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Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 Open to Public

Department of the Treasury

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015 Inspection

B	heck if	C Name of organization		D Employer identification	ation number			
a	pplicable ⊐Address							
<u> </u>	_]change	RIVERDALE SCHOOL DISTRICT FOUNDATION]				
Ļ	Name change	Doing business as		94-3187982				
<u>_</u>	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final return/	P.O. BOX 69015		(503)				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	922,981.			
	Amende return	PORTLAND, OR 3/233		H(a) Is this a group ret	urn			
	Applica-	F Name and address of principal officer: LANCE STEINBERG		for subordinates?	Yes X No			
	pending	SAME AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No			
1 1	ax-exer	mpt status: X 501(c)(3)	or 527	If "No," attach a li	st. (see instructions)			
JV	Vebsite	HTTP://WWW.RIVERDALEFOUNDATION.ORG		H(c) Group exemption	number >			
K F	orm of o	rganization: X Corporation Trust Association Other	L Year		State of legal domicile: OR			
	rt I	Summary						
-	1 B	riefly describe the organization's mission or most significant activities: SEE	SCHEDU	JLE O	 			
Governance		·						
Ē	2 0	theck this box if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net ass	sets			
Š	3 1	lumber of voting members of the governing body (Part VI, line 1a)		3	17			
ڻ د	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	17			
Activities &	5 T	otal number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0			
į	•	otal number of volunteers (estimate if necessary)		6	25			
Ċţ		otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
⋖		let unrelated business taxable income from Form 990-T, line 34		7ь	0.			
				Prior Year	Current Year			
ø.	8 0	Contributions and grants (Part VIII, line 1h)		915,218.	915,524.			
Ž	1	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,755.	7,457.			
œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	ŀ	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		917,973.	922,981.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	863,312.	913,371.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses	I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
je je	1	otal fundraising expenses (Part IX, column (D), line 25) 22,8	62.					
Щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		32,695.	29,473.			
		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		896,007.	942,844.			
		Revenue less expenses. Subtract line 18 from line 12		21,966.	-19,863.			
es Sor			В	eginning of Current Year	End of Year			
sets or	20 1	otal assets (Part X, line 16)		1,234,343.	1,211,170.			
SS S	21 7	otal liabilities (Part X, line 26)		0.	0.			
Net Asse Fund Bal	22 1	Net assets or fund balances. Subtract line 21 from line 20		1,234,343.	1,211,170.			
Pa	art II	Signature Block	············					
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedule	s and staten	nents, and to the best of my	knowledge and belief, it is			
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.				
		Debrah Coona)					
Sig	n	Signature of officer OGUEN		Date				
Her	re	Deborch Coonan Treasurer		" /	13/15			
		Type or print name and title						
		Print/Type preparer's name Preparer's dignature		Date Check	PTIN			
Pai	d j	YEE LEE MCGEE	ا 🖳	///// Self-employed	P01294356			
Pre	parer	Firm's name GARY MCGEE & CO. LLP		Firm's EIN				
Use	Only	Firm's address 808 S.W. THIRD AVENUE, SUITE 70	0					
		PORTLAND, OR 97204		Phone no. (50	3) 222-2515			
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)		<u> </u>	Yes No			
_	001 11-07		ions.		Form 990 (2014)			

	1 990 (2014) RIVERDALE SCHOOL DISTRICT FOUNDATION	94-3187982	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as in Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •	
4a	revenue, if any, for each program service reported. (Code) (Expenses \$ 913,371 · including grants of \$ 913,371 ·) (Revenue)		
	THE FOUNDATION PROVIDED FINANCIAL SUPPORT TO THE RIVERDA	LE SCHOOL	
	DISTRICT 51J DURING THE YEAR ENDED JUNE 30, 2015.		
	· · · · · · · · · · · · · · · · · · ·		
4b	(Code) (Expenses \$) (Revenue	e \$)
		-	-
			
			
	······································		
	· · · · · · · · · · · · · · · · · · ·		
4c	(Code) (Expenses \$ Including grants of \$) (Revenue	e \$	١ .
	, (1000)		′
			_
			
