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# **Return of Private Foundation**

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Denote the social security numbers on this form as it may be made public.

Denote the social security numbers on this form as it may be made public.

Open to Public Inspection

For	calen	dar year 2014 or tax year beginning	, 201	4, and	ending		, 20
		undation				r identification numb	er .
		MERRILL SCHWEINER FOUNDATION	N		۱ 4	5-3176179	>
Nur	nber an	d street (or P O. box number if mail is not delivered to street address)		n/suite	B Telephon	e number (see instruct	
		1013 SNE SACRAMENTO ST			CO	<b>2-997-9</b> 3	.71
City	or tow	n, state of province, country, and ZIP or foreign postal code	· · · · · · · · · · · · · · · · · · ·		C if evernor	ion application is pend	ling check here
		101TUANO, OR 97213			o ii oxonipi	топ арриодног на реги	ing, crock holes
G	Check		n of a former public	charity	D 1 Foreign	n organizations, check	hara 🛌
_		☐ Final return ☐ Amended	•	J		_	_
		☐ Address change ☐ Name cha	nae			n organizations meetin here and attach compi	
H	Check	type of organization: Section 501(c)(3) exempt p	<del>-</del>			foundation status was	
		on 4947(a)(1) nonexempt charitable trust			section 5	07(b)(1)(A), check here	▶ 🗀
		narket value of all assets at   J Accounting method		Accrual	<b> </b>		
		f year (from Part II, col. (c), Other (specify)				ndation is in a 60-mon! ction 507(b)(1)(B), chec	
		6) > \$ 837187, 78 (Part I, column (d) must be	on cash basis.)			Van Nama	
-	art I	Analysis of Revenue and Expenses (The total of		İ	·		(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per		investment	(c) Adjusted net	for charitable
		the amounts in column (a) (see instructions) )	books	"	ncome	ıncome	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	15000-	300			A STANFORM OF THE STANFORM OF
	2	Check ► ☐ If the foundation is <b>not</b> required to attach Sch. B					
	3	Interest on savings and temporary cash investments	75	ON THE SHOW SHOW	TS.	THE RESIDENCE OF THE PROPERTY	
	4	Dividends and interest from securities	19784 71	195	17.72		
_	5a	Gross rents	1120 11	<del>                                     </del>	<del>-~ 1. 1/ -</del>		
•	Ь	Net rental income or (loss)	77.784.684.17.207/11				
40	6a	Net gain or (loss) from sale of assets not on line 10	AND THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF				
Ž	Ь	Gross sales price for all assets on line 6a				Property and the second	
Revenue	7	Capital gain net income (from Part IV, line 2)			NA ROBERT VICES		
æ	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances	The second second				
	ь	Less: Cost of goods sold					A CONTRACTOR OF THE PARTY OF TH
	C	Gross profit or (loss) (attach schedule)					7.8
	11	Other income (attach schedule)		2027/09/09/2020	COLORNA SERVICIONE		
	12	Total. Add lines 1 through 11	उपेरबट त्ये	197	QC LIL		
	13	Compensation of officers, directors, trustees, etc.	3 1c02.11	+112	<u> </u>	SOCIAL IN	And the Committee of th
Expenses	14	Other employee salaries and wages			(= <u>-</u>		*
SE SE	15	Pension plans, employee benefits	-	<del> </del>	- 23g		1:8:
ĕ	16a	Legal fees (attach schedule)		1	<del>-   2   F</del>	EB 9 2 29:5	179
_	b	Accounting fees (attach schedule)	<del></del>	1	1		8
<u>\$</u>	C	Other professional fees (attach schedule)		1	i O	BOSA 1000	'
ā	17	Interest		1	,		
ist	18	Taxes (attach schedule) (see instructions)	72.145	1			14.28
Ĕ	19	Depreciation (attach schedule) and depletion		1			
Operating and Administrative	20	Occupancy					The state of the s
Ā	21	Travel, conferences, and meetings					
2	22	Printing and publications					<u> </u>
8	23	Other expenses (attach schedule)	25 -				25-
<b>#</b>	24	Total operating and administrative expenses.		1			1 2 1
Ē		Add lines 13 through 23	366.56				4.28
ğ	25	Contributions, gifts, grants paid	15375-				15375-
0	26	Total expenses and disbursements. Add lines 24 and 25	75747.56		- No	The state of the s	155-19.20
	27	Subtract line 26 from line 12:		2000			
	a	Excess of revenue over expenses and disbursements	18543.58				
	b	Net investment income (if negative, enter -0-)		147	41,28		A. A.
	С	Adjusted net income (if negative, enter -0-)				The state of the s	
For	Paper	work Reduction Act Notice, see instructions.	Cat 1	No. 11289	Y	F	om <b>990-PF</b> (2014)

