



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



Form 990-PF

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation

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

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

Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

Name of foundation WR GRACE FOUNDATION INC		A Employer identification number  65-0630671	
Number and street (or P O box number if mail is not delivered to street address) 7500 GRACE DRIVE		B Telephone number (see instructions)  (410) 531-4000	
City or town, state or province, country, and ZIP or foreign postal code COLUMBIA, MD 21044		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 336,808		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule) . . . . .	650,000			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities. . . . .				
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2) . . .		0		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold . . . . .				
Operating and Administrative Expenses	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	423	423	0	
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	650,423	423	0	
	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .	2,257	1,128	0	0
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . .				
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	20,830	452	0	5,870
	24 <b>Total operating and administrative expenses.</b>				
	Add lines 13 through 23 . . . . .	23,087	1,580	0	5,870
	25 Contributions, gifts, grants paid . . . . .	733,285			713,286
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	756,372	1,580	0	719,156
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	-105,949			
	b <b>Net investment income</b> (if negative, enter -0-)		0		
	c <b>Adjusted net income</b> (if negative, enter -0-)			0	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .	421,453	335,504	335,504
	2	Savings and temporary cash investments . . . . .			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .	1,304	1,304	1,304
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .			
	c	Investments—corporate bonds (attach schedule). . . . .			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	422,757	336,808	336,808	
Liabilities	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .	175,000	195,000	
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22) . . . . .	175,000	195,000	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds . . . . .	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	247,757	141,808	
	30	Total net assets or fund balances (see instructions) . . . . .	247,757	141,808	
31	Total liabilities and net assets/fund balances (see instructions) . .	422,757	336,808		

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return) . . . . .	1 247,757
2	Enter amount from Part I, line 27a . . . . .	2 -105,949
3	Other increases not included in line 2 (itemize) ▶ _____	3 0
4	Add lines 1, 2, and 3 . . . . .	4 141,808
5	Decreases not included in line 2 (itemize) ▶ _____	5 0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6 141,808

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )		
1a						
(e) Gross sales price		(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (loss) (e) plus (f) minus (g)	
a						
b						
c						
d						
e						
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) F M V as of 12/31/69		(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any			
a						
b						
c						
d						
e						
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }				2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . . }				3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

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

1 Enter the appropriate amount in each column for each year, see instructions before making any entries					
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))		
2013	768,005	527,701	1 455379		
2012	794,737	938,606	0 846721		
2011	807,549	1,130,324	0 714440		
2010	688,812	432,392	1 593027		
2009	749,033	0	0 000000		
2	Total of line 1, column (d). . . . .		2	4 609567	
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years . . . .		3	0 921913	
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5. . . . .		4	309,624	
5	Multiply line 4 by line 3. . . . .		5	285,446	
6	Enter 1% of net investment income (1% of Part I, line 27b). . . . .		6	0	
7	Add lines 5 and 6. . . . .		7	285,446	
8	Enter qualifying distributions from Part XII, line 4. . . . .		8	719,156	
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions					

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1		
	Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	1	0
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2. . . . .	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5	0
6	Credits/Payments		
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	1,304
b	Exempt foreign organizations—tax withheld at source . . . . .	6b	
c	Tax paid with application for extension of time to file (Form 8868) . . . . .	6c	
d	Backup withholding erroneously withheld . . . . .	6d	
7	Total credits and payments. Add lines 6a through 6d. . . . .	7	1,304
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	10	1,304
11	Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b> <input checked="" type="checkbox"/> 1,304 <b>Refunded</b> <input checked="" type="checkbox"/>	11	0

Part VII-A

Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .	1b		No
	<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>			
c	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation <input checked="" type="checkbox"/> \$ <u>0</u> <b>(2)</b> On foundation managers <input checked="" type="checkbox"/> \$ <u>0</u>			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input checked="" type="checkbox"/> \$ <u>0</u>			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .	2		No
	<i>If "Yes," attach a detailed description of the activities.</i>			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	4a		No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .	5	Yes	
	<i>If "Yes," attach the statement required by General Instruction T.</i> <input checked="" type="checkbox"/>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions): <input checked="" type="checkbox"/> FL, MD			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> . . . . .	10		No

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶WWW GRACE VERSAIC COM	13	Yes	
14	The books are in care of ▶WILLIAM DOCKMAN Telephone no ▶(410) 531-4000 Located at ▶7500 GRACE DRIVE COLUMBIA MD ZIP +4 ▶21044			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶	15		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes	No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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 ). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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)? . . . . . <b>1b</b> Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>			
c	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?. . . . . <b>1c</b>			No
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))			
a	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?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . . <b>2b</b>			
c	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____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	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? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.</i> ). . . . . <b>3b</b>			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	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?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a

During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

☒

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

0

Form 990-PF (2014)

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. . . . .		0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

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	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3. . . . .	0



Part X

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities. . . . .	1a	0
b	Average of monthly cash balances. . . . .	1b	314,339
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	Total (add lines 1a, b, and c). . . . .	1d	314,339
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	0
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	0
3	Subtract line 2 from line 1d. . . . .	3	314,339
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	4,715
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	309,624
6	Minimum investment return. Enter 5% of line 5. . . . .	6	15,481