4d	,		
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 913,371.		
-+-	i otal program del vide experiogo 🚩		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		<u> </u>
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> </u>
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	446		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		<u> </u>
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZA		 ^
•	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	l		- T
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	 	X
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_ 		 -
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			.,
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	40		x
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	 	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	 	 -
			990	(2014)

Form 990 (2014) RIVERDALE SCHOOL D
Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
04-	Schedule J	23		_ <u>X</u> _
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a			x
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	-	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			_
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	l		v
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer.	200		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	<u> </u>	_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	_	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	۱.,		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	\vdash	$\frac{\mathbf{x}}{\mathbf{x}}$
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334	<u> </u>	
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		_	OOA /	

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	163	110					
	Enter the number of Forms W-2G included in line 1a Enter -0· if not applicable 1b	히							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1							
	(gambling) winnings to prize winners?	1c							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a	이							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country: ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	i							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	<u> </u>					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			٠.,					
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>	<u> </u>	X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	١							
_	were not tax deductible?	6b	 	├─					
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	? 7a		x					
a									
C	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?								
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		X					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7		N/						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a	<u> </u>						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b	<u> </u>						
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	_		ļ					
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		1					
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders N/A 11a	4							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
40	amounts due or received from them.)	١.,	1						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. N/A 12b	12a	╁	├──					
		\dashv							
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	13a	 	\vdash					
d	Note. See the instructions for additional information the organization must report on Schedule O.	138	 -	\vdash					
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
c	Enter the amount of reserves on hand	1							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	\vdash	x					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>						
			n 990	(2014)					

Form 990 (2014) RIVERDALE SCHOOL DISTRICT FOUNDATION

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

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes in schedule & See instructions								
<u></u>	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management		Van	NI-					
4.	Enter the number of voting members of the governing body at the end of the tax year 17		Yes	No_					
ıa	If there are material differences in voting rights among members of the governing body, or if the governing	1							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
ь	Enter the number of voting members included in line 1a, above, who are independent 15								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1							
-	officer, director, trustee, or key employee?	2		х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5									
6	Did the organization have members or stockholders?	5 6		X					
-	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť							
, .	more members of the governing body?	7a		х					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	<u> </u>							
_	The governing body?	8a	х	<u> </u>					
b	Each committee with authority to act on behalf of the governing body?	8b		Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		l					
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13		Х					
14	Did the organization have a written document retention and destruction policy?	14		X					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		X					
	Other officers or key employees of the organization	15b		Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	!	1						
	taxable entity during the year?	16a	L	X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's]					
	exempt status with respect to such arrangements?	16b	L						
Sec	etion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►OR								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole						
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	icial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records.								
	DEBORAH COONAN - (503) 697-3110 11659 S.W. MILITARY ROAD, PORTLAND, OR 97219								

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

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

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an					one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)				recto	Highest compensated appropriate the propriate appropriate appropri	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) WILLIAM ANFUSO	1.00	_					ļ	•		
DIRECTOR	1 00	Х				<u> </u>		0.	0.	0.
(2) TOM ARMSTRONG	1.00	ا ا						•		
DIRECTOR		Х				<u> </u>		0.	0.	0.
(3) CATHERINE BEKOOY	5.00	ا ۔۔ ا					Į l	_		
DIRECTOR		Х				<u> </u>		0.	0.	0.
(4) HEATHER BOGATY	1.00	l			ľ					
DIRECTOR		X			L	<u> </u>	L	0.	0.	0.
(5) TINA BROWN	1.00			i						
DIRECTOR		X			_	_	_	0.	0.	0.
(6) JILLIAN CAIN	1.00	ļ			l				_	
DIRECTOR		X			$ldsymbol{ld}}}}}}$	┖		0.	0.	0.
(7) TONY CASSIE	1.00			1	1	1		_		_
DIRECTOR		X				<u> </u>	<u> </u>	0.	0.	0.
(8) JEFF DOMINITZ	2.00	1						_	_	_
DIRECTOR		Х				<u> </u>	<u> </u>	0.	0.	0.
(9) LESLIE GOSS	2.00							_	_	_
DIRECTOR		X				<u> </u>	<u> </u>	0.	0.	0.
(10) VERONICA HAMSTREET	1.00]						_	_	
DIRECTOR		X	<u> </u>		<u> </u>	ļ		0.	0.	0.
(11) JOE PRATS	2.00		1					_		
DIRECTOR		X	<u> </u>	L	L	<u> </u>	L	0.	0.	0.
(12) BRAD SANDER	1.00	1	İ					_	_	
DIRECTOR		X			L		<u> </u>	0.	0.	0.
(13) DAVID VEVERKA	2.00	1			1	İ				
DIRECTOR		X	L					0.	0.	0.
(14) LISA WHITLOCK	1.00]					1			
DIRECTOR		X				<u> </u>		0.	0.	0.
(15) LANCE STEINBERG	5.00]								
PRESIDENT		X		X	$oxed{oxed}$			0.	0.	0.
(16) AMBER HILLMAN	2.00]	1		1					
SECRETARY		X	L	X				0.	0.	0.
(17) DEBORAH COONAN	10.00]						1		
TREASURER		X		X				0.	0.	0.