Da	rt II	Dalamas Chaste	Attached schedules and amounts in the description column	Beginning of year	End	of year
<u> </u>		Balance Sheets	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cashnon-interest-l				
	2	Savings and tempora	ary cash investments	3243.52	2502.39	2502.39
	3	Accounts receivable	<b>-</b>	1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /		
		Less: allowance for o	loubtful accounts ▶			
	4	Pledges receivable ▶	•			
		Less: allowance for o	doubtful accounts ▶			
	5				<u></u>	
	6		m officers, directors, trustees, and other			
			(attach schedule) (see instructions)			
	7	Other notes and loans re	eceivable (attach schedule) ▶	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		Less: allowance for do	ubtful accounts ▶			
ts	8		ruse			
Assets	9	Prepaid expenses an	nd deferred charges			
Ą	10a	Investments-U.S. and	state government obligations (attach schedule)			
	Ь	Investments-corpor	rate stock (attach schedule)			
	C	Investments-corpor	rate bonds (attach schedule)			
	11	Investments-land, build	lings, and equipment: basis ▶	Charles Comment of the First	B T T T T T T T T T T T T T T T T T T T	
		Less: accumulated depre	ciation (attach schedule) >	_		<u> </u>
	12		age loans			
	13	Investments-other	(attach schedule)	721234.88	740519.59	834680.39
	14	Land, buildings, and ed	quipment: basis ▶	10000000000000000000000000000000000000		
		Less: accumulated dep	reciation (attach schedule) ►			
	15	Other assets (descrit				
	16		be completed by all filers-see the	<b></b>		0000
		instructions. Also, se	e page 1, item f)	04.8745	743021.98	837182:78
	17		nd accrued expenses			ا ماري جر الماري جرا
Ġ	18	Grants payable				5 Sec. 18 (4)
寶	19	Deferred revenue .				The state of the s
Liabilities	20	Loans from officers, dir	ectors, trustees, and other disqualified persons		<u> </u>	The state of the same of the same of the
<u>.e</u>	21	Mortgages and other	r notes payable (attach schedule)			Man Car Car A a .
_	22	Other liabilities (desc	eribe ►)			
	23	Total liabilities (add	ribe ►) lines 17 through 22)	<b>Q</b>	•	
w		Foundations that fo	illow SFAS 117, check here ▶ 🔲	,	<b>'</b>	[ ] May [ ] 2
S		•	24 through 26 and lines 30 and 31.			1000
Balances	24	Unrestricted				The state of the s
3a	25	Temporarily restricte				
75	26	Permanently restrict	ed			- 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Net Assets or Fun		Foundations that de	o not follow SFAS 117, check here 🕨 💢			But There let I so
Ë	_	and complete lines	<del>-</del>	n 10h- 11	7112 1 66	The ASSET OF THE STATE OF
0	27		orincipal, or current funds	724478.40	743021.98	
ét	28		plus, or land, bldg., and equipment fund			[1964] [1964] [1964] [1964] [1964] [1964] [1964] [1964] [1964] [1964] [1964] [1964] [1964] [1964] [1964] [1964]
881	29	•	cumulated income, endowment, or other funds		412 - 60	Se with se en
4	30		fund balances (see instructions)	724418.40	743021.98	
Ž	31		and net assets/fund balances (see	מנו מפוניניד	7117 - 2 , 90	e e
		•		724478.40	743021.98	
	rt III		nges in Net Assets or Fund Balances		-A	· · · · · · · · · · · · · · · · · · ·
1			palances at beginning of year—Part II, colu			7244764
_		·	d on prior year's return)		ļ <u>-</u>	11944 1874 0
_		er amount from Part I,				187779
3						71200
4		lines 1, 2, and 3			4	1420 TV.18
5	Deci	reases not included in	line 2 (itemize) ► alances at end of year (line 4 minus line 5)—	Dart II column /h\	5 in 20	7:12 171 00
_	1018	a net assets or lund b	arances at end or year time 4 minus line 5)-	racii, columii (0), i	ine 30   6	Form 990-PF (2014)

