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Form 990-PF

Return of Private Foundation

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

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

OMB No 1545-0052

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

For calendar year 2015, or tax year beginning 01-01-2015, and ending 12-31-2015

Name of foundation  
TAUBERT MEMORIAL FOUNDATION

Number and street (or P O box number if mail is not delivered to street address)  
PO BOX 700

City or town, state or province, country, and ZIP or foreign postal code  
COTTAGE GROVE, OR 97424

Room/suite

City or town, state or province, country, and ZIP or foreign postal code  
COTTAGE GROVE, OR 97424

G Check all that apply

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

H Check type of organization

☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 3,019,728

J Accounting method

☒ Cash

☐ Accrual

☐ Other (specify)

(Part I, column (d) must be on cash basis )

A Employer identification number

95-4705413

B Telephone number (see instructions)

(541) 767-3707

C If exemption application is pending, check here

☐

D 1. Foreign organizations, check here

☐

2. Foreign organizations meeting the 85% test, check here and attach computation

☐

E If private foundation status was terminated under section 507(b)(1)(A), check here

☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

☐

Part I

Analysis of Revenue and Expenses

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )

Revenue

1 Contributions, gifts, grants, etc , received (attach schedule)

2 Check ☒ if the foundation is not required to attach Sch B

3 Interest on savings and temporary cash investments

4 Dividends and interest from securities

5a Gross rents

b Net rental income or (loss)

6a Net gain or (loss) from sale of assets not on line 10

b Gross sales price for all assets on line 6a

7 Capital gain net income (from Part IV, line 2)

8 Net short-term capital gain

9 Income modifications

10a Gross sales less returns and allowances

b Less Cost of goods sold

c Gross profit or (loss) (attach schedule)

11 Other income (attach schedule)

12 Total. Add lines 1 through 11

Operating and Administrative Expenses

13 Compensation of officers, directors, trustees, etc

14 Other employee salaries and wages

15 Pension plans, employee benefits

16a Legal fees (attach schedule).

b Accounting fees (attach schedule).

c Other professional fees (attach schedule)

17 Interest

18 Taxes (attach schedule) (see instructions)

19 Depreciation (attach schedule) and depletion

20 Occupancy

21 Travel, conferences, and meetings.

22 Printing and publications

23 Other expenses (attach schedule).

24 Total operating and administrative expenses. Add lines 13 through 23

25 Contributions, gifts, grants paid

26 Total expenses and disbursements. Add lines 24 and 25

27 Subtract line 26 from line 12

a Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

Revenue and expenses per books

(a)

Net investment income

(b)

Adjusted net income

(c)

Disbursements for charitable purposes

(d) (cash basis only)

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form 990-PF (2015)