Part XI

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6. . . . .	1	15,481
2a	Tax on investment income for 2014 from Part VI, line 5. . . . .	2a	
b	Income tax for 2014 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	15,481
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	0
5	Add lines 3 and 4. . . . .	5	15,481
6	Deduction from distributable amount (see instructions). . . . .	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	15,481

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	719,156
b	Program-related investments—total from Part IX-B. . . . .	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	719,156
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4. . . . .	6	719,156

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				15,481
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only. . . . .			0	
b Total for prior years 20__ , 20__ , 20__		0		
3 Excess distributions carryover, if any, to 2014				
a From 2009. . . . .	749,033			
b From 2010. . . . .	667,192			
c From 2011. . . . .	751,033			
d From 2012. . . . .	715,413			
e From 2013. . . . .	741,620			
f Total of lines 3a through e. . . . .	3,624,291			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 719,156				
a Applied to 2013, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
c Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
d Applied to 2014 distributable amount. . . . .				15,481
e Remaining amount distributed out of corpus	703,675			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,327,966			
b Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
d Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . .				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . .	0			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . .	749,033			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a . . . . .	3,578,933			
10 Analysis of line 9				
a Excess from 2010. . . .	667,192			
b Excess from 2011. . . .	751,033			
c Excess from 2012. . . .	715,413			
d Excess from 2013. . . .	741,620			
e Excess from 2014. . . .	703,675			

## Part XIV

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling. . . .

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

	Tax year	Prior 3 years			(e) Total
	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties). . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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

## 1 Information Regarding Foundation Managers:

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

• List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

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

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

WWWGRACEVERSAICCOM  
32 W 25TH AVENUE SUITE 203  
SAN MATEO, CA 944032266  
(817) 712-9495  
WWW GRACE VERSAIC COM

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

NO FORMS ARE REQUIRED. HOWEVER, EACH REQUEST SHOULD BE SUBMITTED VIA E-MAIL WITH THE FOLLOWING INFORMATION: 1. THE NATURE AND BACKGROUND OF THE ORGANIZATION, 2. THE SUM BEING REQUESTED, 3. THE SPECIFIC PURPOSE OF THE GRANT REQUEST, AND 4. PHOTOCOPY OF THE CURRENT IRS DETERMINATION LETTER. SHOULD THE FOUNDATION EXPRESS FURTHER INTEREST IN THE ORGANIZATION, IT WOULD REQUIRE IN ADDITION TO THE ABOVE: 1. A CURRENT FINANCIAL STATEMENT, AND 2. A LIST OF CURRENT DONORS, PARTICULARLY COMPANIES, FOUNDATIONS AND GOVERNMENTAL AGENCIES, INDICATING THE AMOUNTS CONTRIBUTED ON AN ANNUAL BASIS.

**c** Any submission deadlines

N/A

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

N/A

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total . . . . .			3a	713,286
b Approved for future payment See Additional Data Table				
Total . . . . .			3b	195,000

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions )
<b>1</b>	Program service revenue					
<b>a</b>	_____					
<b>b</b>	_____					
<b>c</b>	_____					
<b>d</b>	_____					
<b>e</b>	_____					
<b>f</b>	_____					
<b>g</b>	Fees and contracts from government agencies					
<b>2</b>	Membership dues and assessments. . . . .					
<b>3</b>	Interest on savings and temporary cash investments . . . . .					
<b>4</b>	Dividends and interest from securities. . . . .					
<b>5</b>	Net rental income or (loss) from real estate					
<b>a</b>	Debt-financed property. . . . .					
<b>b</b>	Not debt-financed property. . . . .					
<b>6</b>	Net rental income or (loss) from personal property . . . . .					
<b>7</b>	Other investment income. . . . .			14	423	
<b>8</b>	Gain or (loss) from sales of assets other than inventory . . . . .					
<b>9</b>	Net income or (loss) from special events					
<b>10</b>	Gross profit or (loss) from sales of inventory. . .					
<b>11</b>	Other revenue <b>a</b> _____					
<b>b</b>	_____					
<b>c</b>	_____					
<b>d</b>	_____					
<b>e</b>	_____					
<b>12</b>	Subtotal Add columns (b), (d), and (e). . . . .		0		423	0
<b>13</b>	<b>Total.</b> Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations )			<b>13</b>		423


[illegible]