Part	V Capital Gains and	d Losses for Tax on Investn	nent Income			
	(a) List and describe th	ne kind(s) of property sold (e.g., real estatuse; or common stock, 200 shs. MLC Co.	e,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo., day, yr)
1a_	NIK				_	
b						
c	<del></del>				· · · · · · · · · · · · · · · · · · ·	
<u>d</u>						
ее	· · · · · · · · · · · · · · · · · · ·			<u> </u>		<u></u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		n or (loss) f) mmus (g)
а		······································				· · · · · · · · · · · · · · · · · · ·
b						
<u>c</u>					<u> </u>	· · · · · · · · · · · · · · · · · · ·
<u>d</u>					· - · · · · · · · · · · · · · · · · · ·	<del></del>
е	Complete only for assets sho	owing gain in column (h) and owned	by the foundation	on 12/31/69	A) Cours (Co	. (h) gara munus
	(i) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (i) (i), if any	col. (k), but no	l (h) gain minus t less than -0-) <b>or</b> rom col (h))
a						
b						
С						
<u>d</u>		<del></del>				
е			l <u> </u>		<u> </u>	
2	Capital gain net income of		also enter in Pa , enter -0- in Pa		2	
. 3	If gain, also enter in Part	in or (loss) as defined in sections I, line 8, column (c) (see instru	ctions). If (loss)			
Part		der Section 4940(e) for Red		lot Investment	3	
Was t		ve this part blank.  Section 4942 tax on the distribut qualify under section 4940(e).			base period?	☐ Yes ☐ No
1		ount in each column for each ye			aking any entries.	
Cale	(a) Base period years endar year (or tax year beginning ir	(b)		(c) f nonchantable-use a	Dis Dis	(d) tribution ratio divided by col. (c))
	2013					
	2012					
	2011					<del>-</del>
	2010					
	2009		<u>l</u> .	<del></del>	<del>                                    </del>	
2	Total of line 1, column (d	)			. 2	
3		for the 5-year base period—div				<del> </del>
		dation has been in existence if le				· · · · · · · · · · · · · · · · · · ·
4	Enter the net value of nor	nchantable-use assets for 2014 t	from Part X, line	5	. 4	
5	Multiply line 4 by line 3				. 5	
6	Enter 1% of net investme	ent income (1% of Part I, line 27t	o)		. 6	
7	Add lines 5 and 6				. 7	· ····
8		ons from Part XII, line 4 ater than line 7, check the box i				% tax rate. See the

Part \		<del>48 – ε</del>	ee ir	nstru	ction	ıs)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.		, व्याप्ताः ।	100	•	"
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)		1	**~	4	<u></u>
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	•	<b>?</b> R2		10
	here ▶ ☐ and enter 1% of Part I, line 27b	13.50	, ' .			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		4111	3 10.4		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			i	
3	Add lines 1 and 2	3		385		TO
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5		282		<u>0</u>
6	Credits/Payments:	25h	المراجعة الم	· .		
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a		198.	h		
b	Exempt foreign organizations—tax withheld at source 6b	W ÷	5,46	. ; ;		.
C	Tax paid with application for extension of time to file (Form 8868) 6c 6c	\$ 5	سرایس به درن	N" (30.	, C. 1	41 3
_d	Backup withholding erroneously withheld					
7	Total credits and payments. Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8		700	-	-1~
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		385	$\longrightarrow$	10
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶  Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶  Refunded ▶	10 11				
Part		<u> </u>			l	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	or di	d it	,	Yes	No
	participate or intervene in any political campaign?		.	1a		K
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	ses (	see			
	Instructions for the definition)?	`		1b		K
-	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any	mater	nals	7.5		. 7
	published or distributed by the foundation in connection with the activities.			1.	of the of the	184. T
- с	Did the foundation file Form 1120-POL for this year?			1c		<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				160	. gar
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$					ا ، ا
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax in on foundation managers. > \$	mpose	ed			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? .			2	,	
	If "Yes," attach a detailed description of the activities.			اره بن اززلا در		ال سا
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	",""	X
<b>4</b> a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?			4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		
_	If "Yes," attach the statement required by General Instruction T.			a <sup>1</sup> 1.1	Part 21.	1.3
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			-1.	Sign of	77 .
	<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directively</li> </ul>	tiono 1	hat	9 m	1.00	71
	conflict with the state law remain in the governing instrument?	lions i	וזומו			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), ar	 M Part	· yı/	6 7	<b>Q</b>	<del></del>
, 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	uran	^•		M	1-
	MELLAND			ار مرابع الر	ار د د از	۰,
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorne	v Gen	eral		3	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	K	للسند
9	Is the foundation claiming status as a private operating foundation within the meaning of section 49	42(1)(3	) or			
-	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)					~
	complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule list	sting t	heir			V
	names and addresses		•	10		_

Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
14	Website address ► NONE  The books are in care of ► MERIU SUMENER Telephone no. ► 503-	997	-92	717
15	Located at ► 6/3 NE SACLAMENTOST, FOCTIANS 2IP+4 ► 972 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here.  and enter the amount of tax-exempt interest received or accrued during the year ► 15	7-4	£10	<b>-</b>
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authorit over a bank, securities, or other financial account in a foreign country?	1	Yes	No K
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the foreign country	16		
Dove		THE REAL PROPERTY.		统序(1
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	LARGON	Vac	Na
4	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	7	Yes	No
1a	During the year did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?   Yes   Listo			The state of
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No  (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
-	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
- <b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶□			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b		MALE MA
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.  ▶ 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
4-	foundation had excess business holdings in 2014.)	3b		<b>V</b> -
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4a 4b		

Form 990	-PF (2014)
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Page 6

Par	Statements Regarding Activities	TOP W	nich Form	4/2U I	мау ве н	equire	<b>sa</b> (continuea)	<u> </u>
5a	During the year did the foundation pay or incur at	-			- 4045(-)	٠.		
	<ul><li>(1) Carry on propaganda, or otherwise attempt to</li><li>(2) Influence the outcome of any specific public</li></ul>						☐ Yes KQN	0
	directly or indirectly, any voter registration dri	ive? .					□Yes 🖄 N	o Para
	(3) Provide a grant to an individual for travel, stud						☐ Yes 💢 N	o Sala
	(4) Provide a grant to an organization other than section 4945(d)(4)(A)? (see instructions)		e.c., c	_			□Yes XN	
	(5) Provide for any purpose other than religious,		-	-	•			
_	purposes, or for the prevention of cruelty to c						☐Yes 🖾 N	o garage
Ь	If any answer is "Yes" to 5a(1)–(5), did any of the Regulations section 53.4945 or in a current notice is							n <b>5b</b>
	Organizations relying on a current notice regarding		_		•		▶[	
С	If the answer is "Yes" to question 5a(4), does the							
	because it maintained expenditure responsibility If "Yes," attach the statement required by Regula		=				∐Yes ∐N	lo la
6a	Did the foundation, during the year, receive any t				to pay pre	miums		
	on a personal benefit contract?						☐ Yes 又	
b	Did the foundation, during the year, pay premium If "Yes" to 6b, file Form 8870.	ns, direc	tly or indired	tly, on	a personal	benefit	contract? .	6b X
7a	At any time during the tax year, was the foundation a	a party to	a prohibited	tax she	elter transac	tion?	☐ Yes 📈 N	o was
	If "Yes," did the foundation receive any proceeds							7b
Par	Information About Officers, Direct and Contractors	tors, Ir	ustees, ro	ounda	on Mana	agers,	Highly Pald	Employees,
1	List all officers, directors, trustees, foundation	n manag	ers and the	ir com	pensation	(see ii	nstructions).	
-	(a) Name and address	hours	and average per week	(lf n	npensation ot paid,	emplo	Contributions to byee benefit plans	(e) Expense account, other allowances
ME	1 RULL SHOPINER	N	to position	en	ter -0-)	and defe	erred compensatio	1 Strict Ellowarious
<u> 613</u>	CNESACRAMENTOST	PRESO	ENT,		1		<b>Ø</b>	
	EISTP-10, ONATTOO	SECRET	Any,		•			1
		THE AC			· · · · · ·			
<b></b>		1 140	w-					
2	Compensation of five highest-paid employee	s (othe	r than thos	e incl	ıded on li	ne 1—	see instructio	ns), if none, enter
	"NONE."	•						
	(a) Name and address of each employee and mare than \$50.00	,	(b) Title, and a		(a) Camp a		(d) Contributions (	
	(a) Name and address of each employee paid more than \$50,00		devoted to po		(c) Compe	isation	plans and deferre compensation	d other allowances
<b>-</b>								
			·····					-
			. <u> </u>		•			
Total	number of other employees paid over \$50,000 .							
	named of other employees paid over woo,000 .					· · · ·		I

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Er and Contractors (continued)	nployees,
3 Five I	nighest-paid independent contractors for professional services (see instructions). If none, enter "NON	IE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
	NOWE.	
	Yada	
		ł
		<u> </u>
Total numbe	er of others receiving over \$50,000 for professional services	
Part IX-A		
	ndation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of s and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1	NONE	
2		
-4		
. 3		
. <u> </u>		
<b></b>		
Part IX-B	Summary of Program-Related Investments (see instructions)	
Describe the	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	NME	
2		
All other pro	gram-related investments. See instructions.	
3	<b>V</b>	
Total. Add I	nes 1 through 3	5 000 DE 1000
		OODE