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)				
(A) (B) Name and title Average hours per week			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation		(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		comp fro orga and	ensatem ensatem em the nization relatem nization	on ed
			_	_									
						-							
					_	<u> </u>							
					-	-						<u> </u>	
								0.		0.			0.
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A						>	0.		0.			0.
Total number of individuals (including but r compensation from the organization	not limited to th	ose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportab	le			0
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, k	ey e	mplo	oyee	, or	highest compensated e	employee on		3	Yes	No X
4 For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab	le c							the organization		4		x
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	tion	from	n any	y un			ridual for services		5		х
Complete this table for your five highest countries the organization. Report compensation for										npens	sation fi	rom	
(A) Name and business			ON		VVILII	OI V	VILITI	(B) Description of		((C Comper		-
											<u>.</u>		
					·						<u>.</u> .		
Total number of independent contractors (\$100,000 of compensation from the organ		not I	ımıte	ed to		ose I	ısted	d above) who received i	more than				
φτου _τ ούο οι compensation from the organ	nzation -					<u> </u>					Form 9	200 /	2014

	,	Check if Schedule O cont		or note to any line	e in this Part VIII			
			a		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
Sra 10	b	Membership dues	1b					
Am	С	Fundraising events	1c					
ar E	d	Related organizations	1d					
in.	е	Government grants (contribut	ions) 1e		• .			
ri S	f	All other contributions, gifts, gran	ts, and					
t pg		similar amounts not included abor	ve 1f	915,524.				
	g	Noncash contributions included in lines	1a-1f \$	97,047.				
g S	h	Total. Add lines 1a-1f		<u> </u>	915,524.			
				Business Code				
Đ,	2 a							
ξ	b							
Program Service Revenue	С							
eve	d							
P. P.	е							
ď	f	All other program service reve	nue					
	a	Total. Add lines 2a-2f						
	3	Investment income (including	dıvıdends, ınter	est, and	·			
		other similar amounts)	·	▶	7,457.			7,457.
	4	Income from investment of ta	x-exempt bond i	proceeds				
	5	Royalties	•	•				
		-,	(ı) Real	(ii) Personal				i
	6 a	Gross rents	1					
	l	Less rental expenses						1
	l .	Rental income or (loss)						
	ı	Net rental income or (loss)		•			-	-
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	V					
	Ь	Less' cost or other basis						
		and sales expenses						
	، ا	Gain or (loss)						
	l .	Net gain or (loss)		<u> </u>				-
e)		Gross income from fundraisin	a events (not					
venue		including \$	of	1		ļ		
eve		contributions reported on line						
Other Re		Part IV, line 18	a	.				
ŧ	b	Less: direct expenses	t					
0	٥	Net income or (loss) from fund	draising events					İ
	1	Gross income from gaming a						
		Part IV, line 19	a	ı				
	l t	Less: direct expenses	t	,				
	۰	Net income or (loss) from gan	ning activities	•	-			
	10 a	Gross sales of inventory, less	returns					
		and allowances	a	i]				
	l t	Less: cost of goods sold	t	,				
		Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenu		Business Code				
	11 a							
	l t				<u> </u>			
	0	•					-	1
	6							
		Total. Add lines 11a-11d		•				
	12	Total revenue. See instructions.		_	922,981.	0.	0.	7,457.
43200 11-07)9 '-14				-			Form 990 (2014)