**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**


<b>(a) Name and address</b>		<b>(b) Title, and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>(e) Expense account, other allowances</b>
MARK A SHELNITZ		DIRECTOR & CHAIRMAN (PART YEAR) 1 00	0	0	0
7500 GRACE DRIVE COLUMBIA, MD 21044					
PAMELA K WAGONER		DIRECTOR & CHAIRMAN (PART YEAR) 1 00	0	0	0
7500 GRACE DRIVE COLUMBIA, MD 21044					
HUDSON LA FORCE III		DIRECTOR & VICE CHAIRMAN 1 00	0	0	0
7500 GRACE DRIVE COLUMBIA, MD 21044					
WILLIAM DOCKMAN		VICE CHAIRMAN & TREASURER 1 00	0	0	0
7500 GRACE DRIVE COLUMBIA, MD 21044					
JOHN A MCFARLAND		SECRETARY 1 00	0	0	0
7500 GRACE DRIVE COLUMBIA, MD 21044					
KEITH COLE		EXECUTIVE DIRECTOR (PART YEAR) 1 00	0	0	0
7500 GRACE DRIVE COLUMBIA, MD 21044					
MICHAEL JONES		EXECUTIVE DIRECTOR (PART YEAR) 1 00	0	0	0
7500 GRACE DRIVE COLUMBIA, MD 21044					
JANET DAVIS		DEPUTY EXECUTIVE DIRECTOR 1 00	0	0	0
7500 GRACE DRIVE COLUMBIA, MD 21044					
DIANNA MATTESON		DEPUTY EXECUTIVE DIRECTOR 1 00	0	0	0
7500 GRACE DRIVE COLUMBIA, MD 21044					

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment


Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
ALZHEIMER'S ASSOCIATION GREATER BALTIMORE 1850 YORK ROAD STE D TIMONIUM,MD 21093	NONE	PC	HEALTH AND SOCIAL WELFARE	250
ALZHEIMER'S ASSOCIATION 480 PLEASANT ST WATERTOWN,MA 02472	NONE	PC	HEALTH AND SOCIAL WELFARE	260
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOC INC 2540 N SANTIAGO BLVD ORANGE,CA 92867	NONE	PC	HEALTH AND SOCIAL WELFARE	5,000
AMERICAN CANCER SOC MAKING STRIDES 30 SPEEN STREET FRAMINGTON,MA 01701	NONE	PC	HEALTH AND SOCIAL WELFARE	6,136
AMERICAN CANCER SOCIETY ONE LAKESHORE DRIVE SUITE 1510 LAKE CHARLES,LA 70629	NONE	PC	HEALTH AND SOCIAL WELFARE	1,058
AMERICAN CANCER SOCIETYRELAY FOR LIFE 8219 TOWN CENTER DR BALTIMORE,MD 21236	NONE	PC	HEALTH AND SOCIAL WELFARE	1,560
AMERICAN CHEMICAL SOCIETY 1155 16TH ST NW WASHINGTON,DC 20036	NONE	PC	EDUCATION	11,000
AMERICAN HEART ASSOCIATION 217 E REDWOOD ST 23RD FLOOR BALTIMORE,MD 21202	NONE	PC	HEALTH AND SOCIAL WELFARE	3,500
AMERICAN HEART ASSOCIATION 415 N CHARLES STREET BALTIMORE,MD 21201	NONE	PC	HEALTH AND SOCIAL WELFARE	23,592
ATHOLTON ROCKETRY CLUB 6520 FREETOWN RD COLUMBIA,MD 21044	NONE	PC	EDUCATION	1,000
AUBURN UNIVERSITY FOUNDATION 317 S COLLEGE ST AUBURN,AL 36849	NONE	PC	MATCHING GIFTS	1,000
BALTIMORE COMM FOUNDBALTO JAZZ EDUC PROJ 2 EAST REED STREET BALTIMORE,MD 21202	NONE	PC	URBAN, CIVIC, CULTURE	2,500
BEST BUDDIES NH PO BOX 423 CONCORD,NH 03302	NONE	PC	HEALTH AND SOCIAL WELFARE	405
BIG BROTHERS BIG SISTERS OF SOUTHWEST LOUISIANA 4135 COMMON ST LAKE CHARLES,LA 70607	NONE	PC	URBAN, CIVIC, CULTURE	410
BOYS AND GIRLS CLUB OF MIDDLESEX COUNTY 119 WINDSOR ST 8 CAMBRIDGE,MA 02139	NONE	PC	URBAN, CIVIC, CULTURE	1,000
<b>Total . . . . .</b>  <b>3a</b>				713,286




Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
BUSINESS VOLUNTEER MARYLAND 1201 S SHARP ST SUITE 206 BALTIMORE,MD 21230	NONE	PC	URBAN, CIVIC, CULTURE	1,000
BWH CLIMIBCORPS 116 HUNTINGTON AVE 3RD FL BOSTON,MA 02116	NONE	PC	HEALTH AND SOCIAL WELFARE	380
CAMBRIDGE COMMUNITY CENTER 5 CALLENDER STREET CAMBRIDGE,MA 02139	NONE	PC	URBAN, CIVIC, CULTURE	9,000
CAMBRIDGE SCHOOL VOLUNTEERS 459 BROADWAY CAMBRIDGE,MA 02138	NONE	PC	EDUCATION	3,000
CARNEGIE MELLON UNIVERSITY 6 PPG PLACE-- 11TH FLOOR PITTSBURGH,PA 15222	NONE	PC	MATCHING GIFTS	100
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND,OH 44106	NONE	PC	MATCHING GIFTS	500
CHAMINADE HIGH SCHOOL 340 JACKSON AVENUE MINEOLA,NY 11501	NONE	PC	MATCHING GIFTS	250
CHANEY FOUNDATION FUND PO BOX 548 WALDORF,MD 20604	NONE	PC	HEALTH AND SOCIAL WELFARE	5,000
CHARLESTON CATHOLIC HIGH SCHOOL 1033 VIRGINIA ST EAST CHARLESTON,WV 25301	NONE	PC	MATCHING GIFTS	500
CHD AWARENESS QUILT PROGRAM 1418 SANDWICH DRIVE SANDWICH,IL 60548	NONE	PC	HEALTH AND SOCIAL WELFARE	800
CHEROKEE AREA COUNCIL BSA 6031 LEE HIGHWAY CHATTANOOGA,TN 37421	NONE	PC	URBAN, CIVIC, CULTURE	1,400
COLLINGS FOUNDATION 137 BARTON ROAD STOW,MA 01775	NONE	PC	URBAN, CIVIC, CULTURE	1,000
COLUMBIA FESTIVAL OF THE ARTS 5575 STERRETT PLACE SUITE 280 COLUMBIA,MD 21044	NONE	PC	URBAN, CIVIC, CULTURE	11,500
COLUMBIA FOUNDATION (GRANT) 10630 LITTLE PATUXENT PKWY CENTURY PLAZA SUITE 315 COLUMBIA,MD 21044	NONE	PC	URBAN, CIVIC, CULTURE	11,000
COMMUNITY ACTION COUNCIL 6751 COLUMBIA GATEWAY DR COLUMBIA,MD 21046	NONE	PC	URBAN, CIVIC, CULTURE	5,000
<b>Total . . . . .</b>  <b>3a</b>				713,286


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COMMUNITY COLLEGE OF BALTIMORE COUNTY FOUNDATION 7200 SOLLERS POINT ROAD BALTIMORE,MD 21222	NONE	PC	EDUCATION	5,000
CONCRETE INDUSTRY MANAGEMENT (CIM) PROGRAM AT NJIT 48 FARNWOOD RD MTLAUREL,NJ 08054	NONE	PC	EDUCATION	2,000
DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER,NH 03755	NONE	PC	MATCHING GIFTS	250
DECORDOVA MUSEUM 51 SANDY POND ROAD LINCOLN,MA 01773	NONE	PC	URBAN,CIVIC,CULTURE	2,500
DENISON UNIVERSITY PO BOX 716 GRANVILLE,OH 43023	NONE	PC	MATCHING GIFTS	1,000
DOMESTIC VIOLENCE CENTER OF HOWARD COUNTY INC 5457 TWIN KNOLLS RD SUITE 310 COLUMBIA,MD 21045	NONE	PC	HEALTH AND SOCIAL WELFARE	1,000
EAST END (COOKING FOR A CAUSE) 105 SPRING STREET CAMBRIDGE,MA 02141	NONE	PC	URBAN,CIVIC,CULTURE	10,500
ELON UNIVERSITY 2600 CAMPUS BOX ELON,NC 27244	NONE	PC	MATCHING GIFTS	100
FLINTRIDGE SACRED HEART ACADEMY 440 ST KATHERINE DR LA CANADA,CA 91011	NONE	PC	MATCHING GIFTS	1,000
FOUNDATION DE L'HOPITAL DU SUROIT 387 VICTORIA VALLEYFIELD,QUEBEC J6T-1B7 CA	NONE	PC	HEALTH AND SOCIAL WELFARE	15,000
GIRL SCOUTS OF CENTRAL MARYLAND 4806 SETON DRIVE BALTIMORE,MD 21215	NONE	PC	URBAN,CIVIC,CULTURE	6,000
HABITAT FOR HUMANITY SUSQUEHANNA 205 S HAYS STREET BEL AIR,MD 21014	NONE	PC	URBAN,CIVIC,CULTURE	2,500
HAMILTON COUNTY DEPARTMENT OF EDUCATION 3074 HICKORY VALLEY ROAD CHATTANOOGA,TN 37421	NONE	PC	EDUCATION	5,000
HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK,AR 72202	NONE	PC	HEALTH AND SOCIAL WELFARE	1,400
HOWARD COUNTY CONSERVANCY 10520 OLD FREDERICK RD WOODSTOCK,MD 21163	NONE	PC	URBAN,CIVIC,CULTURE	7,500
<b>Total . . . . .</b>  <b>3a</b>				713,286