Part		gn fo	undations,
	see instructions.)	L 2.1	··· · · · · · · · · · · · · · · · · ·
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		818273.21
а	Average monthly fair market value of securities	1a	010215.2
þ	Average of monthly cash balances	1b	4205.21
C	Fair market value of all other assets (see instructions)	1c	1320120112
d	Total (add lines 1a, b, and c)	1d	822418.42
е	Reduction claimed for blockage or other factors reported on lines 1a and	10 15 10 16	
_	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0221/2015
3	Subtract line 2 from line 1d	3	822478.42
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		12337.18
_	instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	810141.54
6	Minimum investment return. Enter 5% of line 5	6	40.1050h
Part		ound	ations
	and certain foreign organizations check here ▶ □ and do not complete this part.)	1 4	Uncaral
1	Minimum investment return from Part X, line 6	1	JO. 5020P
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI.)	Jefy 1 Way	385.70
C	Add lines 2a and 2b	2c	702,10
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4014.56
4	Recoveries of amounts treated as qualifying distributions	4	11.121.21
5	Add lines 3 and 4	5	40121.56
. 6	Deduction from distributable amount (see instructions)	6	<del></del>
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	40121.36
	line 1		614136
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	*	
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	15579.28
b	Program-related investments—total from Part IX-B	1b	133 11100
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	Mech- at	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	15579 79
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	T.	12211100
-	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	15579 2R
_	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating		other the foundation
	qualifies for the section 4940(e) reduction of tax in those years.	3 ****	are regulation
		<del>,</del>	5 000 DE 101

Part	XIII Undistributed Income (see instruction	ons)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2014 from Part XI,	Corpus	Years prior to 2013	2013	t 2014
	line 7			-	400136
2	Undistributed income, if any, as of the end of 2014:		**************************************		10121-10
- а	Enter amount for 2013 only			14479.09	
Ь	Total for prior years: 20 ,20 ,20			11111101	
3	Excess distributions carryover, if any, to 2014:		·		<u></u>
_				. ·	
a	From 2009				
Ь	From 2010	٠ , ١	,	*	
C	From 2011				, '
d	From 2012			_	
8	From 2013		· ·		
f	Total of lines 3a through e		,,		, ,
4	Qualifying distributions for 2014 from Part XII,				_
	line 4: ► \$ 15574,28				
а	Applied to 2013, but not more than line 2a .	•	ه , ه	14479.69	r d <sub>i</sub>
ь	Applied to undistributed income of prior years			,	
	(Election required - see instructions)				
C	Treated as distributions out of corpus (Election	,	4,		
	required—see instructions)		0.00	-	4 A
đ	Applied to 2014 distributable amount		. , ,		1100.19
е	Remaining amount distributed out of corpus				u .
5	Excess distributions carryover applied to 2014		3 10 7	,	
	(If an amount appears in column (d), the same	٥,		1, 3	
	amount must be shown in column (a).)			, e	,
6	Enter the net total of each column as	r s			, ,
	indicated below:	a page way of	, we have	, , ,	, an , 4,
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5		t com , of	s , ,	
b	Prior years' undistributed income. Subtract				, , ,
	line 4b from line 2b	ln ,			
C	Enter the amount of prior years' undistributed	F # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		,	. ,
	income for which a notice of deficiency has	1. c 40° 5		, 4° F.	\$ r = 1, 3, 3
	been issued, or on which the section 4942(a)	·			
	tax has been previously assessed	× 1.1		, ,	( ** ) ** ( **)
d	Subtract line 6c from line 6b. Taxable	5 1		A	
	amount - see instructions	••		24 1 1 1 1 1 1 1 1	ar in the same of the
e	Undistributed income for 2013. Subtract line	[ <del>-</del>	,		2 6
	4a from line 2a. Taxable amount-see	(	1 . · · · · · · · · · · · · · · · · · ·		
	instructions	)	; ,; H, ,		
f	Undistributed income for 2014. Subtract lines				·
•	4d and 5 from line 1. This amount must be	· ' '			7000110
	distributed in 2015			,	39021.17
7	Amounts treated as distributions out of corpus			, ,	*, 1
	to satisfy requirements imposed by section				,
	170(b)(1)(F) or 4942(g)(3) (Election may be	i	[ "	ì	
	required—see instructions)	<u> </u>	, ,	,	, ,
8	Excess distributions carryover from 2009 not	· · · · · · · · · · · · · · · · · · ·	1.		
	applied on line 5 or line 7 (see instructions) .				,
9	Excess distributions carryover to 2015.		<u> </u>	1	
-	Subtract lines 7 and 8 from line 6a			1	
10	Analysis of line 9:				
а	Excess from 2010	1		1	
b	Excess from 2011	1			
C	Excess from 2012	1	1		
d	Excess from 2013	1	1		1
e	Excess from 2014	†		1	
_	· · · · · · · · · · · · · · · · · · ·	,	4	4	t