| <b>Part II</b> <b>Balance Sheets</b> |            | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)                        | Beginning of year | End of year    |                       |
|--------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|-----------------------|
|                                      |            |                                                                                                                                           | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| <b>Assets</b>                        | <b>1</b>   | Cash—non-interest-bearing . . . . .                                                                                                       | 145,330           | 149,877        | 149,877               |
|                                      | <b>2</b>   | Savings and temporary cash investments . . . . .                                                                                          | 592,928           | 595,110        | 595,110               |
|                                      | <b>3</b>   | Accounts receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                               |                   |                |                       |
|                                      | <b>4</b>   | Pledges receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                                |                   |                |                       |
|                                      | <b>5</b>   | Grants receivable . . . . .                                                                                                               |                   |                |                       |
|                                      | <b>6</b>   | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .          |                   |                |                       |
|                                      | <b>7</b>   | Other notes and loans receivable (attach schedule) ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                |                   |                |                       |
|                                      | <b>8</b>   | Inventories for sale or use . . . . .                                                                                                     |                   |                |                       |
|                                      | <b>9</b>   | Prepaid expenses and deferred charges . . . . .                                                                                           |                   |                |                       |
|                                      | <b>10a</b> | Investments—U S and state government obligations (attach schedule)                                                                        |                   |                |                       |
|                                      | <b>b</b>   | Investments—corporate stock (attach schedule) . . . . .                                                                                   |                   |                |                       |
|                                      | <b>c</b>   | Investments—corporate bonds (attach schedule) . . . . .                                                                                   |                   |                |                       |
|                                      | <b>11</b>  | Investments—land, buildings, and equipment basis ▶ 2,783,850<br>Less accumulated depreciation (attach schedule) ▶ 255,504                 | 2,557,404         | 2,528,346      | 1,920,000             |
|                                      | <b>12</b>  | Investments—mortgage loans . . . . .                                                                                                      |                   |                |                       |
|                                      | <b>13</b>  | Investments—other (attach schedule) . . . . .                                                                                             | 97,880            | 97,880         | 44,096                |
|                                      | <b>14</b>  | Land, buildings, and equipment basis ▶ 449,011<br>Less accumulated depreciation (attach schedule) ▶ 75,116                                | 389,221           | 373,895        | 309,150               |
| <b>Liabilities</b>                   | <b>15</b>  | Other assets (describe ▶ _____)                                                                                                           | 1,495             | 1,495          | 1,495                 |
|                                      | <b>16</b>  | <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)                                         | 3,784,258         | 3,746,603      | 3,019,728             |
|                                      | <b>17</b>  | Accounts payable and accrued expenses . . . . .                                                                                           |                   |                |                       |
|                                      | <b>18</b>  | Grants payable . . . . .                                                                                                                  |                   |                |                       |
|                                      | <b>19</b>  | Deferred revenue . . . . .                                                                                                                |                   |                |                       |
|                                      | <b>20</b>  | Loans from officers, directors, trustees, and other disqualified persons                                                                  |                   | 162            |                       |
|                                      | <b>21</b>  | Mortgages and other notes payable (attach schedule) . . . . .                                                                             |                   |                |                       |
| <b>Net Assets or Fund Balances</b>   | <b>22</b>  | Other liabilities (describe ▶ _____)                                                                                                      | 5,354             | 7,207          |                       |
|                                      | <b>23</b>  | <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                              | 5,354             | 7,369          |                       |
|                                      |            | <b>Foundations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b> |                   |                |                       |
|                                      | <b>24</b>  | Unrestricted . . . . .                                                                                                                    |                   |                |                       |
|                                      | <b>25</b>  | Temporarily restricted . . . . .                                                                                                          |                   |                |                       |
|                                      | <b>26</b>  | Permanently restricted . . . . .                                                                                                          |                   |                |                       |
|                                      |            | <b>Foundations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>   |                   |                |                       |
| <b>Net Assets or Fund Balances</b>   | <b>27</b>  | Capital stock, trust principal, or current funds . . . . .                                                                                | 3,778,904         | 3,739,234      |                       |
|                                      | <b>28</b>  | Paid-in or capital surplus, or land, bldg, and equipment fund                                                                             |                   |                |                       |
|                                      | <b>29</b>  | Retained earnings, accumulated income, endowment, or other funds                                                                          |                   |                |                       |
|                                      | <b>30</b>  | <b>Total net assets or fund balances</b> (see instructions) . . . . .                                                                     | 3,778,904         | 3,739,234      |                       |
|                                      | <b>31</b>  | <b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .                                                        | 3,784,258         | 3,746,603      |                       |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|          |                                                                                                                                                                    |          |           |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| <b>1</b> | Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . . | <b>1</b> | 3,778,904 |
| <b>2</b> | Enter amount from Part I, line 27a . . . . .                                                                                                                       | <b>2</b> | -39,670   |
| <b>3</b> | Other increases not included in line 2 (itemize) ▶ _____                                                                                                           | <b>3</b> |           |
| <b>4</b> | Add lines 1, 2, and 3 . . . . .                                                                                                                                    | <b>4</b> | 3,739,234 |
| <b>5</b> | Decreases not included in line 2 (itemize) ▶ _____                                                                                                                 | <b>5</b> |           |
| <b>6</b> | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .                                                      | <b>6</b> | 3,739,234 |

Part IV

Capital Gains and Losses for Tax on Investment Income

| List and describe the kind(s) of property sold (e g , real estate,<br>(a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) |                    | How acquired<br>P—Purchase<br>(b) D—Donation | Date acquired<br>(c) (mo , day, yr ) | Date sold<br>(d) (mo , day, yr ) |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------|--------------------------------------|----------------------------------|
| 1 a                                                                                                                                  | RESEARCH EQUIPMENT | P                                            | 2005-03-10                           | 2015-01-02                       |
| b                                                                                                                                    | COMPUTER           | P                                            | 2008-10-16                           | 2015-01-02                       |
| c                                                                                                                                    | IMAC 27"           | P                                            | 2011-07-18                           | 2015-01-02                       |
| d                                                                                                                                    |                    |                                              |                                      |                                  |
| e                                                                                                                                    |                    |                                              |                                      |                                  |

| (e) Gross sales price | Depreciation allowed<br>(f) (or allowable) | Cost or other basis<br>(g) plus expense of sale | Gain or (loss)<br>(h) (e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| a                     | 25,571                                     | 26,000                                          | -429                                         |
| b                     | 2,115                                      | 2,115                                           |                                              |
| c                     | 2,548                                      | 2,878                                           | -330                                         |
| d                     |                                            |                                                 |                                              |
| e                     |                                            |                                                 |                                              |