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
HOWARD COUNTY DIRECTOR OF FINANCE 7120 OAKLAND MILLS RD COLUMBIA,MD 21046	NONE	PC	URBAN,CIVIC,CULTURE	1,000
HOWARD COUNTY GENERAL HOSPITAL 10700 CHARTER DRIVE SUITE 250 COLUMBIA,MD 21044	NONE	PC	HEALTH AND SOCIAL WELFARE	50,000
HOWARD COUNTY POLICE FOUNDATION 11226 SCAGGSVILLE ROAD LAUREL,MD 20723	NONE	PC	URBAN,CIVIC,CULTURE	1,000
HOWARD HOSPITAL FOUNDATION 10700 CHARTER DRIVE SUITE 250 COLUMBIA,MD 21044	NONE	PC	HEALTH AND SOCIAL WELFARE	12,500
HUDSON COUNTY SCHOOL OF TECHNOLOGY 8511 TONNELLE AVE NORTH BERGEN,NJ 07047	NONE	PC	EDUCATION	5,000
INSTITUTE OF NOTRE DAME 901 AISQUITH STREET BALTIMORE,MD 21202	NONE	PC	MATCHING GIFTS	13,000
JIM O'MALLEY CHARITABLE FOUNDATION INC 6329 ANGEL ROSE COURT COLUMBIA,MD 21044	NONE	PC	HEALTH AND SOCIAL WELFARE	2,500
KEYSTONE SCIENCE SCHOOL 1628 STS JOHN ROAD KEYSTONE,CO 80435	NONE	PC	EDUCATION	21,600
KID'S PEACE 5575 STERRETT PLACE SUITE 200 COLUMBIA,MD 21044	NONE	PC	HEALTH AND SOCIAL WELFARE	1,000
KIPP DC 1003 K STREET NW STE 700 WASHINGTON,DC 20001	NONE	PC	EDUCATION	25,000
KOMEN RACE FOR THE CURE 200 E JOPPA RD STE 407 TOWSON,MD 21286	NONE	PC	HEALTH AND SOCIAL WELFARE	535
LAKE FOREST COLLEGE 555 N SHERIDAN ROAD LAKE FOREST,IL 60045	NONE	PC	MATCHING GIFTS	100
LANDON SCHOOL 6101 WILSON LANE BETHESDA,MD 20817	NONE	PC	MATCHING GIFTS	300
LEHIGH UNIVERSITY 622 BRODHEAD AVE BETHELEM,PA 18015	NONE	PC	MATCHING GIFTS	100
LOUISIANA TECH UNIVERSITY FOUNDATION PO BOX 3183 RUSTON,LA 71272	NONE	PC	EDUCATION	5,000
<b>Total</b> . . . . .  <b>3a</b>				713,286


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
LOUISIANA TECH UNIVERSITY PO BOX 3183 RUSTON,LA 71272	NONE	PC	MATCHING GIFTS	3,000
LOYOLA UNIVERSITY MARYLAND 4501 N CHARLES ST BALTIMORE,MD 21210	NONE	PC	EDUCATION	5,000
LSU ALUMNI FOUNDATION 3838 W LAKESHORE DR BATON ROUGE,LA 70808	NONE	PC	MATCHING GIFTS	1,000
LSU FOUNDATION 3838 W LAKESHORE DR BATON ROUGE,LA 70808	NONE	PC	MATCHING GIFTS	2,000
MAKE A WISH FOUNDATION 9475 DEERECO RD SUITE 306 TIMONIUM,MD 21093	NONE	PC	HEALTH AND SOCIAL WELFARE	2,500
MARCH OF DIMES PO BOX 62770 BALTIMORE,MD 21264	NONE	PC	HEALTH AND SOCIAL WELFARE	835
MARYLAND DISABILITY LAW CENTER 1500 UNION AVENUE SUITE 2000 BALTIMORE,MD 21211	NONE	PC	URBAN, CIVIC, CULTURE	5,000
MARYLAND FAMILY NETWORK 1001 EASTERN AVENUE 2ND FLOOR BALTIMORE,MD 21202	NONE	PC	URBAN, CIVIC, CULTURE	2,500
MARYLAND SCIENCE CENTER 601 LIGHT STREET BALTIMORE,MD 21230	NONE	PC	URBAN, CIVIC, CULTURE	16,000
MARYLAND VOLUNTEER LAWYERS SERVICE (MVLS) ONE N CHARLES ST SUITE 222 BALTIMORE,MD 21201	NONE	PC	URBAN, CIVIC, CULTURE	2,500
MASSACHUSETTS STATE SCIENCE FAIR 955 MASSACHUSETTS AVE 350 CAMBRIDGE,MA 02139	NONE	PC	EDUCATION	8,500
MCNEESE ALUMNI ASSOCIATION 600 E MCNEESE ST LAKE CHARLES,LA 70607	NONE	PC	MATCHING GIFTS	150
MCNEESE STATE UNIVERSITY PO BOX 91989 LAKE CHARLES,LA 70609	NONE	PC	EDUCATION	6,000
MEALS ON WHEELS OF CENTRAL MARYLAND 515 SOUTH HAVEN STREET BALTIMORE,MD 21224	NONE	PC	HEALTH AND SOCIAL WELFARE	7,500
MIDDLE TENNESSEE STATE UNIVERSITY 110 COPE ADMINISTRATION BLDG MURFREESBORO,TN 37132	NONE	PC	EDUCATION	7,000
<b>Total . . . . .</b>  <b>3a</b>				713,286