art.					)	
	If the foundation has received a ruling					
_	foundation, and the ruling is effective for		-			(0) [7] 40.45 (7)
_	Check box to indicate whether the four	idation is a privat	e operating foundat	tion described in se Prior 3 years	ection   4942(j)	(3) or 4942(j)(5)
za	Enter the lesser of the adjusted net income from Part I or the minimum	(a) 2014	<b>(b)</b> 2013		<b>(d)</b> 2011	(e) Total
	investment return from Part X for	(8) 2014	( <b>b)</b> 2013	(c) 2012	<b>(a)</b> 2011	·
_	each year listed					
	Qualifying distributions from Part XII,					
u	line 4 for each year listed					
đ	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly				<u>.                                    </u>	
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the	<del> · · · · · · · · · · · · · · · · · ·</del>		· · · · · · · · · · · · · · · · · · ·		
	alternative test relied upon:					
а	"Assets" alternative test—enter:			}		
_	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3	•				
	of minimum investment return shown in Part X, line 6 for each year listed		1	<u> </u>		
C	"Support" alternative test-enter:	·				
	(1) Total support other than gross		1			1
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)		ł			
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
art		n (Complete t	his part only if t	he foundation h	ad \$5,000 or m	ore in assets at
	any time during the year-	see instructio	ns.)		-	
1	Information Regarding Foundation	Managers:				
a	List any managers of the foundation					by the foundation
	before the close of any tax year (but c	nly if they have o	contributed more th	nan <b>\$5,000).</b> (See s	ection 507(d)(2).)	
	MERRILSCH	WEIDER				
b	List any managers of the foundation	who own 10%				arge portion of the
	ownership of a partnership or other el	ntity) of which the	foundation has a	10% or greater int	erest.	
	NONE					
2	Information Regarding Contribution	, Grant, Gift, Lo	an, Scholarship, d	etc., Programs:		
	Check here ► ☐ if the foundation	only makes con	tributions to prese	elected charitable	organizations and	does not accept
	unsolicited requests for funds. If the f		s gifts, grants, etc.	(see instructions)	to individuals or o	rganizations under
	other conditions, complete items 2a,	o, c, and d.		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>
а	The name, address, and telephone nu	ımber or e-mail a	ddress of the pers	on to whom applic	ations should be	addressed:
	MEDALL WILLEAGE	1125 100 0		- han 10		ra aga az
	MERUL SHOENER,					503-997-98
þ	The form in which applications should	be submitted ar	nd information and	materials they sho	uld include:	
	Park o 1. M	C.Mhanil	Mary 12-1	\ <del>_</del> \		
	CETTEL WITH	- 20htold165	2 MATHERAL	KION	<u> </u>	. <u></u>
С	Any submission deadlines:	•				
	NONE				alda II I I I	Ata. At
đ	Any restrictions or limitations on av					
	factors: HWANISOTHER THE	)102 OTCH	YLS) CHANTIE	SHIE GEVERA	NUB PLL	MADETOR
						· · · · · · · · · · · · · · · · · · ·
	_(6,	THYNOYDH	ant MOR	<del>\</del>		Form <b>990-PF</b> (2014)

Recipient  Name and address (home or business)  Paid during the year  SEE Att RAMEUT    Recipient   If receptor is an included show any relationship to any featureship to any featuresh	Amount
a Paid during the year  SEE ATTACHMENT	
SEEAMACHMENT	
Total	3a (S27.C
b Approved for future payment	1,317
Total	3Ь