Part IX Statement of Functional Expenses

Secu	on 501(c)(3) and 501(c)(4) organizations must comp			mpiete column (A)	····
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	913,371.	913 <u>,</u> 371.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign		· · · · · · · · · · · · · · · · · · ·		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,				·
•	trustees, and key employees			Ì	
6	Compensation not included above, to disqualified		·		
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			·	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
^	F 1				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	500.		500.	
Þ	Legal	2,356.		2,356.	
С	Accounting	2,330.		2,330.	
d	, ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		· · · · · · · · · · · · · · · · · · ·		
g	· · · · · · · · · · · · · · · · · · ·				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	335.			335.
13	Office expenses	4,586.		100.	4,486.
14	Information technology	2,616.			2,616.
15	Royalties				·
16	Occupancy				
17	Travel				· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses		į		
	for any federal, state, or local public officials		i		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,144.		1,144.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) CREDIT CARD FEES	10,302.	· · · · · · · · · · · · · · · · · · ·		10,302.
a _	EVENT PROGRAMMING	5,123.			5,123.
	DUES AND SUBSCRIPTIONS	2,118.		2,118.	2,143.
c	DEGRAMENT DEED	393.	——————————————————————————————————————	393.	
d		333.	· · · · · · · · · · · · · · · · · · ·	333.	
	All other expenses	942,844.	913,371.	6,611.	22 062
25	Total functional expenses. Add lines 1 through 24e	344,044.	313,3/1.	0,011.	22,862.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	1	i		
	educational campaign and fundraising solicitation.			1	
	Check here if following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 220,378. 1,053. Cash - non-interest-bearing 1 1,013,965. 1,010,315. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 10b b Less: accumulated depreciation 10c 199,802. Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 1,234,343. 1,211,170. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0 30 Capital stock or trust principal, or current funds 30 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 1,234,343. 1,211,170. Retained earnings, endowment, accumulated income, or other funds 1,234,343. 1,211,170. 33 Total net assets or fund balances 33 1,234,343. 1,211,170. Total liabilities and net assets/fund balances

Form	990 (2014) RIVERDALE SCHOOL DISTRICT FOUNDATION	94-	318/982	Page	e 12		
Pai	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI			[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	922	98	<u> 11.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	942	, 84	4.		
3	Revenue less expenses. Subtract line 2 from line 1	3		,86			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1,234					
5	Net unrealized gains (losses) on investments		, 31	.0.			
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	1,211	.,17	70.		
Pai	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u> _		
			<u> </u>	Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	1 1				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		1			
	separate basis, consolidated basis, or both:		1 1	1			
	Separate basis Consolidated basis Both consolidated and separate basis		-				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,					
	consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audīt,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
3 <i>a</i>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	t t	.	••		
	Act and OMB Circular A-133?		3a	_	<u>X</u>		
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form 9	990 (2	2014)		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number RIVERDALE SCHOOL DISTRICT FOUNDATION 94-3187982 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (IV) is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of (i) Name of supported (ii) EIN listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

94-3187982 Page 2

Schedule A (Form 990 or 990-EZ) 2014 RIVERDALE SCHOOL DISTRICT FOUNDATION 94-31879

