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DLN: 93493320043526

OMB No 1545-0047

Form 990

Treasury

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

Return of Organization Exempt From Income Tax

▶ Do not enter social security numbers on this form as it may be made public Department of the Open to Public ▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u> Inspection Internal Revenue Service

A F	or the 2015 ca	alendar year, or tax year beginning 01-01-2015 , and ending 12-31-201	5		
	eck if applicable	C Name of organization Gray Family Foundation	D E	mployer id	entification number
<u> </u>	ddress change ame change		4 !	5-30835	19
	nitial return	Doing business as			
	ınal /termınated	Number and street (or P O box if mail is not delivered to street address) Room/suit	E Te	lephone nui	mber
	nended return	1221 SW Yamhill Street 100	(5	03)227-	6846
∏Ap	plication pending	City or town, state or province, country, and ZIP or foreign postal code Portland, OR 97205	G G	ross receipts	s \$ 0
		F Name and address of principal officer	H(a) Is this a q	roun retur	n for
		Joan Gray 1221 SW Yamhill Street	subordinat	•	⊤ Yes 🗸
		Portland, OR 97205	No H(b) Are all sub	ordinates	N
I Ta	x-exempt status	5 √ 501(c)(3)	included?		Yes No
J W	ebsite: ► ww	ww grayff org	H(c) Group exe		,
K For	m of organization	n	L Year of formatio		M State of legal domicile OF
Da	rt I Sun	nmary			
	1 Briefly de	escribe the organization's mission or most significant activities			
		Family Foundation is a supporting organization of The Oregon Communiter the mission of OCF which is to improve life in Oregon and to promote (oundation makes grants
ce				/	
Governance					
ove	2 Check t	his box ▶ ☐ if the organization discontinued its operations or disposed o	f more than 25% (of its net a	assets
উ ⊶				1 -	1 -
Activities &		of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b)		3	5
ξ		mber of individuals employed in calendar year 2015 (Part V, line 2a) .		5	0
Act		mber of volunteers (estimate if necessary)		6	40
		related business revenue from Part VIII, column (C), line 12		7a	0
	b Net unrel	ated business taxable income from Form 990-T, line 34		7b	-25,809
			Prior Yea	r	Current Year
•	8 Contr	ributions and grants (Part VIII, line 1h)	2,7	22,370	0
en Ce	_	am service revenue (Part VIII, line 2g)			0
Ravenue		stment income (Part VIII, column (A), lines 3, 4, and 7d)		123	0
_		r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		8,380	0
	12 otal 12)	Tevenue—add inies o tinough 11 (must equal Part VIII, Column (A.), inie	2,7	30,873	0
	13 Grant	s and similar amounts paid (Part IX, column (A), lines 1–3)	1,5	00,406	1,538,359
		fits paid to or for members (Part IX, column (A), line 4)			0
82	15 Salar 5-10	ies, other compensation, employee benefits (Part IX, column (A), lines			0
Expenses		essional fundraising fees (Part IX, column (A), line 11e)			0
8	b Total f	undraising expenses (Part IX, column (D), line 25) $ ightharpoons 0$			
ш	17 O the	r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6	51,547	492,031
		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,1	51,953	2,030,390
	19 Reve	nue less expenses Subtract line 18 from line 12	. 5	78,920	-2,030,390
Net Assets or Fund Balances			Beginning of Curi	ent Year	End of Year
sset	20 Total	assets (Part X, line 16)	8,5	62,554	7,852,040
A P	21 Total	liabilities (Part X, line 26)		30,528	80,649
		ssets or fund balances Subtract line 21 from line 20	8,5	32,026	7,771,391
	rt III Sign	nature Block perjury, I declare that I have examined this return, including accompany	una schedules and	l stateme	nts and to the hest of
my k		belief, it is true, correct, and complete Declaration of preparer (other the			
	\ _		2016-11	-07	
Sigr Her	1 / -	nature of officer	Date		
ner	<u> </u>	abeth A Carey Assistant Secretary/Treasurer e or print name and title			
		Print/Type preparer's name Preparer's signature Da	te Check	PTIN	
Pai			self-emplo	yed	
	parer	Firm's name	Firm's EIN	<u> </u>	
	Only	Firm's address ▶	Phone no		
May	the IRS discu	ss this return with the preparer shown above? (see instructions)			┌Yes ┌No

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
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	Yes	
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 $98-197$ If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Pait V 🐿	10	Yes	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
	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	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
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		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Νo

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25b

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28a

28b

28c

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35a

35b

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Yes

	(/			
TV	Checklist of I	Required	Schedules	(continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c	·	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

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?

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Yes Form 990 (2015)

Part V Statements Regarding Other IRS Filings and Tax Complian
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Pai	t V	Statements Regarding Other IRS Filings and Tax Complianc Check if Schedule O contains a response or note to any line in this		V			_
		check if Schedule o contains a response of note to any line in this	rait	<u>v</u>		Yes	No No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	11		105	110
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
		ا ie organization comply with backup withholding rules for reportable payments to	o venc	fors and reportable			
·		g (gambling) winnings to prize winners?		· · · · · ·	1 c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	3.	0			
L	•	s return	2a	_	2b		
U		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file					
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	g the y	year ⁷	3a		No
b	If"Ye	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i>	on in S	Schedule O	3b		
4a	Atan	y time during the calendar year, did the organization have an interest in, or a si	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities ac	count,	or other financial	4a		N. o
L		int)?					No
b		s," enter the name of the foreign country ▶	. ond	Financial Assounts			
	(FBAF		(allu l	Fillancial Accounts			
5a	Was t	· he organization a party to a prohibited tax shelter transaction at any time durir	na the	tax year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited in			5b		No
		s," to line 5a or 5b, did the organization file Form 8886-T?			30		
-	1, 10	5, to 5 50 of 50, and the organization meronin 0000 1			5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		No
	_	ization solicit any contributions that were not tax deductible as charitable cont s," did the organization include with every solicitation an express statement th					
U		not tax deductible?		· · · ·	6 b		
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contributi		d partly for goods and	7a		Νo
b		es provided to the payor?			7b		
		re organization sell, exchange, or otherwise dispose of tangible personal proper					
	file Fo	rm 82827	· · .		7 c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d				
e	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	_		
	D. J. H.				7e		No
		ie organization, during the year, pay premiums, directly or indirectly, on a perso			7f		No
g	requir	organization received a contribution of qualified intellectual property, did the o	rganiz	Cation life Form 8899 as	7g		
h	Ifthe	organization received a contribution of cars, boats, airplanes, or other vehicles	s, did i	the organization file a			
		1098-C?	•		7h		
8	-	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bu	sines	s holdings at any time			
		the year?			8		
9a	Did th	ie sponsoring organization make any taxable distributions under section 4966	· .		9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson ⁷	9b		
10	Section	on 501(c)(7) organizations. Enter					
а	Initia	tion fees and capital contributions included on Part VIII, line 12	10a				
b		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facilit				I	ı	
		on 501(c)(12) organizations. Enter Income from members or shareholders	11a				
		Income from other sources (Do not net amounts due or paid to other sources					
_		st amounts due or received from them)..........	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990) ın lıe	u of Form 1041?	12a		
		s," enter the amount of tax-exempt interest received or accrued during the					
	year		12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	organization licensed to issue qualified health plans in more than one state? N	lote. S	ee the instructions for			
_		onal information the organization must report on Schedule O			13 a		
b		the amount of reserves the organization is required to maintain by the states chithe organization is licensed to issue qualified health plans	13b				
c		the amount of reserves on hand	13c				
14a	Did th	ا ie organization receive any payments for indoor tanning services during the tax		?	14a	ļ	No
		s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	•		14b		

orm	990 (2015)			Page
Par	TOTAL	or 10)b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			🔽
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 5			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10 a		No
b	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		
L1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	

10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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?	10 b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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		Νo
b	Other officers or key employees of the organization	15b		No
	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 taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h		

.7 List the States with which a copy of this Form 990 is required to be filed ► OR

Section C. Disclosure

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

O State the name, address, and telephone number of the person who possesses the organization's books and records
►Elizabeth A Carey 1221 SW Yamhill St 100 Portland, OR 97205 (503) 227-6846

Part VII

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) A verage hours per week (list any hours	more i	than on is	one I both	oox, an	heck unles officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		(W- 2/1099- MISC)	organization and related organizations
(1) Joan Gray	1 0	,,		,,						
Chair		X		X				0	0	C
(2) Nichloas Walrod	1 0								_	
Secretary/Treasurer		×		X				0	0	C
(3) David Vernier	1 0	,,		,					0	
Vice Chair		×		X				0	U	C
(4) Jay Bowerman	1 0	,,							0	
Board Member		×						0	0	C
(5) MARIA ELENA COMPISTEGUY	1 0	,,								
Board Member		×						0	0	C
(6) Jeff Anderson	1 0			Х				0	00.400	24 220
Assistant Secretary/Treasurer	40 0			^					99,498	21,329
(7) Elizabeth Carey	1 0			X				0	201,917	22 E11
Assistant Secretary/Treasurer	40 0								201,917	32,511
(8) Nancy Bales	1 0			X				0	92,801	22 400
Assistant Secretary/Treasurer	40 0			^					92,001	33,499
			1							

art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued

(A) Name and Title	(B) A verage hours per week (list any hours	more t	:han o on is	one l both	oox, an e	heck unless officer stee)	5	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	Estim amount comper from	nated of other isation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)		organıza rela organız	ted
1b Sub-Total					•	. •					
c Total from continuation sheed d Total (add lines 1b and 1c)				٠.	٠.			0	394,216		87,339
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0											
										Yes	No

3	Did the organization list any former officer, director or trustee, key employee, or highest comper	ısa

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such ındıvıdual . Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . .

	Yes	No
3		No
4	Yes	
5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year					
(A) Name and business address	(B) Description of services	(C) Compensation			
Name and dusiness address	Description of services	Compensation			

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Form 99								Page 9
Part V	/++:							<u> </u>
		Check if Schedul	le O contains a respoi	nse or note to any li	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a	Federated camp	aigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership due	s 1b					
	c	Fundraising ever	nts 1c					
	d	Related organiza	ations 1d					
	e	Government grants	(contributions) 1e					
	f	All other contribution						
		sımılar amounts not	included above					
	g	Noncash contribution 1a-1f \$	ns included in lines					
	h	Total. Add lines	1a-1f		0			
<u> </u>				Business Code				
Program Service Revenue	2a							
	b							
	d							
₹	e							
Iram	f	All other program	m service revenue		0	0	0	0
ر ا			2a-2f	•	0			
	3 3		ome (including dividen		U			
		and other simila	ramounts)	•				
	4 5	5 L	ment of tax-exempt bond	proceeds >				
		Royanties : .	(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental						
	c	expenses Rental income	0	0				
	d	or (loss) Net rental incom	ne or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory						
	b c	Less cost or other basis and sales expenses Gain or (loss)	0	0				
	d	Net gain or (loss	5)					
enne	8a	Gross income fro events (not inclu \$	uding 					
Other Revenue		See Part IV, line	a					
ō	b c	Less direct exp	enses b oss) from fundraising	events •				
		•	om gaming activities					
	ь	Less direct exp						
	С	Net income or (l	oss) from gaming acti	vities				
	10a	Gross sales of ir	nventory, less	>				
		returns and allow	wances .					
	b c	Less cost of go	a ods sold b oss) from sales of invo	entory ▶				
		Miscellaneous	Revenue	Business Code				
	11a	Grant Repaymer	nts	900099				
	b							
	d	All other revenue	e .		0	0	0	0
	e e	Total. Add lines		▶			<u> </u>	
	12	Total revenue. S			0			
					0	0	0	0

Part IX Statement of Functional Expenses

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

	t include amounts reported on lines 6b, , 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	4 520 250	4 520 250		
2	Grants and other assistance to domestic individuals See Part IV, line 22	1,538,359	1,538,359		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	4,178		4,178	
С	Accounting				_
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	142,636	142,636	0	0
12	Advertising and promotion				
13	Office expenses	1,835		1,835	
14	Information technology	289		289	
15	Royalties				
16	Occupancy				
17	Travel	5,736	5,162	574	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,083	7,275	808	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	OCF fee for Supporting Org	318,181	230,261	87,920	
b	Due and Membership	970	873	97	
c	Outreach	1,209	1,209		
d	Volunteer Expenses	6,858	6,858		
е	All other expenses	2,056	0	2,056	0
25	Total functional expenses. Add lines 1 through 24e	2,030,390	1,932,633	97,757	0
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Par	t Y	Balance Sheet						
	· ·	Check if Schedule O contains a response or note to any line in	this F	art X				
		,				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			_	541,791	1	553,772
	2	Savings and temporary cash investments			_	0	2	
	3	Pledges and grants receivable, net			-	0	3	
Assets	4	Accounts receivable, net	•	0	4			
	5	Loans and other receivables from current and former officers						
		trustees, key employees, and highest compensated employed II of Schedule L						
				5	0			
	6	Loans and other receivables from other disqualified persons section 4958(f)(1)), persons described in section 4958(c)(contributing employers and sponsoring organizations of section voluntary employees' beneficiary organizations (see instruction part II of Schedule L		6	0			
	7	Notes and loans receivable, not	0	7				
	8	Notes and loans receivable, net				0	8	
				256	9			
	9	Prepaid expenses and deferred charges	 i	i ·	•	230	9	
Liabilities	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		0			
	ь	Less accumulated depreciation	10b		0	1,200	10 c	0
	11	Investments—publicly traded securities		<u> </u>		0	11	
	12	Investments—other securities See Part IV, line 11	8,019,307	12	7,298,268			
	13	Investments—program-related See Part IV, line 11		0	13			
	14	Intangible assets		0	14			
	15	Other assets See Part IV, line 11				0	15	0
	16	Total assets.Add lines 1 through 15 (must equal line 34) .			- I	8,562,554	16	7,852,040
	17	Accounts payable and accrued expenses				30,528	17	80,649
	18	Grants payable			ŀ	00,020	18	00,043
	19	Deferred revenue			ŀ	0	19	
					ŀ	0	20	
	20	Tax-exempt bond liabilities			-	0		
	21	Escrow or custodial account liability Complete Part IV of So			ŀ	0	21	
	22	Loans and other payables to current and former officers, direkey employees, highest compensated employees, and disqu						
		persons Complete Part II of Schedule L	•		22			
	23	Secured mortgages and notes payable to unrelated third par		0	23			
	24	Unsecured notes and loans payable to unrelated third partie	•	0	24			
	25	Other liabilities (including federal income tax, payables to re and other liabilities not included on lines 17-24) Complete Part X of Schedule D	arties,	0				
		Takal Bahilikia Add Issaa 47 Abassah 25				0	25	0
	26	Total liabilities. Add lines 17 through 25	· ·	• •		30,528	26	80,649
ces		Organizations that follow SFAS 117 (ASC 958), check here belines 27 through 29, and lines 33 and 34.	•	and co	mplete			
<u> </u>	27	Unrestricted net assets			.	8,532,026	27	7,771,391
ထိ	28	Temporarily restricted net assets			.	0	28	
Fund Balance	29	Permanently restricted net assets				0	29	
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	k here	▶ ┌	and			
ts .	30	Capital stock or trust principal, or current funds					30	
Net Assets or	31	Paid-in or capital surplus, or land, building or equipment fun-	d .				31	
Ä	32	Retained earnings, endowment, accumulated income, or other		ls			32	
Vet	33	Total net assets or fund balances			.	8,532,026	33	7,771,391
_	34	Total liabilities and net assets/fund balances				8,562,554	34	7,852,040
	<u> </u>		-			-,002,001		Farma 000 (2015)

	4	
Net unrealized gains (losses) on investments	5	
Donated services and use of facilities	6	
Investment expenses	,	

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

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

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Consolidated basis

✓ Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Separate basis

Separate basis

Schedule O

basis, consolidated basis, or both

		6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1,4	195,000	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 7,771,					
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990	_				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	

Both consolidated and separate basis

Both consolidated and separate basis

Page **12**

2,030,390

-2,030,390

8,532,026

-225,245

1

2

3

2b

2c

3a

3b

Yes

Yes

Nο

Form 990 (2015)

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

DLN: 93493320043526 OMB No 1545-0047

Employer identification number

Schedule A (Form 990 or 990-EZ) 2015

45-3083519

SCHEDULE A

(Form 990 or

Internal Revenue Service Name of the organization

Gray Family Foundation

990EZ)

Treasury

Department of the

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.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

Open to Public Inspection

		• •	(ii)EIN					` '			
1	(i)	organization	,	Type of organization (described on lines 1 - 9 above (see instructions))	Is the org listed in you docur	ianization ir governing	A mount of monetary support (see instructions)	A mount of other support (see instructions)			
				"			_				
					Yes	No					
					Yes	1.0	1,538,359				
				+		+	+				
				instructions))		No	_				
				(described on lines 1-9 above (see		-		, , ,			
1	(1)	organization									
		me of supported	(ii)EIN	_ (iii)	(i		(v)	(vi)			
		-									
g				ut the supported organ							
f	Ente			S			<u>1</u>				
е	✓			eived a written determ Hy integrated supportii			ıs a ⊤ype I, ⊤ype II, ⊤y	rpe III lunctionally			
_	_			e Part IV, Sections A a			io a Tuno I. Tuno II. Tu	una III funationally			
							rement and an attentive	eness requirement			
d	Г	<i>.</i> .	, ,	11 2 2			with its supported orga	` '			
	1			ctions) You must com				racea with, its			
с	_	must complete Part Type III functionally	•		operated in c	onnection with	n, and functionally integ	rated with its			
	1	management of the s	upporting organi	zatıon vested ın the sa			manage the supported				
b	$\overline{}$	5	•	•		n with its supp	orted organization(s), b	y having control or			
	•	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.									
а	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 support of										
					•		. , . ,				
11	✓	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									
10		5		ed exclusively to test	•	•	` ' '				
				nrelated business taxa e section 509(a)(2). (C	•		11 tax) from businesse:	s acquired by the			
9	ı	An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the									
8		•		on 170(b)(1)(A)(vi)(•					
_	'). (Complete Part II)			-	•			
7	-		3	-			ental unit or from the g	eneral public			
6	$\overline{}$		•	<i>)</i> or governmental unit d	escribed in s e	ection 170(b)(1)(A)(v).				
		An organization ope 170(b)(1)(A)(iv).			ersity owned	or operated by	a governmental unit de	escribed in section			
5		hospital's name, city	, and state								
5	l			acea in conjunction in	in a mospitar c	icsembed iii se	ection 170(b)(1)(A)(iii)	. Enter the			

