTEES ARE EMPLOYEES OF GRAY, PLANT, MOOTY, MOOTY &	BENNETT, P.A. AND
SEVERAL TRUSTEES ARE SHAREHOLDERS OF GRAY, PLANT, MOOTY,	MOOTY & BENNETT,
P.A.	
FORM 990, PART VI, SECTION B, LINE 11:	
FORM 990 IS PREPARED AND REVIEWED BY SEVERAL TRUSTEES PRI	OR TO FILING.
FORM 990, PART VI, SECTION B, LINE 15:	
THE FOUNDATION DOES NOT HAVE ANY PAID STAFF.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE NOT AVAI	LABLE TO THE
PUBLIC.	

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

Open to Public Inspection 2014

OMB No 1545-0047

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

GRAY PLANT MOOTY FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service

Employer identification number 41-6249497

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part

(f) Direct controlling entity		
(e) End-of-year assets		
(d) Total income		
(c) Legal domicile (state or foreign country)		
(b) Primary activity		
(a) Name, address, and EIN (if applicable) of disregarded entity		

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Part #

	(g) 512/b)/13)	trolled	entity?	%							
	Section	8	ē	Yes				!			
	E	Direct controlling	entity								
	(e)	Public charity	status (if section	501(c)(3))							
	Đ	Exempt Code	section				•••		,		
	(c)	Legal domicile (state or	foreign country)								
(F)	(g)	Primary activity				:					
	(a)	Name, address, and EIN	of related organization								

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Schedule R (Form 990) 2014

Page 2

41-6249497

Schedule R (Form 990) 2014 GRAY PLANT MOOTY FOUNDATION

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

			•		,				1					!	
3	General or Percentage managing ownership.													Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	
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Ξ	Disproportionate allocations?	S No			<u> </u>					 			_	euil ,	F
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6)	Share of end-of-year	200												-orm	F
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ε	Share of total income													were	L
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_	Predominant income (related, unrelated, excluded from tax under	ctions												e if the	ľ
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_	cie ai	ty)			_			-						orpor tax ye	
<u> </u>	Legal domicile (state or	country)												sa C	
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<u> </u>	Primary activity													s Tax: r trust	
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														Identification of Related Organizations Taxable as a Corporati organizations treated as a corporation or trust during the tax year	
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(e)	addres ted org			i										tificat nizatio	
	Name, address, and EIN of related organization													Iden orga⊩	
	Z													Part IV	
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8	512(b)(13) controlled	artity 2	s No			X		 _					 _
		- 1	Yes									_	
ε	Percentage ownership									:			
(6)	Share of end-of-vear	assets											
€	Share of total												
(e)	ling Type of entity Sha (C corp. S corp.	or trust)	,			CORP							_
ව	Direct contro entity	•											
9	Legat domicile (state or	foreign	country)			MN							
②	Primary activity					LAW FIRM							
(a)	Name, address, and EIN of related organization			GRAY, PLANT, MOOTY, MOOTY & BENNETT, P.A	41-1411978, 500 IDS CENTER, 80 S. 8TH	STREET, MINNEAPOLIS, MN 55402							

Schedule R (Form 990) 2014

Schedule R (Form 990) 2014 GRAY PLANT MOOTY FOUNDATION

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art IV, line 34, 35b, or 36.
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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	S
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ons with one or more	related organizations listec	In Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ııty			1a	×
b Gift, grant, or capital contribution to related organization(s)				đ	×
c Gift, grant, or capital contribution from related organization(s)				2	×
d Loans or loan guarantees to or for related organization(s)				1d	×
					 ×
 Loans or loan guarantees by related organization(s) 				9	۹
f Dividends from related organization(s)				#	×
g Sale of assets to related organization(s)				19	×
		•		+	×
			•	;=	×
j Lease of facilities, equipment, or other assets to related organization(s)				; -	×
k Lease of facilities, equipment, or other assets from related organization(s)				*	×
1 Performance of services or membership or fundraising solicitations for related organization(s)	ganization(s)		:	=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	ganization(s)			٤	× :
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			Ę	× :
 Sharing of paid employees with related organization(s) 		٠		9	×
p Reimbursement paid to related organization(s) for expenses				1 _p	×
q Reimbursement paid by related organization(s) for expenses				19	×
			·	÷ ;	××
ام	* 0 to 1000 to 1000 to 1000	Lording Scile il coil citi	objections the consequence bear continued to	2	4
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	wno must complete t	inis line, including covered	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	ıvolved	
(1)					
(2)	:		;		
(A)					
(9)					
4721R3 08-14-14	27		Schedule	Schedule R (Form 990) 2014	0.2014

Page 4

Schedule R (Form 990) 2014 GRAY PLANT MOOTY FOUNDATION

part 世 Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(b) (c) (d)	(q)	(0)	(p)	(e)	3	(6)	ε	6	6	(K)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant incominated, unrelated, excluded from tax unconstants.	Partners sec 501(c)(3) 16r orgs No	Share of total Income	Share of end-of-year assets	Dispropor- tionate allocations?	Dspropor- Code V-UBI General or Percentage total allocations? of Schedule K-1 partner? Ownership / Ass No (Form 1065) Yes No	General or managing partner?	Percentage ownership
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		_								
								Schedule	R (For	Schedule R (Form 990) 2014