Par	t XVI-	A Analysis of Income-Producing Ac	tivities	<del></del>			
		s amounts unless otherwise indicated.		siness income	Excluded by sect	ion 512, 513, or 514	<u> </u>
2,110	, g. 000	MA	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1	Progr.	am service revenue:	Business code	Amount	Excitosion code	Anount	(See instructions)
	a Ť						
	ь						
	c _						
	d _						
	е _						
	f _						
	g Fe	ees and contracts from government agencies					
2	Memi	pership dues and assessments					
3	Intere	st on savings and temporary cash investments			<u> </u>		
4	Divide	ends and interest from securities					
5		ental income or (loss) from real estate:			<u> </u>		
		ebt-financed property					
		ot debt-financed property			<u> </u>		
6		ental income or (loss) from personal property			ļ	<u> </u>	
7		investment income	ļ	<del> </del>	ļ		
8		or (loss) from sales of assets other than inventory			<b></b>		
9		ncome or (loss) from special events					
10		s profit or (loss) from sales of inventory			<b></b>		ļ
11		revenue: a					
	b _		-		ļ		
-					<del> </del>		
	d _				<del>                                     </del>	<u> </u>	<del>                                     </del>
40	e	otal. Add columns (b), (d), and (e)				<u> </u>	
- 12	JUUL	otal. Add Columns (D), (d), and (e)				1	
						12	<del>*************************************</del>
13	Total	. Add line 12, columns (b), (d), and (e)				. 13	
13 (See	Total works	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	ns.)			. 13	
13 (See Pa	Total	Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		mportantly to the
13 (See Pa	Total works rt XV	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		mportantly to the
13 (See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		mportantly to the ctions)
13 (See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		mportantly to the ctions)
13 (See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		mportantly to the ctions)
13 (See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		mportantly to the ctions)
13 (See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		mportantly to the ctions)
13 (See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		mportantly to the ctions)
13 (See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		mportantly to the ctions)
13 (See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		mportantly to the
13 (See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		mportantly to the
13 (See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		mportantly to the
13 (See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		mportantly to the
13 (See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		mportantly to the
13 (See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		mportantly to the
13 (See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		mportantly to the
13 (See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		mportantly to the
13 (See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		mportantly to the
13 (See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		mportantly to the
13 (See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		mportantly to the
13 (See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		mportantly to the
13 (See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		mportantly to the ctions)
13 (See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		mportantly to the
13 (See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e)	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		mportantly to the

Part XVII		Information	Information Regarding Transfers To and Transactions and Relationships With Noncharitable							
rart.	A V II		n Reyarding Tran ganizations	isiers to and trans	actions and n	eiationsnit	os with Moncha	iritapie		
1	Did t	<del></del>	<del></del>	engage in any of the fo	llowing with any	other organi	zation described	Yes No		
	ın se			section 501(c)(3) organ						
а	Trans	sfers from the rep	orting foundation to	a nonchantable exem	npt organization (	of:				
	(1) C	Cash						1a(1)		
	<b>(2)</b> C	Other assets .						1a(2)		
b	Othe	r transactions:								
	(1) S	Sales of assets to	a noncharitable exe	empt organization .				1b(1)		
				able exempt organizati				1b(2)		
	(3) F	Rental of facilities, equipment, or other assets								
			_					1b(4)		
		oans or loan gua.						1b(5)		
				np or fundraising solici				1b(6)		
		_	· ·	sts, other assets, or pa				1c   X		
		the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market liue of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market								
				ces given by the repor ement, show in columi						
(a) Line		(b) Amount involved		hantable exempt organization	<del></del>		s, transactions, and sh			
(a) Line	no	(b) Amount involved	(c) Name of nonc	namable exempt organization	i (a) Descri	puon oi transier	s, transactions, and sn	aring arrangements		
	-+									
		<del></del> ·	<del> </del>							
				·						
	<u> </u>			•••						
		<del></del>			<del>-  </del> -					
								<del></del>		
							· · · · · · · · · · · · · · · · · · ·			
	[			•						
2a				filiated with, or related						
				other than section 501	(c)(3)) or in sectio	n <b>5</b> 27?	(	☐ Yes 🛛 No		
b	If "Y		e following schedule	T	· · · · · · · · · · · · · · · · · · ·					
	(a) Name of organization			(b) Type of orga	(c) Description of relationship					
								<del></del>		
		· · · · · · · · · · · · · · · · · · ·						<del></del>		
		· · · · · · · · · · · · · · · · · · ·								
	T COL	tel renatties of negime	declare that I have every	ed this return, including accom-	namma schadulas and	statemente and	to the heet of my knowle	adne and helief it is this		
Sign	cor	ect and complete. Deci	laration of preparer (other th	eo mis return, including accomp ian taxpayer) is[based_on all info	ormation of which prep	arer has any knov	dedge.			
Here	14	1 1	1 0	11/22/14	1 DARRINES	<del>~</del>		IRS discuss this return preparer shown below		
nere	_	pature of officer or thu	NV2>D-6V	1100/1	TINA TINA	41		uctions)? [[Yes   No		
	_ <del></del>	Print/Type preparer		Preparer's signature		Date		PTIN		
Paid		,	- · · <del>- · · · ·</del>				Check if self-employed	· · · · · · ·		
Prep						1	Firm's EIN ▶			
Use (	Firm's address > Phone no.									
		i i iii ii a auureaa 🚩					CHURCHO.			