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
•	Gifts, grants, contributions, and						
	membership fees received (Do						
	not include any unusual grants)						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
	from line 4						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L1	Total support. Add lines 7						
12	through 10 [Gross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and stop here	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and stop here. The organization qua	-		•	•	•	▶□
b	33 1/3% support test—2014. If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and stop here. The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- -
L	organization 10%-facts-and-circumstances test		anization did nat	shock a how on lin	0 12 16 3 16 5	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	Private foundation. If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s box and see	
	instructions				•		▶┌
							'

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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
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 amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0)(3) organization, ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	1 /		18	
19a	33 1/3% support tests—2015. If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and stop here. T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	33 1/3% support tests—2014. If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation ► [
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

Part IV Supporting Organizations

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

Se	I, complete Sections A and D, and complete Part V) ection A. All Supporting Organizations			
36	Ection A. An Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	
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	2		No
3a	509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?			
	If "Yes," answer (b) and (c) below Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	3a		No
Ī	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the 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?	3 c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	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	70	<u> </u>	
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes		I I	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		No
ь	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		
C	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 support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		No
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		No
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 II of Schedule L (Form 990)	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		No
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		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		No
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		No
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		No

Part IV	Supporting	Organizations	(continued)

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Saction	. D	Typo	TC	unnarti	na Or	a - ni - :	stions

Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or iemove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s)			
	that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		No
Se	ection C. Type II Supporting Organizations			
36	schon C. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	165	NO
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
	The result of the rest the significance of game and significant of game and si			
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

each of the supported organizations? Provide details in Part $\it VI$

3a

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	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		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)				
Section D - Distributions			Current Year				
1 Amounts paid to supported organizations to accom	plish exempt purposes						
2 A mounts paid to perform activity that directly furthe excess of income from activity							
3 Administrative expenses paid to accomplish exemp							
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval rec	5 Qualified set-aside amounts (prior IRS approval required)						
6 Other distributions (describe in Part VI) See instru	ictions						
· · · · · · · · · · · · · · · · · · ·	20010115						
7 Total annual distributions. Add lines 1 through 6							
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide					
9 Distributable amount for 2015 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount							
		T	T				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015				
1 Distributable amount for 2015 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)							
3 Excess distributions carryover, if any, to 2015							
a							
b							
<u>c</u>							
d From 2013							
e From 2014							
f Total of lines 3a through e g Applied to underdistributions of prior years							
h Applied to 2015 distributable amount							
i Carryover from 2010 not applied (see instructions)							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2015 from Section D, line 7 \$							
Applied to underdistributions of prior years							
b Applied to 2015 distributable amount							
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
7 Excess distributions carryover to 2016. Add lines 31 and 4c							
8 Breakdown of line 7							
a							
b							
c Excess from 2013							
d From 2014							
e From 2015							
			(F 000 000 F7) /2.01 F				

DLN: 93493320043526

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	me of the organization by Family Foundation			Employer ide	ntification number
				45-3083519	
Par	t I-A Complete if the or	ganization is exempt under	section 501(c) or is a section 52	7 organization.
1	Provide a description of the org	ganization's direct and indirect politic	al campaign acti	vities in Part IV	
2	Political expenditures			>	\$
3	V olunteer hours				
Par	t I-B Complete if the or	ganization is exempt under s	section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization und	ler section 4955	>	\$
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section	4955	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No
4 a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under s	section 501(c), except section 5	01 (c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	t function activities 🕨	\$
2	Enter the amount of the filing o exempt function activities	organization's funds contributed to otl	her organizations	for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 1120)-POL, line 17b ►	\$
4	Did the filing organization file F	orm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments f amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	e amount paid from rectly delivered t	m the filing organization's to a separate political org	funds Also enter the janization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					

Subtract line 1f from line 1c If zero or less, enter -0-

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election Part II-A under section 501(h)).

		oying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public lobbying)	0		
b	Total lobbying expenditures to influence a legi-	32,395		
c	Total lobbying expenditures (add lines 1a and	32,395		
d	Other exempt purpose expenditures	1,997,995		
e	Total exempt purpose expenditures (add lines	1c and 1d)	2,030,390	
e f	Total exempt purpose expenditures (add lines Lobbying nontaxable amount Enter the amoun		2,030,390 251,520	
e f				
e f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns		
e f	Lobbying nontaxable amount Enter the amoun If the amount on line 1e, column (a) or (b) is:	t from the following table in both columns The lobbying nontaxable amount is:		
e f	Lobbying nontaxable amount Enter the amoun If the amount on line 1e, column (a) or (b) is: Not over \$500,000	t from the following table in both columns The lobbying nontaxable amount is: 20% of the amount on line 1e		
e f	Lobbying nontaxable amount Enter the amount If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000	t from the following table in both columns The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000		

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

	,		Γ,	Yes ∏No					
	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total			
2a	Lobbying nontaxable amount		214,086	257,598	251,520	723,203			
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,084,805			
c	Total lobbying expenditures		22,890	0	32,395	55,285			
d	Grassroots nontaxable amount		53,522	64,399	62,880	180,801			

Return Reference

	filed Form 5768 (election under section 501(h)).	,			/ b>
or e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)
ctiv	ıty	Yes	No	An	nount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	163			
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total Add lines 1c through 1i				
а	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01 (c)(5), c	or sec	ction
			_		Yes N
L	Were substantially all (90% or more) dues received nondeductible by members?		_	1	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
3					
3	Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				III-A,
ar	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "				III-A,
ar 1	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" C			III-A
ar 1	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	1 2a			III-A
a L 2	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	No" C			III-A
ar L a b	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	1 2a 2b 2c			III-A
ar 1 2 a b c	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	1 2a 2b			111-A,
1 2 a	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	2a 2b 2c 3			111-A,
3 Par 1 2 a b c	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	1 2a 2b 2c			III-A,

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE D

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

OMB No 1545-0047

DLN: 93493320043526

2015

Open to Public Inspection

	me of the organization y Family Foundation		Empl	oyer identification number
Ola	ry i aimiy i outidation		45-3	083519
Pa		Advised Funds or Other Similar F	unds c	or Accounts.
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 6.	(1.)	Front and all and a second
1	Total number at end of year	(a) Donor advised funds	(D)	Funds and other accounts
2	Aggregate value of contributions to (during			
3	year) Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t		nor advis	sed Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?			· purpose Yes No
Pa	rt II Conservation Easements. Comple	ete if the organization answered "Yes" o	on Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	e organization (check all that apply)		
	Preservation of land for public use (e.g., recreeducation)		n histor	ically important land area
	Protection of natural habitat	<u>'_</u>		d historic structure
	Preservation of open space	, reservation of a	COTOMO	a materia structure
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution in	the form	of a conservation
_	easement on the last day of the tax year	meta a qualifica conservation contribution in		or a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme		2b	
c	Number of conservation easements on a certified	, ,	2c	
d	Number of conservation easements included in (o historic structure listed in the National Register		2d	
3	Number of conservation easements modified, trai	nsferred, released, extinguished, or terminati	ed by the	e organization during the
	tax year ▶			
4	Number of states where property subject to cons	ervation easement is located >		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		dling of	┌ Yes
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforc	ing cons	ervation easements during the
	·			
7	A mount of expenses incurred in monitoring, inspe ▶ \$	ecting, handling of violations, and enforcing c	onserva	ition easements during the year
В	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the requirements of se	ction 17	0(h)(4) Yes No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia	•	•
Pa i		ctions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	er Similar Assets.
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	FAS 116 (ASC 958), not to report in its reve assets held for public exhibition, education,	or resea	arch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education,		