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")	732,218.	846,425.	818,670.	915,218.	915,524.	4,228,055.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to			!			
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	732,218.	846,425.	818,670.	915,218.	915,524.	4,228,055.
	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included				'		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						67,288.
6	Public support. Subtract line 5 from line 4						4,160,767.
	etion B. Total Support						4,100,707.
	indar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(0) 2014	/f) Total
	Amounts from line 4	732,218.	(b) 2011 846,425.	818,670.	915,218.	(e) 2014 915,524.	(f) Total 4,228,055.
		732,210.	040,445.	010,070.	J13, Z10.	713,324.	4,220,033.
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	4,095.	68,514.	2,724.	2,755.	7 457	05 545
	and income from similar sources	4,095.	00,514.	4,144.	2,755.	7,457.	85,545.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					ļ	4,313,600.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	10,781.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor	here				-	<u> </u>
	ction C. Computation of Publ					,	
14	Public support percentage for 2014 (line 6, column (f) d	ivided by line 11, o	column (f))		14	96.46 %
15	Public support percentage from 2013	3 Schedule A, Part	II, line 14			15	94.94 %
162	a 33 1/3% support test - 2014. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	Ì			▶ X
ŧ	33 1/3% support test - 2013. If the	organization did no	ot check a box on	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	ıs box
	and stop here. The organization qua	lifies as a publicly s	supported organiz	ation			ightharpoons
178	a 10% -facts-and-circumstances tes	it - 2014. If the org	anization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check t	nis box and stop h	ere. Explain in Pa	rt VI how the organ	ızatıon
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	d organization		
t	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t						
	organization meets the "facts-and-cire				•		ightharpoons
18	Private foundation. If the organization				- · · · -		, ∫
_			,			25.22.0110	

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

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

Section A. Public Support				*		-
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that	'					
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities			1			
furnished by a governmental unit to						
the organization without charge			ļ			
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons					<u> </u>	
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the					1	
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)	<u> </u>	<u> </u>				
Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	1					
10a Gross income from interest,			1			
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income		<u> </u>	_			
(less section 511 taxes) from businesses	1			1	1	
acquired after June 30, 1975		ļ	<u> </u>			
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carned on						
12 Other income Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)	1					
13 Total support. (Add lines 9, 10c, 11, and 12)	L		1	1		
14 First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organ	zation,
check this box and stop here				·		▶□
Section C. Computation of Pub				 		·
15 Public support percentage for 2014	, ,	•	column (f))		15	%
16 Public support percentage from 2013			 		16	%
Section D. Computation of Inve					 	
17 Investment income percentage for 20		•	ne 13, column (f))		17	%
18 Investment income percentage from	•	•			_ 18	<u>%</u>
19a 33 1/3% support tests - 2014. If the						17 is not
more than 33 1/3%, check this box a	-	-	• •	• • •		
b 33 1/3% support tests - 2013. If the	-					
line 18 is not more than 33 1/3%, ch					-	▶ □
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

Supporting Organizations

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

Section	A.	All	Sup	porting	Org	ganizations

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	i		
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	1		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			İ
	organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	1		i
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			ŀ
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	_5b		<u> </u>
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also		1	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	_ 7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	1]
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	<u> </u>	
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		İ
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	1		
	organizations)? If "Yes," answer (b) below	10a		L
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to			

determine whether the organization had excess business holdings)

	dule A (Form 990 or 990-EZ) 2014 RIVERDALE SCHOOL DISTRI			94-318/982 Page
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov 20, 1970 See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		·	
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	Ι'		
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		<u> </u>
7	Check here if the current year is the organization's first as a non-functiona	lly-integra	ted Type III supporting org	ganization (see

instructions).

Sche	dule A (Form 990 or 990-EZ) 2014 RIVERDALE SCH Type III Non-Functionally Integrated 509			4-3187982 Page 7
Ц	on D - Distributions	(a)(3) Supporting Orga	amzations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		Current rear
	Amounts paid to perform activity that directly furthers exemp			
-	organizations, in excess of income from activity	or purposes or supported		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	18	
4	Amounts paid to acquire exempt-use assets	os or supportes organization		
 -5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			· · · · - · -
 8	Distributions to attentive supported organizations to which t	he organization is responsive		
Ū	(provide details in Part VI). See instructions.	ne organization is responsive		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Line o amount divided by Line 3 amount	(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		716-2014	Amount for 2014
_ <u>-</u> _	Underdistributions, if any, for years prior to 2014			
~	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
	Excess distributions carryover, if arry, to 2014.			
<u>a</u> b				
	- 			
c				· · · · · · · · · · · · · · · · · · ·
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			, <u> </u>
	Applied to 2014 distributable amount		· · · · · · · · · · · · · · · · · · ·	,
	Carryover from 2009 not applied (see instructions)			
-	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,		<u> </u>	
4	line 7. \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount Remainder, Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2014, if	 		·
5	any. Subtract lines 3g and 4a from line 2 (if amount			
	·			
	greater than zero, see instructions). Remaining underdistributions for 2014. Subtract lines 3h			
6				
	and 4b from line 1 (if amount greater than zero, see			
-	Instructions)			
7	Excess distributions carryover to 2015. Add lines 3j		<u> </u>	
	and 4c	<u> </u>		
8	Breakdown of line 7			
a	——————————————————————————————————————			
<u>b</u>				
	Excess from 2013	 		
	Excess from 2013 Excess from 2014			-
e	LACESS IIUIII 2014	<u> </u>	I	1