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
MOUNT ST JOSEPH HIGH SCHOOL 4403 FREDERICK AVE BALTIMORE,MD 21229	NONE	PC	MATCHING GIFTS	1,250
MUSCULAR DYSTROPHY ASSOCIATION 222 S RIVERSIDE PLAZA SUITE 1500 CHICAGO,IL 60606	NONE	PC	HEALTH AND SOCIAL WELFARE	1,720
MUSEUM OF SCIENCE 1 SCIENCE PARK BOSTON,MA 02114	NONE	PC	URBAN, CIVIC, CULTURE	3,000
MY SISTER'S CIRCLE INC 261 STANMORE RD BALTIMORE,MD 21212	NONE	PC	URBAN, CIVIC, CULTURE	5,000
NATIONAL AQUARIUM IN BALTIMORE 501 EAST PRATT STREET BALTIMORE,MD 21202	NONE	PC	URBAN, CIVIC, CULTURE, EDUCATION	15,000
NATIONAL CENTER FOR LEARNING DISABILITIES 381 PARK AVENUE SOUTH SUITE 1401 NEW YORK,NY 10016	NONE	PC	HEALTH AND SOCIAL WELFARE	5,000
NATIONAL KIDNEY FOUNDATION OF MARYLAND 1301 YORK RD STE 404 LUTHERVILLE,MD 21093	NONE	PC	HEALTH AND SOCIAL WELFARE	10,705
NATIONAL MS SOCIETY 2219 YORK RD 302 TIMONIUM,MD 21093	NONE	PC	HEALTH AND SOCIAL WELFARE	1,080
NATURE CONSERVANCY PO BOX 4125 BATON ROUGE,LA 70821	NONE	PC	URBAN, CIVIC, CULTURE	2,000
NEEDHAM PUBLIC SCHOOLS 1330 HIGHLAND AVE NEEDHAM,MA 02492	NONE	PC	MATCHING GIFTS	3,000
NETWORK 2000 1228 N CALVERT STREET BALTIMORE,MD 21202	NONE	PC	URBAN, CIVIC, CULTURE	3,500
NEW ENGLAND CONSERVATORY 290 HUNTINGTON AVENUE BOSTON,MA 02115	NONE	PC	MATCHING GIFTS	500
NEW YORK UNIVERSITY 25 WES 4TH ST 4TH FL NEW YORK,NY 10012	NONE	PC	MATCHING GIFTS	1,000
NORTHEASTERN UNIVERSITY MBA PROGRAM 312 DODGE HALL 360 HUNTINGTON AVENUE BOSTON,MA 02115	NONE	PC	EDUCATION	5,000
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA,IL 60134	NONE	PC	HEALTH AND SOCIAL WELFARE	2,000
<b>Total . . . . .</b>  <b>3a</b>				713,286


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PARTNERS IN EXCELLENCE 320 CATHEDRAL STREET BALTIMORE,MD 21201	NONE	PC	EDUCATION	10,000
PAUL J KELLEY JR CHARITABLE FOUNDATION INC 6030 DAYBREAK CIR STE A150 CLARKSVILLE,MD 21029	NONE	PC	HEALTH AND SOCIAL WELFARE	2,500
POPE SAINT JOHN XXIII NATIONAL SEMINARY 558 SOUTH AVE WESTON,MA 02493	NONE	PC	MATCHING GIFTS	250
PUBLIC EDUCATION PARTNERS PO BOX 3821 AIKEN,SC 29802	NONE	PC	EDUCATION	1,000
REBUILDING TOGETHER MONTGOMERY COUNTY 3925 PLYERS MILL ROAD SUITE 202 KENSINGTON,MD 20895	NONE	PC	HEALTH AND SOCIAL WELFARE	2,500
REGIS COLLEGE BOX 30 235 WELLESLEY ST WESTON,MA 02493	NONE	PC	MATCHING GIFTS	500
RIVER HILL ROBOTICS FRC ROBOTICS 12101 CLARKSVILLE PIKE RT 108 CLARKSVILLE,MD 21029	NONE	PC	EDUCATION	1,000
ROLAND PARK COUNTRY SCHOOL - NEXT STEP PROGRAM 5204 ROLAND AVENUE BALTIMORE,MD 21210	NONE	PC	EDUCATION	10,000
ROTARY CLUB OF COLUMBIA PO BOX 1292 COLUMBIA,MD 21044	NONE	PC	URBAN, CIVIC, CULTURE	2,600
SAINT ANSELM COLLEGE 100 SAINT ANSELM DR MANCHESTER,NH 03102	NONE	PC	MATCHING GIFTS	500
SCHOLARSHIP AMERICA (NEW & RENEWAL SCHOLARSHIPS) ONE SCHOLARSHIP WAY ST PETERS,MN 56082	NONE	PC	EDUCATION	77,000
SHARE OUR STRENGTH PO BOX 75203 BALTIMORE,MD 21275	NONE	PC	URBAN, CIVIC, CULTURE	6,072
SISKEN CHILDREN'S INSTITUTE 1101 CARTER STREET CHATTANOOGA,TN 37402	NONE	PC	HEALTH AND SOCIAL WELFARE	3,600
SOARING EAGLE ACADEMY 8320 SOUTH MADISON STREET BURR RIDGE,IL 60527	NONE	PC	EDUCATION	4,000
SOUTH CARROLL HIGH SCHOOL ROBOTICS CLUB 1300 WEST LIBERTY RD SYKESVILLE,MD 21784	NONE	PC	EDUCATION	1,000
<b>Total . . . . .</b>  <b>3a</b>				713,286