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

	edule D (Form 990) 2013					Page Z
Par	Organizations Maintaining (continued)	g Collections of	Art, Historical	Treasures, or C	ther Similar A	ssets
3	Using the organization's acquisition, accollection items (check all that apply)	cession, and other re	cords, check any o	f the following that a	are a significant us	e of its
а	Public exhibition		d Γ Los	an or exchange prog	ırams	
b	Scholarly research		e ┌ ot	her		
c	Preservation for future generations					
4	Provide a description of the organization Part XIII		kplain how they furt	her the organization	's exempt purpose	ın
5	During the year, did the organization sol assets to be sold to raise funds rather the					s
Pai	rt IV Escrow and Custodial Arra	angements.			,	
	Complete if the organization Part X, line 21.	answered "Yes" o	n Form 990, Part	t IV, line 9, or rep	oorted an amoun	t on Form 990,
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	istodian or other inte	rmediary for contri	butions or other ass	ets not Yes	s
b	If "Yes," explain the arrangement in F	Part XIII and comple	ete the following tab	le	A me	ount
c	Beginning balance	·	-	1c		
d	Additions during the year			1d		
e	Distributions during the year			1e		
f	Ending balance			1f		
2 a	Did the organization include an amount	on Form 990, Part X	, line 21, for escrow	or custodial accou	nt liability? Yes	s
b	If "Yes," explain the arrangement in Par					
Pa	rt V Endowment Funds. Comple	, 			· · · · · · · · · · · · · · · · · · ·	
	Boginning of year halance	(a)Current year 8,532,026	(b) Prior year 60,870	b (c) Two years back 19,230	(d)Three years back	(e)Four years back
1a b	Beginning of year balance Contributions	1,495,000	11,590,248	11,162,885	530,000	
c	Net investment earnings, gains, and losses	-225,245	-967,139	119		0
d	Grants or scholarships	1,538,359	1,500,406	815,458	466,870	0
e	Other expenditures for facilities and programs	394,274	518,570	10,151,389		0
f	Administrative expenses	97,757	132,977	154,517	43,900	0
g	End of year balance	7,771,391	8,532,026	60,870	19,230	0
2	Provide the estimated percentage of the	current year end ba	lance (line 1g, colu	mn (a)) held as		
а	Board designated or quasi-endowment	1000	, ,,,	. ,,		
ь	Permanent endowment ►					
С	Temporarily restricted endowment ►					
	The percentages on lines 2a, 2b, and 2c	should equal 100%	1			
3а	Are there endowment funds not in the poorganization by	_		eld and administere	d for the	Yes No
	(i) unrelated organizations				3a	
b	(ii) related organizations			• •	<u> </u>	(ii) Yes Bo Yes
4	Describe in Part XIII the intended uses				3	l les
	rt VI Land, Buildings, and Equi					
	Complete if the organization					
	Description of property		Cost or oth (a) (investr		Accumulated asis (c) depreciation	
1a	Land					
b	Buildings					
c	Leasehold improvements					
d	Equipment		. 1			

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

Part VII Investments—Other Securities. C	omplete if the org	anızatıon answered 'Yes	on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or catego	гу	(b)Book value	(c)Method of valuation
(including name of security) (1)Financial derivatives			Cost or end-of-year market value
(2)Closely-held equity interests (3)O ther			
(A) Interests of five private equity partnerships		7,298,268	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•	7,298,268	
Complete if the organization answer	ed 'Yes' on Form 9	90, Part IV, line 11c. _{See}	
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
			·
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX Other Assets. Complete if the organiza (a) Des	<u>tion answered 'Yes' o</u> scription	n Form 990, Part IV, line 1	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. Complete if the or		ed 'Yes' on Form 990, Pa	
See Form 990, Part X, line 25.	(b) Book valu		
1. (a) Description of Hability	(b) Book valu		
Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	•		
2. Liability for uncertain tax positions. In Part XIII, proorganization's liability for uncertain tax positions under			
XIII		and take of the	

uses of endowment funds

1	Total revenue, gains, and other	r support per audited financial statements	1	
2	Amounts included on line 1 but	t not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) o	on investments 2a		
b	Donated services and use of fa	cilities 2b		
c	Recoveries of prior year grants			
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d	 	2e	
3	Subtract line $\mathbf{2e}$ from line 1 .		3	
4	Amounts included on Form 990), Part VIII, line 12, but not on line 1		
а	Investment expenses not inclu	ıded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line 12)	5	
Part		penses per Audited Financial Statements With Expense	s per	Return.
	<u> </u>	ization answered 'Yes' on Form 990, Part IV, line 12a.	T .	<u> </u>
1	·	audited financial statements	1	
2		t not on Form 990, Part IX, line 25		
а	Donated services and use of fa	cilities	_	
b	, , ,	<u>2b</u>		
c	Other losses	2c	1	
d	,			
e	Add lines 2a through 2d		2e	
3	Subtract line $\mathbf{2e}$ from line 1 .		3	
4	A mounts included on Form 990), Part IX, line 25, but not on line 1:		
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	· · · · · · · · · · · · · · · · · · ·	4c	
5	Total expenses Add lines 3 an	d 4c. (This must equal Form 990, Part I, line 18)	5	
Part	XIII Supplemental Info	ormation		
Part		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2 lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to		de any additional
	Return Reference	Explanation		
Sched	ule D, Part V, Line 4 Intended	The foundation uses endowment fund distributions to make grants to non-profit organizations		

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Schedule D (Form 990) 2015		Page 5
Part XIII Supplemental Informat	ion (continued)	
Return Reference	Explanation	

efile GRAPHIC print - DO NO	T PROCESS	As Filed Da	ta -	DLN	93493320043526
SCHEDULE F (Form 990)	tement of	Activities (Outside the Unit	ed States	OMB No 1545-0047
Department of the Treasury		Part IV, line ► Attach t	n answered "Yes" to Form 14b, 15, or 16. o Form 990. and its instructions is at w		2015 Open to Public Inspection
Name of the organization Gray Family Foundation				Employer ide 45-3083519	ntification number
Part I General Information Complete if the organic					
1 For grantmakers. Does the and other assistance, the grused to award the grants or	antees' eligibi				┌ Yes ┌ No
2 For grantmakers. Describe assistance outside the Unite	d States				nts and other
3 Activites per Region (The follo	wing Part I, line	3 table can be d	uplicated if additional sp	ace is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe, specific type of service(s) in region	
(1) Central America and the Caribbean	0	 	Investments		170,224
(2) Sub-Saharan Africa	0	0	Investments		122,070
(3) Europe (Including Iceland and Greenland)	0	0	Investments		720
(4)					
(5)					
3a Sub-total	0	0	i		293,014
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see	0	0	<u> </u>	No 50082W Sche	293,014 dule F (Form 990) 2015

0 + 0 1 (0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0) 10 1							1 0 65 .
Part III Grants a	and Other Ass	sistance to Organ	Partif Grants and Other Assistance to Organizations or Entities Outside the United States.	s Outside the Uni	ted States.			
Complete	e if the organiz	ation answered "Ye	Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if	IV, line 15, for any	recipient who rece	ived more than \$5,(000. Part II can be	duplicated if
additiona	additional space is needed.	ded.						
 (a) Name of organization 	(b) IRS code section and EIN (if	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV,
(1)	applicable)							appraisal, other)

(2)

nized as
gn country, recog
ited above that are recognized as charities by the foreign country, recognized
recognized as ch
ed above that are
ber of recipient organizations lists
ber of recipient

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶	3 Enter total number of other organizations or entities
	- •

. . Schedule F (Form 990) 2015

ule F	ule F (Form 990) 2015
	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
	Part III can be duplicated if additional space is needed.

appraisal, other) valuation (book, FMV, (h) Method of

(g) Description of non-cash assistance

(t) A mount of assistance non-cash

(e) Manner of cash disbursement

(d) Amount of cash grant

(c) Number of recipients

(b) Region

(a) Type of grant or assistance

(1) (2) (3) (4) (2) (9) (2) (8) (6)

(11) (12) (13) (14) (15) (16)

(10)

(18)

(11)

Schedule F (Form 990) 2015

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)

✓ Yes No

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713. International Boycott Report (see Instructions for Form

5713, do not file with Form 990)

Νo

Yes

Additional Data

Software ID: 15000238

Software Version: 2015v2.1

EIN: 45-3083519

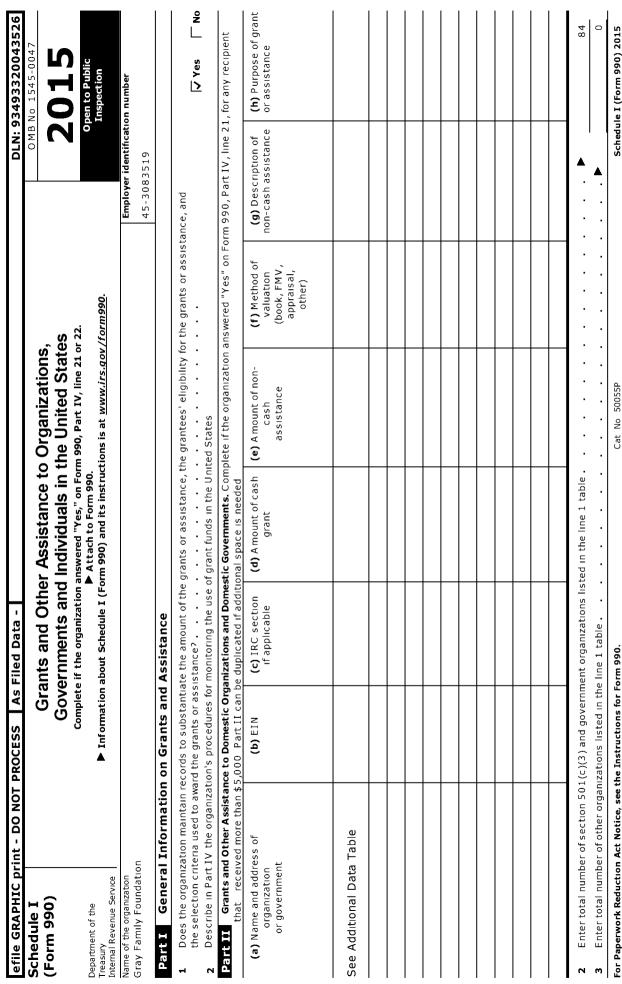
Name: Gray Family Foundation

Schedule F (Form 990) 2015

Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).



Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part IV

Schedule I (Form 990) 2015

Additional Data

15000238	2015v2.1	EIN: 45-3083519
Software ID:	Software Version:	EIN:

:015v2.1	EIN: 45-3083519	Name: Gray Family Foundation	
Software Version: 2015v2.1	EIN: 4	Name: 0	

 Name: Gray Family Foundation			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section ıf applıcable

(**b)** EIN

(a) Name and address of

or government organization

(h) Purpose of grant or assistance

(g) Description of non-cash assistance

(book, FMV, appraisal,

(d) A mount of cash (e) A mount of non- (f) Method of valuation

assistance cash

5,500

Government Entity

93-6000566

Eugene School District 4J

200 N Monroe Street

Eugene, OR 97402

000'9

501 c 3

87-0690144

McKenzie Watershed Alliance

000'9

Government Entity

48-1278522

Southern Oregon University

Eugene, OR 97475 PO Box 70166

1250 Siskiyou Boulevard

Ashland, OR 97520

= nvironment

Education

Education

	(h) Purpose of gran or assistance	Education	Education	Environment
nts.	(g) Description of non-cash assistance			
ince to Domestic Organizations and Domestic Governments.	(d) Amount of cash cash cash cash cash assistance other)			
inizations and D	(e) Amount of non- cash assistance			
to Domestic Orga	(d) Amount of cash grant	005'9	6,825	7,000
Other Assistance	(c) IRC section if applicable	Government Entity	501 c 3	501 c 3
t II, Grants and	(b) EIN		94-3089073	93-1210350
Form 990, Schedule I, Part II, Grants and Other Assista	(a) Name and address of organization or government	North Santiam School District 1155 N 3rd Ave Stayton, OR 97383	Arbor School of Arts and Sciences Inc 4201 SW Borland Road Tualatin, OR 97062	Coast Range Natural Resources Education Organization PO Box B Alsea, OR 97324

	(h) Purpose of grant or assistance	Education	Education	Education
nts.	(g) Description of non-cash assistance			
omestic Governme	(d) Amount of cash (e) Amount of non- (f) Method of valuation cash (book, FMV, appraisal, assistance other)			
anizations and Do	(e) Amount of non- cash assistance			
to Domestic Orga	(d) Amount of cash grant	000'2	7,000	005'2
Other Assistance	(c) IRC section if applicable	501 c 3	Government Entity	Government Entity
t II, Grants and	(b) EIN	23-7158061		93-6000591
Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.	(a) Name and address of organization or government	North American Association for Environmental Education 2000 P Street NW Suite 540 Washington, DC 20036	North Marion School District 15 20256 Grim Rd NE Aurora, OR 97002	Bethel School District 4640 Barger Drive Eugene, OR 97402

	(h) Purpose of grant or assistance	Education	Education	Environment
nts.	(g) Description of non-cash assistance			
nce to Domestic Organizations and Domestic Governments.	(d) A mount of cash cash cash cash cash assistance other)			
nizations and Do	(e) Amount of non- cash assistance			
to Domestic Orga	(d) A mount of cash grant	005'2	7,500	000'8
Other Assistance	(c) IRC section if applicable	Government Entity	Government Entity	501 c 3
rt II, Grants and	(b) EIN		93-6000973	71-1029665
Form 990, Schedule I, Part II, Grants and Other Assistar	(a) Name and address of organization or government	Carus Elementary School 14412 South Carus Road Oregon Cıty,OR 97045	Cascade School District 10226 Marion Rd SE Turner, OR 97392	Center for Earth Leadership 319 SW Washington St Suite 400 Portland, OR 97204

	(h) Purpose of grant or assistance	Environment	Education	Environment
nts.	(g) Description of non-cash assistance			
omestic Governme	(d) A mount of cash cash cash cash cash assistance other)			
inizations and D	(e) Amount of non- cash assistance			
to Domestic Orga	(d) A mount of cash grant	8,000	8,000	8,000
Other Assistance	(c) IRC section if applicable	501 c 3	501 c 3	501 c 3
t II, Grants and	(b) EIN	93-1140056	86-1086365	20-2951677
Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.	(a) Name and address of organization or government	Corvallis Environmental Center 214 SW Monroe Ave Corvallis, OR 97333	Coyote Trails School of Nature 2931 S Pacific Hwy Medford, OR 97501	Salmon Drift Creek Watershed Council PO Box 112 Neotsu, OR 97364

	(h) Purpose of grant or assistance	Environment	Philanthropy, Voluntarism & Grantmaking	Environment
nts.	(g) Description of non-cash assistance			
nce to Domestic Organizations and Domestic Governments.	(d) A mount of cash cash cash cash cash cash assistance cterior (f) Method of valuation cash cash cash cash cash cash cash cash			
anizations and D	(e) A mount of non- cash assistance			
to Domestic Orga	(d) A mount of cash grant	000'8	8,500	8,500
Other Assistance	(c) IRC section if applicable	501 c 3	501 c 3	501 c 3
t II, Grants and	(b) EIN	33-1103430	93-6030371	93-0408077
Form 990, Schedule I, Part II, Grants and Other Assista	(a) Name and address of organization or government	Willamette Partnership 4640 SW Macadam Ave Suite 50 Portland, OR 97239	Lincoln County Foundation 1121 SE Spruce Way Newport, OR 97365	Mazamas 527 SE 43rd Avenue Portland, OR 97215

	(h) Purpose of grant or assistance	Environment	Education	Environment
nts.	(g) Description of non-cash assistance			
omestic Governme	(d) Amount of cash (e) Amount of non- (f) Method of valuation cash (book, FMV, appraisal, assistance other)			
inizations and D	(e) Amount of non- cash assistance			
to Domestic Orga	(d) Amount of cash grant	8,500	8,722	000'6
Other Assistance	(c) IRC section if applicable	501 c 3	Government Entity	Government Entity
t II, Grants and	(b) EIN	93-1294148		
Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.	(a) Name and address of organization or government	Sandy River Basın Watershed Council 26000 SE Stark Street GE Building Gresham, OR 97030	St Helens High School 2375 Gable Road St Helens, OR 97051	Curry Soil & Water Conservation District PO Box 666 Gold Beach, OR 97444

	(h) Purpose of grant or assistance	Education	Environment	Education
nts.	(g) Description of non-cash assistance			
nce to Domestic Organizations and Domestic Governments.	(d) A mount of cash cash cash cash cash cash assistance other)			
inizations and D	(e) Amount of non- cash assistance			
to Domestic Orga	(d) A mount of cash grant	000'6	9,460	005'6
Other Assistance	(c) IRC section if applicable	Government Entity	Government Entity	Government Entity
rt II, Grants and	(b) EIN			93-6000284
Form 990, Schedule I, Part II, Grants and Other Assista	(a) Name and address of organization or government	Grants Pass School District 7 725 NE Dean Dr Grants Pass, OR 97526	Oregon Forest Resources Institute 317 SW Sixth Ave Ste 400 Portland, OR 97204	Eagle Creek Elementary 30391 SE Hwy 211 Eagle Creek, OR 97022

	(h) Purpose of grant or assistance	Education	Education	Arts, Culture & Humanities
nts.	(g) Description of non-cash assistance			
nce to Domestic Organizations and Domestic Governments.	(d) Amount of cash (e) Amount of non- (f) Method of valuation cash (book, FMV, appraisal, assistance other)			
anizations and D	(e) A mount of non- cash assistance			
to Domestic Org	(d) A mount of cash grant	005'6	005'6	005'6
Other Assistance	(c) IRC section if applicable	Government Entity	501 c 3	501 c 3
rt II, Grants and	(b) EIN	93-6000543	94-3112973	93-0402877
Form 990, Schedule I, Part II, Grants and Other Assista	(a) Name and address of organization or government	Klamath County School District 10501 Washburn Way Klamath Falls, OR 97603	Opal Creek Ancient Forest Center 721 NW 9th Avenue Suite 236 Portland, OR 97209	O regon Museum of Science and Industry 1945 SE Water Ave Portland, OR 972143354