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

| (i) F M V as of 12/31/69 | Adjusted basis<br>(j) as of 12/31/69 | Excess of col (i)<br>(k) over col (j), if any | Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>(l) Losses (from col (h)) |
|--------------------------|--------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------|
| a                        |                                      |                                               | -429                                                                                         |
| b                        |                                      |                                               |                                                                                              |
| c                        |                                      |                                               | -330                                                                                         |
| d                        |                                      |                                               |                                                                                              |
| e                        |                                      |                                               |                                                                                              |

|   |                                                                                                                                                                                                |                                                                                 |   |      |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---|------|
| 2 | Capital gain net income or (net capital loss)                                                                                                                                                  | If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 | 2 | -759 |
| 3 | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-<br>in Part I, line 8 |                                                                                 | 3 |      |

Part V

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )  
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☐ No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

| (a)<br>Base period years Calendar<br>year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
|----------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------------------------------------------|
| 2014                                                                 |                                          |                                              |                                                           |
| 2013                                                                 |                                          |                                              |                                                           |
| 2012                                                                 |                                          |                                              |                                                           |
| 2011                                                                 |                                          |                                              |                                                           |
| 2010                                                                 |                                          |                                              |                                                           |

|   |                                                                                                                                                                               |   |  |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|
| 2 | Total of line 1, column (d).                                                                                                                                                  | 2 |  |
| 3 | Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by<br>the number of years the foundation has been in existence if less than 5 years | 3 |  |
| 4 | Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.                                                                                                 | 4 |  |
| 5 | Multiply line 4 by line 3.                                                                                                                                                    | 5 |  |
| 6 | Enter 1% of net investment income (1% of Part I, line 27b).                                                                                                                   | 6 |  |
| 7 | Add lines 5 and 6.                                                                                                                                                            | 7 |  |
| 8 | Enter qualifying distributions from Part XII, line 4.                                                                                                                         | 8 |  |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See  
the Part VI instructions

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

1a

Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1  
Date of ruling or determination letter \_\_\_\_\_  
(attach copy of letter if necessary—see instructions)

b

Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b . . . . .

c

All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)

2

Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

3

Add lines 1 and 2. . . . .

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

5

**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0- . . . . .

6

Credits/Payments

a

2015 estimated tax payments and 2014 overpayment credited to 2015

6a

80

b

Exempt foreign organizations—tax withheld at source . . . . .

6b

c

Tax paid with application for extension of time to file (Form 8868). . . . .

6c

d

Backup withholding erroneously withheld . . . . .

6d

7

Total credits and payments. Add lines 6a through 6d. . . . .

7

80

8

Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.

8

9

**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** . . . . .

9

10

**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid**. . . . .

10

40

11

Enter the amount of line 10 to be **Credited to 2015 estimated tax** ☐ 40 **Refunded** ☐

11

Part VII-A

Statements Regarding Activities

|    |                                                                                                                                                                                                                                                                                                                                                         |    |     |    |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .                                                                                                                                                                          |    | Yes | No |
| 1a |                                                                                                                                                                                                                                                                                                                                                         |    |     | No |
| b  | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .<br><i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i> |    |     | No |
| 1b |                                                                                                                                                                                                                                                                                                                                                         |    |     | No |
| c  | Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                   |    |     | No |
| 1c |                                                                                                                                                                                                                                                                                                                                                         |    |     | No |
| d  | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year<br>(1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____                                                                                                                               |    |     |    |
| e  | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____                                                                                                                                                                                  |    |     |    |
| 2  | Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br><i>If "Yes," attach a detailed description of the activities</i>                                                                                                                                                                           | 2  |     | No |
| 3  | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .                                                                                                             | 3  |     | No |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                                                                                                   | 4a |     | No |
| b  | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                                                                                                                       | 4b |     | No |
| 5  | Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br><i>If "Yes," attach the statement required by General Instruction T</i>                                                                                                                                                                     | 5  |     | No |
| 6  | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .             | 6  | Yes |    |
| 7  | Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .                                                                                                                                                                                                       | 7  | Yes |    |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions)<br><input type="checkbox"/> CA, <input type="checkbox"/> OR _____                                                                                                                                                                                    |    |     |    |
| b  | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .                                                                                                                                    | 8b | Yes |    |
| 9  | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)?<br><i>If "Yes," complete Part XIV</i> . . . . .                                                                                | 9  |     | No |
| 10 | Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .                                                                                                                                                                                                     | 10 |     | No |