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment


Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
SOWELA TECHNICAL COMMUNITY COLLEGE FOUNDATION BOARD 3820 SENATOR J BENNETT JOHNSTON AVE LAKE CHARLES,LA 70615	NONE	PC	EDUCATION	2,000
ST IGNATIUS HIGH SCHOOL 1911 W 30TH STREET CLEVELAND,OH 44113	NONE	PC	MATCHING GIFTS	2,500
ST JOHN'S SEMINARY 127 LAKE STREET BRIGHTON,MA 02135	NONE	PC	MATCHING GIFTS	250
ST JUDE'S CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS,TN 38105	NONE	PC	HEALTH AND SOCIAL WELFARE	3,000
ST MICHAEL'S COLLEGE ONE WINOOSKI PARK COLCHESTER,VT 05439	NONE	PC	MATCHING GIFTS	100
STARBOARD SOCIETY 76 CRANBROOK ROAD STE 246 COCKEYSVILLE,MD 21030	NONE	PC	URBAN, CIVIC, CULTURE	500
STELLA MARIS INC 2300 DULANEY VALLEY ROAD TIMONIUM,MD 21093	NONE	PC	HEALTH AND SOCIAL WELFARE	2,500
SUSAN G KOMEN FOR THE CURE NEW ORLEANS 4141 VETERANS MEMORIAL BLVD SUITE 202 METAIRIE,LA 70001	NONE	PC	HEALTH AND SOCIAL WELFARE	1,860
SUSAN G KOMEN FOR THE CURE PO BOX 4438 CHATTANOOGA,TN 37405	NONE	PC	HEALTH AND SOCIAL WELFARE	730
TEXAS STATE CONCRETE INDUSTRY MANAGEMENT PROGRAM 900 CONGRESS AVE STE 200 AUSTIN,TX 78701	NONE	PC	EDUCATION	3,000
THE COOPER UNION 30 COOPER SQUARE NEWYORK,NY 10003	NONE	PC	MATCHING GIFTS	100
THE FAMILY TREE 2108 NORTH CHARLES STREET BALTIMORE,MD 21218	NONE	PC	URBAN, CIVIC, CULTURE	3,500
THE REGENTS OF THE UNIVERSITY OF MICHIGAN DEPT CH 10189 PALANTINE,IL 60055	NONE	PC	MATCHING GIFTS	3,000
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 433 FRANKLIN BUILDING 3451 WALNUT STREET PHILADELPHIA,PA 19104	NONE	PC	MATCHING GIFTS	3,000
THE UNIVERSITY OF CONNECTICUT FOUNDATION INC 2390 ALUMNI DR STORRS,CT 06269	NONE	PC	MATCHING GIFTS	1,000
<b>Total . . . . .</b>  <b>3a</b>				713,286

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
THE UNIVERSITY OF TENNESSEE 600 HENLEY ST STE B028 KNOXVILLE,TN 37996	NONE	PC	MATCHING GIFTS	750
TOWSON UNIVERSITY FOUNDATION 8000 YORK ROAD TOWSON,MD 21252	NONE	PC	MATCHING GIFTS	500
UC FOUNDATION DEPT 6806 615 MCCALLIE AVE CHATTANOOGA,TN 37403	NONE	PC	MATCHING GIFTS	100
ULMAN CANCER FUND 6310 STEVENS FOREST ROAD SUITE 210 COLUMBIA,MD 21046	NONE	PC	HEALTH AND SOCIAL WELFARE	3,000
UNITED STATES MERCHANT MARINE ACADEMY BABSON CENTER 300 STEAMBOAT ROAD KINGS POINT,NY 11024	NONE	PC	MATCHING GIFTS	1,000
UNITED WAY OF CHATTANOOGA 630 MARKET STREET CHATTANOOGA,TN 37405	NONE	PC	URBAN,CIVIC,CULTURE	623
UNITED WAY PO BOX 933875 ATLANTA,GA 31193	NONE	PC	UNITED WAY	94,125
UNIVERSITY OF BALTIMORE 1130 N CHARLES ST BALTIMORE,MD 21201	NONE	PC	MATCHING GIFTS	500
UNIVERSITY OF CALIFORNIA - DAVIS ONE SHIELDS AVE DAVIS,CA 95616	NONE	PC	MATCHING GIFTS	3,000
UNIVERSITY OF DELAWARE 83 E MAIN ST 3RD FL NEWARK,DE 19716	NONE	PC	MATCHING GIFTS	100
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN ST URBANA,IL 61801	NONE	PC	MATCHING GIFTS	300
UNIVERSITY OF KENTUCKY 343 WALLER AVE STE 303 LEXINGTON,KY 40504	NONE	PC	MATCHING GIFTS	500
UNIVERSITY OF MARYLAND - COLLEGE PARK FOUNDATION (AICHE CHEM E-CAR) 4603 CALVERT RD COLLEGE PARK,MD 20742	NONE	PC	EDUCATION	2,500
UNIVERSITY OF MARYLAND COLLEGE PARK FOUNDATION 4191 SAMUEL RIGGS ALUMNI CENTER COLLEGE PARK,MD 20742	NONE	PC	MATCHING GIFTS	3,650
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL PO BOX 309 CHAPEL HILL,NC 27514	NONE	PC	MATCHING GIFTS	2,000
<b>Total</b> . . . . .  <b>3a</b>				713,286