	(h) Purpose of grant or assistance	Education	Education	Education
nts.	(g) Description of non-cash assistance			
nce to Domestic Organizations and Domestic Governments.	(d) A mount of cash cash cash cash grant assistance other)			
inizations and D	(e) Amount of non- cash assistance			
to Domestic Orga	(d) A mount of cash grant	005'6	10,000	10,000
Other Assistance	(c) IRC section if applicable	501 c 3	501 c 3	501 c 3
t II, Grants and	(b) EIN	77-0592635	93-0669128	23-7079356
Form 990, Schedule I, Part II, Grants and Other Assista	(a) Name and address of organization or government	Tillamook School District #9 Foundation 2510 First Street Tillamook, OR 97141	Environmental Education Association of Oregon PO Box 686 McMinnville, OR 97128	Friends of Tryon Creek State Park 11321 SW Terwilliger Boulevard Portland, OR 97219

	(h) Purpose of grant or assistance	Arts, Culture & Humanities	Environment	Philanthropy, Voluntarism & Grantmaking
nts.	(g) Description of non-cash assistance			
nce to Domestic Organizations and Domestic Governments.	(d) A mount of cash cash cash cash cash cash assistance other)			
nizations and D	(e) Amount of non- cash assistance			
to Domestic Orga	(d) A mount of cash grant	10,000	10,000	10,000
Other Assistance	(c) IRC section if applicable	501 c 3	501 c 3	501 c 3
rt II, Grants and	(b) EIN	51-0179336	93-6022772	03-0373895
Form 990, Schedule I, Part II, Grants and Other Assistan	(a) Name and address of organization or government	High Desert Museum 59800 S Highway 97 Bend, OR 977027963	HJ Andrews Experimental Forest PO Box 300 Blue River, OR 97413	James F and Marion L Miller Foundation 520 SW Yamhill 520 Portland, OR 97204

	(h) Purpose of grant or assistance	Environment	Environment	Education
ints.	(g) Description of non-cash assistance			
omestic Governme	(d) A mount of cash (e) A mount of non- (f) Method of valuation cash (book, FMV, appraisal, assistance other)			
anizations and D	(e) A mount of non- cash assistance			
to Domestic Org	(d) A mount of cash grant	10,000	10,000	10,000
Other Assistance	(c) IRC section if applicable	501 c 3	501 c 3	501 c 3
rt II, Grants and	(b) EIN	93-1249298	20-5460326	27-1434361
Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.	(a) Name and address of organization or government	Lower Columbia Estuary Partnership 811 SW Naito Pkwy Suite 410 Portland, OR 97204	North Fork John Day Watershed Council PO Box 444 Long Creek, OR 97856	Powell Butte Community Charter School 13650 SW Hwy126 Powell Butte, OR 97753

	(h) Purpose of grant or assistance	Education	Education	Environment
nts.	(g) Description of non-cash assistance	Ec	Ec	E
nce to Domestic Organizations and Domestic Governments.	(d) A mount of cash (e) A mount of non- (f) Method of valuation cash (book, FMV, appraisal, assistance other)			
nizations and Do	(e) Amount of non- cash assistance			
to Domestic Orga	(d) A mount of cash grant	10,000	10,000	10,000
Other Assistance	(c) IRC section if applicable	501 c 3	501 c 3	Government Entity
t II, Grants and	(b) EIN	01-0755594	45-4725836	
Form 990, Schedule I, Part II, Grants and Other Assistan	(a) Name and address of organization or government	School Garden Project of Lane County PO Box 30072 Eugene, OR 97403	Schoolyard Farms PO Box 14135 Portland, OR 97293	South Slough National Estuarine Research Reserve PO Box 5417 Charleston, OR 97420

	(h) Purpose of grant or assistance	Environment	Environment	Environment
nts.	(g) Description of non-cash assistance			
nce to Domestic Organizations and Domestic Governments.	(d) A mount of cash cash cash cash cash assistance other)			
inizations and D	(e) Amount of non- cash assistance			
to Domestic Orga	(d) A mount of cash grant	10,000	10,000	10,000
Other Assistance	(c) IRC section if applicable	501 c 3	501 c 3	501 c 3
t II, Grants and	(b) EIN	48-1268855	94-3184499	
Form 990, Schedule I, Part II, Grants and Other Assista	(a) Name and address of organization or government	Straub Environmental Center PO Box 12363 Salem, OR 97309	Tualatin Riverkeepers 11675 SW Hazelbrook Rd Tualatin, OR 97062	Tualatin Soil & Water Conservation District 1080 SW Baseline Suite B2 Hillsboro, OR 971233823

	(h) Purpose of grant or assistance	Environment	Environment	Education
nts.	(g) Description of non-cash assistance			
nce to Domestic Organizations and Domestic Governments.	(d) A mount of cash (e) A mount of non- (f) Method of valuation cash (book, FMV, appraisal, assistance other)			
inizations and D	(e) Amount of non- cash assistance			
to Domestic Orga	(d) A mount of cash grant	10,000	10,000	10,500
Other Assistance	(c) IRC section if applicable	501 c 3	501 c 3	Government Entity
rt II, Grants and	(b) EIN	91-1757262	91-1794627	93-0000208
Form 990, Schedule I, Part II, Grants and Other Assista	(a) Name and address of organization or government	Upper Deschutes Watershed Council 700 NW Hill Street Bend, OR 97701	Wallowa Resources 401 NE First St Ste A Enterprise, OR 97828	Philomath School District 535 S 19th Street Philomath, OR 97370

(h) Purpose of grant or assistance Arts, Culture & nvironment umanities ducation non-cash assistance (g) Description of Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (d) Amount of cash (e) Amount of non- (f) Method of valuation (book, FMV, appraisal, other) assistance cash grant 501 c 3 501 c 3 501 c 3 (c) IRC section ıf applicable 93-1164114 93-0557964 91-1787357 **(b)** EIN (a) Name and address of Portland, OR 972923530 South Santiam Watershed Sweet Home, OR 97386 Wisdom of the Elders Inc 3203 SE 109th Avenue or government Portland, OR 97266 organization PO Box 33530 4431 Hwy 20 Impact NW Council

	(h) Purpose of grant or assistance	Education	Education	Education
nts.	(g) Description of non-cash assistance			
nce to Domestic Organizations and Domestic Governments.	(d) A mount of cash cash cash cash cash assistance other)			
anizations and D	(e) A mount of non- cash assistance			
to Domestic Org	(d) A mount of cash grant	11,500	13,500	14,000
Other Assistance	(c) IRC section if applicable	Government Entity	Government Entity	Government Entity
rt II, Grants and	(b) EIN			
Form 990, Schedule I, Part II, Grants and Other Assista	(a) Name and address of organization or government	St Helens School District 474 North 16th Street St Helens, OR 97051	Greater Albany Public School District 718 Seventh Avenue SW Albany, OR 97321	Bolton Primary School 5933 SW Holmes Street West Linn, OR 97068

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.	(b) EIN (c) IRC section (d) Amount of cash grant (e) Amount of non- (f) Method of valuation (g) Description of or assistance (h) Purpose of grant assistance assistance assistance other)	03-0456181 501c3 14,000 Environment	Government Entity 14,500 Education	Government Entity 14,500 Education
t II, Grants and Other As		03-0456181	Governm	Governm
Form 990, Schedule I, Par	(a) Name and address of organization or government	Columbia Slough Watershed Council 7040 NE 47th Avenue Portland, OR 972181212	Canby School District 1130 S Ivy Street Canby, OR 97013	Gladstone School District 115 17789 Webster Road Gladstone OR 970271498

	(h) Purpose of grant or assistance	Education	Environment	Food, Agriculture & Nutrition
nts.	(g) Description of non-cash assistance			
omestic Governme	(d) Amount of cash (e) Amount of non- (f) Method of valuation cash cash (book, FMV, appraisal, assistance other)			
nizations and D	(e) A mount of non- cash assistance			
to Domestic Orga	(d) A mount of cash grant	14,500	15,000	15,000
Other Assistance	(c) IRC section if applicable	501 c 3	501 c 3	501 c 3
rt II, Grants and	(b) EIN	71-0958638	47-2678893	93-1213728
Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.	(a) Name and address of organization or government	Klamath Outdoor Science School PO Box 721 Klamath Falls, OR 97601	Children's Forest of Central Oregon 63095 Deschutes Market Road Bend, OR 97701	Growing Gardens 2203 NE Oregon St Portland, OR 97232

	(h) Purpose of grant or assistance	Philanthropy, Voluntarism & Grantmaking	Youth Development	Environment
nts.	(g) Description of non-cash assistance			
nce to Domestic Organizations and Domestic Governments.	(d) A mount of cash cash cash cash cash cash cash cash			
anizations and D	(e) A mount of non- cash assistance			
to Domestic Orga	(d) Amount of cash grant	15,000	15,000	16,400
Other Assistance	(c) IRC section if applicable	501 c 3	501 c 3	501 c 3
t II, Grants and	(b) EIN	23-7315673	93-1315162	93-1197298
Form 990, Schedule I, Part II, Grants and Other Assistar	(a) Name and address of organization or government	Latino Leadership Fund - OCF c/o OCF 1221 SW Yamhill St Ste 100 Portland, OR 97205	REAP PO Box 86341 Portland, OR 97286	Friends of the Tualatin River NWR 19255 SW Pacific Hwy Sherwood, OR 97140