Schedule A	(Form 990 or 990-EZ) 2014 RIVERDALE SCHOOL DISTRICT FOUNDATION 94-3187982 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
Part VI	
	Also complete this part for any additional information (See instructions).
-	
-	
-	

Employer identification number 94-3187982OMB No 1545-0047 Inspection Information about Schedule I (Form 990) and its instructions is at www.lss.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990)

2014

Open to Public

X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection RIVERDALE SCHOOL DISTRICT FOUNDATION General Information on Grants and Assistance criteria used to award the grants or assistance? Part

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į	to Form 990, Part IV, line 21, for any		
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	to bottom (4)

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II can	be duplicated if additi	onal space is need	led.			
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVERDALE SCHOOL DISTRICT 51J 11733 S.W. BREYMAN AVENUE PORTLAND, OR 97219		PUBLIC SCHOOL/ GOV'T	W'T 913,371.	o			TO FILL THE SIGNIFICANT GAP BETWEEN AVAILABLE FUNDING FROM STATE AND LOCAL OPTION REVENUES AND
on ban (0)(a) to take as a section of section of a	**********	organizations listed in the line 1 table	o lino 1 tablo				1.

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

3 Enter total number of other organizations incompanies for Form 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

25

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) RIVERDALE SCHOOL DISTRICT FOUNDATION

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

Part III can be duplicated if additional space is needed. RIVERDALE SCHOOL DISTRICT FOUNDATION

Page 2

94-3187982

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information requ	quired in Part I, lir	e 2, Part III, column	ired in Part I, line 2, Part III, column (b), and any other additional information.	dditional information.	
П	}				
THE FOUNDATION RECEIVES A REPORT F	FROM THE	SCHOOL DISTRICT	ON	AN ANNUAL	
S DESCRIBING IN GENERAL TERMS	THE	OSITION OF	DISPOSITION OF THE FUNDS.	THE	
ATION REVIEWS THE REPORT TO		THAT THE S	MONITOR THAT THE SCHOOL DISTRICT IS	RICT IS	
DISTRIBUTING THE FUNDS IN THE MANNER REQUESTED.	VER REQUE	STED.			
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT:	r: RIVERDALE	ALE SCHOOL	SCHOOL DISTRICT	51J	

Schedule I (Form 990) (2014)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FILL THE SIGNIFICANT GAP BETWEEN 432102 10-15-14

432102 10-15-14

Part IV Sup	olemental In	formatio	n	DCII	JOB DI.			<u> </u>	74	-310/902 Pag
VAILABLE	FUNDING	FROM	STATE	AND	LOCAL	OPTION	REVENUES	AND	THE	ANNUAL
PERATING	BUDGET (OF THE	DIST	RICT	•					
					•					
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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Employer identification number