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2014

**Employer identification number** 

-3176170

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
<b>Note.</b> Only a section 501(c)(7 instructions.	covered by the <b>General Rule</b> or a <b>Special Rule.</b> '), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule						
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a ontributions.					
Special Rules						
regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line is that received from any one contributor, during the year, total contributions of the greater of (1) the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, during t	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one gethe year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
contributor, during to contributions totale during the year for a <b>General Rule</b> applications.	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, contributions exclusively for religious, charitable, etc., purposes, but no such d more than \$1,000. If this box is checked, enter here the total contributions that were received an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the es to this organization because it received nonexclusively religious, charitable, etc., contributions more during the year					
Caution. An organization tha	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,					

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Employer identification number Name of organization COUNTINEL FOUNDATION Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (c) (d) **(b)** Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** \$ 15,000 Noncash (Complete Part II for noncash contributions.) (d) (a) (c) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) **(b)** (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Pavroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) **(b)** (c) No. Name, address, and ZiP + 4 **Total contributions** Type of contribution Person **Payroli** Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person **Payroll**  $\Box$ Noncash

(Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization Employer identification number SCHWEINER FOUNDATION Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) FMV (or estimate) from Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

# Attachment Part XV Merrill Schneider Foundation 46-3176170 3a -- Paid During Year

3a Paid During Year Name and Address	Recipient Individual?	Foundation Status of Recipient	Purpose	Amount
Union Gospel Mission 3 NW 3rd, Portland, Or 97209 93-0401258	No	PC	Support Programs	\$ 1,000.00
Portland Rescue Mission 13207 NE Halsey St, Portland, Or 97230 93-0429004	No	PC	Support Programs	\$ 1,000.00
Blanchet House of Hospitality 310 NW Glisan St, Portland, Or 97209 93-6031009	No	PC	Support Programs	\$ 1,000.00
Cityteam Ministries 2304 Zanker Rd, San Jose, Ca 95131 94-1501265	No	PC	Support Programs	\$ 1,000.00
American Friend Erhard-Jensen Ontological/Phenomenological Initiative 440 Louisiana St, #1600, Houston, Tx 77002 46-3066830	No	PC	Support Programs	\$ 1,000.00
Smile Train 41 Madison Ave, 28th FI, NY, NY 10010 13-3661416	No	PC	Support Programs	\$ 625.00
Jewish Federation of Portand 6680 SW Capital Hwy, Portland, Or 97219 93-0386825	No	PC	Support Programs	\$ 2,500.00
Chabad of Northeat Portland 2125 NE 45th Ave, Portland, Or 97213 93-0862645	No	PC	Support Programs	\$ 3,500.00
Providence Child Care Foundation 830 NE 47th Ave, Portland, Or 97213 93-0800140	No	PC	Support Programs	\$ 1,000.00
Oregon Lawyer Assistance Foundation PO Box 231600, Tigard, Or 97281 20-8380437	No	PC	Support Programs	\$ 1,250.00
Oregon Area Jewish Committee 7410 SW Oleson Rd, PMB #190, Portland, Or 97 26-1871211	No 223	PC	Support Programs	\$ 750.00
Jewish Family and Child Services 1221 SW Yamhill, #301, Portland, Or 97205 93-0386851	No	PC	Support Programs	\$ 750.00
Total				\$ 15,375.00

# Attached Schedule for Merrill Schneider Foundation 46-3176170

Total

Part I					
Line 18	а	\$	15,000.00	Co	ntribution from Merrill Schneider
Line 18	a	\$	162.28	Pai	id IRS 2012 Investement Income 990-PF Form
	a and d	\$	179.28	Pai	id Oregon Department Justice 2012 CT-12F Form
Line 23	a and d	\$	25.00	Ne	evada Annual Registration fee
Part II					
Line 13		а		b	С
<b>VBIAX</b>		\$	251,337.61	\$	257,877.84 \$ 344,715.63
VTIAX		\$	269,897.27	\$	278,700.20 \$ 263,929.67
VTSAX		\$	200,000.00	\$	203,941.55 \$ 226,035.09

\$ 721,234.88 \$ 740,519.59 \$ 834,680.39