	(h) Purpose of grant or assistance	Education	Education	Education
nts.	(g) Description of non-cash assistance			
omestic Governme	(d) Amount of cash cash cash cash grant assistance other)			
inizations and D	(e) Amount of non- cash assistance			
to Domestic Orga	(d) A mount of cash grant	17,500	18,000	18,439
Other Assistance	(c) IRC section if applicable	Government Entity	501 c 3	501 c 3
t II, Grants and	(b) EIN		37-1749992	93-6022772
Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.	(a) Name and address of organization or government	Oregon City School District 1417 12th Street Oregon City, OR 97045	Camp Tamarack 2608 NW Robert Way Bend, OR 97701	O regon State University Foundation 850 SW 35th Street Corvallis, OR 973334015

	(h) Purpose of grant or assistance	Education	Education	Education
nts.	(g) Description of non-cash assistance			
nce to Domestic Organizations and Domestic Governments.	(d) A mount of cash (e) A mount of non- (f) Method of valuation cash (book, FMV, appraisal, assistance other)			
inizations and D	(e) Amount of non- cash assistance			
to Domestic Orga	(d) A mount of cash grant	19,500	19,500	20,000
Other Assistance	(c) IRC section if applicable	Government Entity	Government Entity	501 c 3
rt II, Grants and	(b) EIN		93-0599524	42-1606106
Form 990, Schedule I, Part II, Grants and Other Assista	(a) Name and address of organization or government	Gresham Barlow School District #10J 1331 NW Eastman Parkway Gresham, OR 97030	North Clackamas School District 4444 SE Lake Road Milwaukie, OR 97222	Foundations for a Better O regon 221 NW 2nd Avenue Suite 203 Portland, OR 97209

	(h) Purpose of grant or assistance	Education	Education	Environment
nts.	(g) Description of non-cash assistance			
nce to Domestic Organizations and Domestic Governments.	(d) Amount of cash cash cash cash cash assistance ctering cash cash cher)			
anizations and D	(e) A mount of non- cash assistance			
to Domestic Orga	(d) Amount of cash grant	20,000	25,000	30,000
Other Assistance	(c) IRC section if applicable	501 c 3	Government Entity	501 c 3
rt II, Grants and	(b) EIN	93-0619733		93-1314764
Form 990,Schedule I, Part II, Grants and Other Assistar	(a) Name and address of organization or government	Portland State University Foundation PO Box 243 Portland, OR 972070243	Willamette Education Service District Marion Center 2611 Pringle Rd SE Salem, OR 97302	Marys River Watershed Council PO Box 1041 Corvallis, OR 97339

	(h) Purpose of grant or assistance	Education	Anımals	Recreation & Sports
nts.	(g) Description of non-cash assistance			
nce to Domestic Organizations and Domestic Governments.	(d) A mount of cash cash cash cash cash assistance other)			
Inizations and D	(e) Amount of non- cash assistance			
to Domestic Orga	(d) A mount of cash grant	35,000	35,000	35,000
Other Assistance	(c) IRC section if applicable	501 c 3	501 c 3	501 c 3
t II, Grants and	(b) EIN	91-1153112	93-6026088	91-1854971
Form 990, Schedule I, Part II, Grants and Other Assista	(a) Name and address of organization or government	Association of Washington School Principals 2142 Cispus Rd Randall, WA 98377	Audubon Society of Portland 5151 NW Cornell Road Portland, OR 97210	Camp Attitude 45829 S Santiam Hwy Foster, OR 97345

	(h) Purpose of grant or assistance	Recreation & Sports	Recreation & Sports	Religion
ıts.	(g) Description of non-cash assistance			
omestic Governme	(d) A mount of cash (e) A mount of non- (f) Method of valuation cash (book, FMV, appraisal, assistance other)			
nizations and D	(e) A mount of non- cash assistance			
to Domestic Orga	(d) A mount of cash grant	35,000	35,000	35,000
Other Assistance	(c) IRC section if applicable	501 c 3	501 c 3	501 c 3
t II, Grants and	(b) EIN	93-0587009	94-1068423	93-0415212
Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.	(a) Name and address of organization or government	Camp Lutherwood 22960 Hwy 36 Cheshire, OR 97419	Cedar Ridge Retreat 8101 SW Nyberg St 220 Tualatin, OR 97062	Central Pacific Conference UCC 0245 SW Bancroft St Suite E Portland, OR 97239

	(h) Purpose of grant or assistance	Education	Education	Recreation & Sports
nts.	(g) Description of non-cash assistance			
nce to Domestic Organizations and Domestic Governments.	(d) Amount of cash (e) Amount of non- (f) Method of valuation cash (book, FMV, appraisal, assistance other)			
nizations and D	(e) A mount of non- cash assistance			
to Domestic Orga	(d) Amount of cash grant	35,000	35,000	35,000
Other Assistance	(c) IRC section if applicable	501 c 3	Government Entity	501 c 3
t II, Grants and	(b) EIN	93-0711337		93-0480595
Form 990, Schedule I, Part II, Grants and Other Assistan	(a) Name and address of organization or government	Oregon 4-H Foundation Oregon State University 119 Ballard Hall Corvallis, OR 973313608	Springfield School District 19 525 Mill Street Springfield, OR 97477	Twn Rocks Friends Camp and Conference Center PO Box 6 Rockaway Beach, OR 97136

	(h) Purpose of grant or assistance	Recreation & Sports	Education	Philanthropy, Voluntarism & Grantmaking
ıts.	(g) Description of non-cash assistance			
omestic Governme	(d) Amount of cash cash cash cash cash assistance ctering cash cherical cash cash cash cash cash cash cash cash			
inizations and D	(e) A mount of non- cash assistance			
to Domestic Orga	(d) Amount of cash grant	35,000	43,000	45,000
l Other Assistance	(c) IRC section if applicable	501 c 3	Government Entity	501 c 3
t II, Grants and	(b) EIN	93-0386981	93-6001065	23-7315673
Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.	(a) Name and address of organization or government	YMCA of Columbia- Willamette 9500 SW Barbur Boulevard 200 Portland, OR 97219	Beaverton School District 16550 SW Merlo Road Beaverton, OR 970065152	The Oregon Community Foundation 1221 SW Yamhill St Ste 100 Portland, OR 972052108

(c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant or assistance ducation non-cash assistance Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (book, FMV, appraisal, other) cash assistance 115,000 grant 501 c 3 applicable 27-4657069 (b) EIN (a) Name and address of Friends of Outdoor School or government Portland, OR 97282 organization PO Box 82684

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.

DLN: 93493320043526 OMB No 1545-0047

2015

reas		► Information about Schedule J (Fo	orm 990) and its instructions is at <u>www.irs.</u>			o Pul ectio	
	nal Revenue Service me of the organiz	zation		Employer identificatio	n nun	abor	
	y Family Foundation			employer identificatio	m nun	ibei	
	0			45-3083519			
Рā	rt I Questi	ons Regarding Compensation	<u> </u>				T
4 _	Charletha ann			[Yes	No
1a			vided any of the following to or for a person li to provide any relevant information regardin				
	First-clas	s or charter travel	Housing allowance or residence for	personal use	ļ		ļ
	Travel for	companions	Payments for business use of person	onal residence	ļ		ļ
	Tax idemr	nification and gross-up payments	Health or social club dues or initiat	ion fees	ļ		ļ
	Discretion	nary spending account	Personal services (e g , maid, chau	ffeur, chef)			
b			ganization follow a written policy regarding p scribed above? If "No," complete Part III to		1b		
2			eimbursing or allowing expenses incurred by utive Director, regarding the items checked				
	directors, trust	ees, officers, filefulling the CLO/LXeC	utive Director, regarding the items checked	III IIIIe 1a	2		
3	organization's (CEO/Executive Director Check all the	ization used to establish the compensation at apply Do not check any boxes for methodation of the CEO/Executive Director, but ex	is			
	Compensa	ation committee	Written employment contract				
	Independe	ent compensation consultant	Compensation survey or study				
	Form 990	of other organizations	Approval by the board or compensa	ition committee			
4	During the year or a related org		Part VII, Section A, line 1a with respect to t	he filing organization			
а	Receive a seve	rance payment or change-of-control p	payment?		4a		Νo
b	Participate in, o	or receive payment from, a supplemen	tal nonqualified retirement plan?		4b		Νo
c	Participate in, o	or receive payment from, an equity-ba	sed compensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	ovide the applicable amounts for each item ii	ı Part III			
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29) organizat	ions must complete lines 5-9.				
5		ted on Form 990, Part VII, Section A, contingent on the revenues of	line 1a, did the organization pay or accrue a	iny			
а	The organizatio	on?			5a		Νo
b	Any related org	janization?		L	5b		Νo
	If "Yes," on line	e 5a or 5b, describe in Part III					
6	•	ted on Form 990, Part VII, Section A , contingent on the net earnings of	line 1a, did the organization pay or accrue a	iny			
а	The organizatio	on?			6 a		Νo
b	Any related org	janization?		[6b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III					
7		ted on Form 990, Part VII, Section A , lescribed in lines 5 and 6? If "Yes," do	line 1a, did the organization provide any no escribe in Part III	n-fixed	7		No
В			oald or accured pursuant to a contract that w Regulations section 53 4958-4(a)(3)? If "\				NI o
9		8, did the organization also follow the	rebuttable presumption procedure describe	d in Regulations	8		No

section 53 4958-6(c)?