OMB No 1545-0047

Open To Public

RIVERDALE SCHOOL DISTRICT FOUNDATION

94-3187982

<u> Fai</u>	ti Types of Property	(a) Check if applicable	(b) Number of contributions or	(c) Noncash contr amounts repor			(d) od of dete contributi		•	
		, ·	rtems contributed	Form 990, Part VI	II, line 1g					
1	Art - Works of art					ļ				
2	Art - Historical treasures									
3	Art · Fractional interests									
4	Books and publications							_		
5	Clothing and household goods			- ·						
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property	<u></u>								
9	Securities - Publicly traded	Х	11	95,	797 .	FAIR MA	RKET	VAI	JUE	
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial					ļ <u>.</u>				
17	Real estate - Other									
18	Collectibles									
19	Food inventory			_						
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (SOFTWARE)	X	1	1,		ACTUAL				
26	Other (SUPPLIES)	Х	2		62.	ACTUAL	COST			
27	Other ()									
28	Other ()	<u> </u>				<u> </u>				
29	Number of Forms 8283 received by the organi									
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29					
							_		Yes	No
30a	During the year, did the organization receive b	-				•				
	must hold for at least three years from the dat		al contribution, and	I which is not requ	ııred to be	used for		1		
	exempt purposes for the entire holding period	?					-	30a		_X_
	If "Yes," describe the arrangement in Part II.					-		- 1		
31	Does the organization have a gift acceptance	-	-	•			<u> </u>	31		<u> </u>
32a	Does the organization hire or use third parties	or related or	rganızatıons to soli	cit, process, or sel	ll noncash					
_	contributions?						Ŀ	32a		<u> </u>
	If "Yes," describe in Part II.								i	
33	If the organization did not report an amount in	column (c)	tor a type of prope	rty for which colun	nn (a) is ch	necked,			l	
	describe in Part II.									

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2014)

Schedule Part II	M (Form	990)) (2014)	KT V	ERDA	TTE ?	SCHO	OP.	DIST	RIC	JT	FOUN	DATL	ON			1879		Page	<u>2</u>
	ıs rep	orur	ng in Part I for any add	, colur	nn (b),	tne nun	nber of	contr	rmation religions,	the r	ea by numb	er of iter	nes 30b ns recei	, 32b, an ved, or a	d 33, and combinati	wheti on of	both. A	organiza Iso com	ition plete	
SCHED	ULE I	м,	PART	I,	COI	LUMN	(B)	:												
THE A	MOUN'	r :	REPOR'	red	IN	PAR	г I,	CC	OLUMN	В	RE	PRES	ENTS	THE	NUMBI	ER	OF			
CONTR	IBUT	10	NS RE	CEI	VED.	• <u> </u>														
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public

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

Inspection

RIVERDALE SCHOOL DISTRICT FOUNDATION

Employer identification number 94-3187982

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE MISSION OF THE RIVERDALE SCHOOL FOUNDATION IS TO CULTIVATE AND ENSURE EDUCATIONAL EXCELLENCE. TO DO THAT, THE FOUNDATION STRIVES TO FILL THE GAP BETWEEN THE SCHOOL DISTRICT'S OPERATING BUDGET AND WHAT IT ACTUALLY COSTS TO PROVIDE OUR CHILDREN THE RIVERDALE EDUCATION THEY DESERVE-A NUMBER THAT CAN RUN AS HIGH AS \$6,000 PER STUDENT. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO FILL THE SIGNIFICANT GAP BETWEEN AVAILABLE FUNDING FROM STATE AND LOCAL OPTION REVENUES AND THE ANNUAL OPERATING BUDGET OF THE DISTRICT. FUNDS RAISED FROM OUR ANNUAL CAMPAIGNS MAINTAIN SMALL CLASS SIZES AND THE BREADTH OF PROGRAMS THAT HAVE SET THE STANDARD FOR EXCEPTIONAL EDUCATION IN OREGON. FORM 990, PART VI, SECTION A, LINE 8B: THE FOUNDATION DOES NOT HAVE COMMITTEES THAT CAN ACT ON BEHALF OF THE GOVERNING BODY. THE BOARD OF DIRECTORS MAKES ALL DECISIONS AND TAKES ALL ACTIONS. FORM 990, PART VI, SECTION B, LINE 11: THE TREASURER GATHERS INFORMATION AND PROVIDES TO CPA FIRM FOR PREPARATION. THE FOUNDATION PRESIDENT REVIEWS THE COMPLETED RETURN WITH THE TREASURER PRIOR TO FILING. THE COMPLETED RETURN IS POSTED ONLINE AND ACCESSIBLE TO

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization RIVERDALE SCHOOL DISTRICT FOUNDATION	Employer identification number 94-3187982
THE FOUNDATION ASKS AT THE BEGINNING OF EACH FISCAL YEAR	WHETHER DIRECTORS
OR OFFICERS HAVE CONFLICTS OF INTEREST. THEY READ THE POL	ICY, SIGN A FORM
AND SUBMIT IT TO THE SECRETARY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.