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
UNIVERSITY OF PENNSYLVANIA 433 FRANKLIN BUILDING 3451 WALNUT STREET PHILADELPHIA,PA 19104	NONE	PC	MATCHING GIFTS	100
UNIVERSITY OF TENNESSEE 600 HENLEY ST STE B028 KNOXVILLE,TN 37996	NONE	PC	MATCHING GIFTS	500
UNIVERSITY OF TEXAS AT AUSTIN PO BOX 7458 AUSTIN,TX 78713	NONE	PC	MATCHING GIFTS	1,500
VOLUNTEERS OF AMERICA 7901 ANNAPOLIS ROAD LANHAM,MD 20706	NONE	PC	URBAN, CIVIC, CULTURE	5,000
WILD LAKE BOOSTERS 5460 TRUMPETER ROAD COLUMBIA,MD 21044	NONE	PC	URBAN, CIVIC, CULTURE	500
WTCI - 8TH ANNUAL WOMEN SPANNING THE GLOBE 401 EAST PRATT STREET SUITE 232 BALTIMORE,MD 21202	NONE	PC	HEALTH AND SOCIAL WELFARE	5,000
WVU FOUNDATION PO BOX 1650 MORGANTOWN,WV 26507	NONE	PC	MATCHING GIFTS	750
<b>Total</b> . . . . .  <b>3a</b>				713,286

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>	<div>OMB No 1545-0047</div> <div>2014</div>
---	--	---

<div>Name of the organization</div> <div>WR GRACE FOUNDATION INC</div>	<div>Employer identification number</div> <div>65-0630671</div>
--	---

Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><div><input type="checkbox"/> 501(c)( ) (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div><div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div>
--	---

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that 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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

<b>Name of organization</b> WR GRACE FOUNDATION INC	<b>Employer identification number</b> 65-0630671
--	---

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	WR GRACE 7500 GRACE DRIVE  COLUMBIA, MD 21044	\$ 650,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
<u>      </u>		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
<u>      </u>		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
<u>      </u>		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
<u>      </u>		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
<u>      </u>		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
<u>      </u>		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )

<b>Name of organization</b> WR GRACE FOUNDATION INC	<b>Employer identification number</b> 65-0630671
--	---

<b>Part II</b> <b>Noncash Property</b> (see instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____

<b>Name of organization</b> WR GRACE FOUNDATION INC	<b>Employer identification number</b> 65-0630671
--	---

Part III

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

**TY 2014 Accounting Fees Schedule****Name:** WR GRACE FOUNDATION INC**EIN:** 65-0630671

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	2,257	1,128	0	0

TY 2014 DissolutionStmt

**Name:** WR GRACE FOUNDATION INC

**EIN:** 65-0630671

Dissolution Name	Dissolution Address	Explanation	Dissolution Amount
NO DISSOLUTION	NONE OC	SEE ATTACHED STATEMENT PERTAINING TO FORM 990-PF, PART VII-A, LINE 5	0

## TY 2014 General Explanation Attachment

**Name:** WR GRACE FOUNDATION INC

**EIN:** 65-0630671

Identifier	Return Reference	Explanation
GRANT DISBURSEMENTS BY CATEGORY	FORM 990-PF, PART XV	EDUCATION 241,600MATCHING GIFT CHECKS 46,550HEALTH, SCIENCE AND SOCIAL WELFARE 187,905URBAN, CIVIC AND CULTURE 143,106UNITED FUNDS/COMMUNITY CHESTS 94,125TOTAL GRANTS AS OF DECEMBER 31, 2014 713,286



**TY 2014 LiquidationExplanationStmt**

**Name:** WR GRACE FOUNDATION INC

**EIN:** 65-0630671

**Statement:** AFTER REVIEWING THE 2014 W.R. GRACE FOUNDATION FUNDED STATUS, IT WAS DETERMINED THAT THE BALANCE AVAILABLE, ALONG WITH THE 2014 CONTRIBUTIONS RECEIVED TO DATE, WERE ADEQUATE TO FULFILL THE 2014 EXPENSES AND DISBURSEMENTS. THE CURRENT YEAR EXPENSES, COMBINED WITH GRANT OUTLAYS, RESULTED IN A SUBSTANTIAL CONTRACTION.

**TY 2014 Other Expenses Schedule****Name:** WR GRACE FOUNDATION INC**EIN:** 65-0630671

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT AND BANK FEES	443	443	0	0
SCHOLARSHIP AMERICA	5,870	0	0	5,870
VERSAIC	14,500	0	0	0
POSTAGE FEE	17	9	0	0

TY 2014 Other Income Schedule

**Name:** WR GRACE FOUNDATION INC

**EIN:** 65-0630671

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
CLASS ACTION LAWSUIT INCOME	423	423	