Schedule J	schedule J (Form 990) 2015
Part III	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
For each in	on reach individual whose compensation must be reported on Schedule 1, report compensation from the organizations on row (i) and from related organizations, described in the

is, induced, not employees, and induced compensated employees, ose deplote in dedicate is necessarial	Schedule J, reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the	any individuals that are not listed on Form 990, Part VII	ii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that indi
Company of control of the control of	For each individual whose compensation must be reported on Sched	instructions, on row (ii) Do not list any individuals that are not liste	Note. The sum of columns (B)(I)-(III) for each listed individual must

© (1)	- : · · · · · · · · · · · · · · · · · ·			The second secon
s for that ır	n (D) and (E) amounts	e 1a, applicable colum	art VII, Section A, lin	must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that in
				ot listed on Form 990, Part VII
<u>.</u>	במנוסנים, מכסרווטכם ווו	יום ווסוון דרומירם סו אמוווי	gamzación on 1011 (1) a	Schedale J. Lepoit compensation nom the organization of the month of the compensations, acaemica might

nts for that ın	s (F) Comp
nn (D) and (E) amour	(E) Total of column
e 1a, applicable colun	(D) Nontaxable
art VII, Section A, line	(C) Retirement and (D) Nontaxable (E) Total of columns (F) Comp
idividuals that are not listed on Form 990, Part VII each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that in	(B) Breakdown of W-2 and/or 1099-MISC compensation

(v) Nontaxable (e) Lotal of columns (f) Compensation in column(B) reported landividual (B)(i)-(D) benefits | (c) Retirement and other deferred

as deferred on prior

Form 990

...........

...........

201,917

Assistant Secretary/Treasurer

Elizabeth Carey

20,600

compensation

Other reportable

Bonus & incentive compensation

(I) compensation

(A) Name and Title

compensation

11,911

234,428

Schedule J (Form 990) 2015

► age ►	
	is needed.
	pace

Schedule J (Form 990) 2015

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.

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

OMB No 1545-0047 2015 Open to Public Inspection

DLN: 93493320043526

990-EZ)

Treasurv

Service

Department of the

Internal Revenue

Grav Family Foundation

Name of the organization

Employer identification number 45-3083519

990 Schedule O, Supplemental Information

Return Reference Explanation Form 990, Part VI, Line 2 Family/business relationships amongst Joan Gray and Nicholas Walrod - Family relationship interested persons Form 990. Part VI, Line 7a Members or stockholders electing members The Gray Family Foundation Council is entitled to appoint a minority of of governing body directors, current ly 2 (of 5) OCF is entitled to appoint a majority of directors, currently

Return Reference Explanation

Form 990, Part VI, Line 11b Review of form 990 by governing body

The Oregon Community Foundation prepares the 990 which is reviewed by OCFs Vice President and Chief Financial Officer. It is then provided to all Board Members for their review prior to filing with the

990 Schedule O, Supplemental Information

	IRS
Form 990, Part VI, Line 12c Conflict of	Board members receive copies of the Foundation's conflict of interest policy and confirm t
interest policy	hat they have read and understand the policy Board members are asked to declare conflicts
	of interest before votes on grants or business issues All Board members complete disclos
	ure statements each year regarding transactions and grants made in previous years

990 Schedule O. Supplemental Information

Return Reference

or fund balances

Explanation

Form 990, Part VI, Line 19 The Foundation is a supporting organization of the Oregon Community Foundation (OCF) OCF posts the Required documents available consolidated financial statements on it's wiebsite (www oregone forg). Conflict of interest policies and governing documents are provided upon request either by mail, electronically or review in the office

to the public Form 990. Part XI. Line 9 Transfer from the Oregon Community Foundation - 1495000,

Other changes in net assets

990 Schedule O, Supplemental Information

Evaluation

Return Reference	Ехріанаціон
Form 990. Part XII. Line 2c	The Oregon Community Foundation's audit committee oversees the audit and selection of the independent accounts

efile GRAPHIC print - DO NOT PROCESS	O NOT PROCESS As Filed Data -					DLN: 93493320043526)43526
SCHEDULE R	Related Or	Organizations and Unrelated Partnerships	nd Unrelated	Partnership	S	OMB No 1545-0047	-0047
(Form 990)	► Complete if the orga	► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	" on Form 990, Part]	.V, line 33, 34, 35b,	36, or 37.	2015	IJ
Department of the Treasury Internal Revenue Service	► Attach to Form 990. ► Info	rmation about Schedule	R (Form 990) and its	instructions is at <u>i</u>	► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.		blic on
Name of the organization Gray Family Foundation					Employer identification number	tion number	
Part I Identification	Identification of Disregarded Entities Complete	45-308 e if the organization answered "Yes" on Form 990, Part IV, line 33	answered "Yes" on	Form 990, Part	45-3083519 IV, line 33.		
Name, address, and EIN ((a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income Enc	(e) End-of-year assets Din	(f) Direct controlling entity	
Part II Identification or more related	Identification of Related Tax-Exempt Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	tions Complete of the tax year.	e organization ans	wered "Yes" on	Form 990, Part IV, lır	ne 34 because it had o	one
Name, address, and	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public chanty status (if section 501(c)(3))	Direct controlling Section entity (13) of entity (13) of entity	1 9 5 in 1 9 1
(1)The Oregon Community Foundation 1221 SW Yamhill Suite100 Portland, OR 97205	noi	Make grants to improve life in Oregon	OR	501(c)(3	σ.	NA A	
23-7315673							
For Paperwork Reduction Act	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 50135Y	:5Y		Schedule R (Form 990) 2015) 2015

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

			ı		ı	ı	ı	ı	ı
3	Percentage	ownership							
	al or	ging er?	å						
3	enera	nanag partn	Yes						
Ξ	Code V-UBI	amount in box 1 20 of Schedule K-1 (Form 1065)	<u>I</u>						
	nate	- حدا	ŝ						
£	sproprtio	allocatior	Yes						
(a)	Share of D	ind-of-year assets							
Ξ	Share of	total income e							
(e)	Predominant	income(related, total income assets allocations?) amount in box managing unrelated, assets assets 20 of partner? excluded from tax under sections 512-	514)						
Ð	Direct	controlling entity							
<u> </u>	Legal	domicile (state or foreign country)							
(p)	Primary activity	domicie (state or foreign country)							
	Name, address, and EIN of								

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

	_		 	
	ν			
Section 512 (b)(13) controlled entity?	Yes			
(h) Percentage ownership				
(g) Share of end- of-year assets				
(f) Share of tota income				
(e) Type of entity (C corp, S corp, or trust)				
(d) Direct controlling entity				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of related organization				

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Yes

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m Performance of services or membership or fundraising solicitations by related organization(s)

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

Sharing of paid employees with related organization(s).

I Performance of services or membership or fundraising solicitations for related organization(s)

Lease of facilities, equipment, or other assets from related organization(s).

Lease of facilities, equipment, or other assets to related organization(s)

Purchase of assets from related organization(s).

Sale of assets to related organization(s). Dividends from related organization(s)

Exchange of assets with related organization(s).

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14

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Yes

1.5

(d)
Method of determining amount involved

(c) Amount involved

(**b)** Transaction type (a-s) Cash Transaction Cash Transaction Cash Transaction

60,000 318,181

> Σ S

1,495,000

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

Other transfer of cash or property from related organization(s).

(a)
Name of related organization

(1)THE OREGON COMMUNITY FOUNDATION (2)THE OREGON COMMUNITY FOUNDATION (3)THE OREGON COMMUNITY FOUNDATION

7

Other transfer of cash or property to related organization(s).

Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Schedule R (Form 990) 2015

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Yes	Yes No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) Interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity.		N _O
	X	

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	*	5	Z
During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a	_	Z
b Gift, grant, or capital contribution to related organization(s)	1b Yes	S.	

Gift, grant, or capital contribution from related organization(s)

Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s)

	i	•	i	
a O				

Page 4

Schedule R (Form 990) 2015

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

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

(a) Name address and FIN of entity	(b)	(c)	(d)	(e)	(f)	(g)				(k)
		domicile (state or foreign country)	incomment income (related, unrelated, excluded from tax under sections 512-	section section 501(c)(3) organizations?		end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
				Yes No			Yes	No	Yes No	T _ 1
								Sche	Schedule R (Form 990) 2015	990) 2015

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference

Explanation

Schedule R (Form 990) 2015