Form 990-PF (2015)

**Part VII-A Statements Regarding Activities (continued)**

|           |                                                                                                                                                                                                                                                                                                                                                                                  |           |            |           |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>11</b> | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).                                                                                                                                                                                         | <b>11</b> |            | <b>No</b> |
| <b>12</b> | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)                                                                                                                                                                                         | <b>12</b> |            | <b>No</b> |
| <b>13</b> | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?<br>Website address ▶ <u>N/A</u>                                                                                                                                                                                                                              | <b>13</b> | <b>Yes</b> |           |
| <b>14</b> | The books are in care of ▶ <u>LAURIE FOX</u> Telephone no ▶ <u>(541) 767-3707</u><br>Located at ▶ <u>PO BOX 700 COTTAGE GROVE OR</u> ZIP+4 ▶ <u>97424</u>                                                                                                                                                                                                                        |           |            |           |
| <b>15</b> | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ <b>15</b>                                                                                                                          |           |            |           |
| <b>16</b> | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?<br>See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶ | <b>16</b> | <b>Yes</b> | <b>No</b> |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

| File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | <b>Yes</b> | <b>No</b> |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>1a</b>                                                                               | During the year did the foundation (either directly or indirectly)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |            |           |
|                                                                                         | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                           |           |            |           |
|                                                                                         | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                   |           |            |           |
|                                                                                         | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                       |           |            |           |
|                                                                                         | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                             |           |            |           |
|                                                                                         | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                    |           |            |           |
|                                                                                         | (6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                         |           |            |           |
| <b>b</b>                                                                                | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                            | <b>1b</b> |            | <b>No</b> |
| <b>c</b>                                                                                | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                          | <b>1c</b> |            | <b>No</b> |
| <b>2</b>                                                                                | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))                                                                                                                                                                                                                                                                                                                                                                                        |           |            |           |
| <b>a</b>                                                                                | At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years ▶ 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                   |           |            |           |
| <b>b</b>                                                                                | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions ). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                           | <b>2b</b> |            | <b>No</b> |
| <b>c</b>                                                                                | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here<br>▶ 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                                                                           |           |            |           |
| <b>3a</b>                                                                               | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                       |           |            |           |
| <b>b</b>                                                                                | If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015 ). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>3b</b> |            | <b>No</b> |
| <b>4a</b>                                                                               | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>4a</b> |            | <b>No</b> |
| <b>b</b>                                                                                | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> |            | <b>No</b> |

Part VII-B

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

5a

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

b

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

5b

No

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

c

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

☐ Yes ☒ No

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

6a

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

☐ Yes ☒ No

b

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

6b

No

If "Yes" to 6b, file Form 8870

7a

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

☐ Yes ☒ No

b

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

7b

No

Part VIII

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

1

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

| (a) Name and address                                 | Title, and average hours per week (b) devoted to position | (c) Compensation(If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
|------------------------------------------------------|-----------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| PETER ROZSA<br>PO BOX 700<br>COTTAGE GROVE,OR 97424  | President & CEO<br>40 00                                  | 42,000                                   |                                                                       |                                       |
| LAURIE FOX<br>PO BOX 295<br>DRAIN,OR 97435           | Treasurer<br>4 00                                         | 0                                        |                                                                       |                                       |
| PHIL RITTER<br>18170 GOEBEL CT<br>LOS GATOS,CA 95033 | Secretary<br>2 00                                         | 0                                        |                                                                       |                                       |

2

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

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

Total

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

Form 990-PF (2015)

Part VIII

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

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

Part IX-A

Summary of Direct Charitable Activities

|                                                                                                                                                                                                                                                        |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
| <b>1</b> PROVIDED A FACILITY OPEN TO THE PUBLIC WITH A HEALTH-RELATED LIBRARY & COMPUTERS WITH FREE ACCESS FOR RESEARCHING HEALTH TOPICS                                                                                                               | 15,224   |
| <b>2</b> OFFERED 15 FREE EDUCATIONAL PROGRAMS AND COMMUNITY-BUILDING EVENTS                                                                                                                                                                            | 1,808    |
| <b>3</b> PROVIDED A FACILITY FOR 3 OTHER NONPROFITS AND THE VETERANS ADMINISTRATION TO HOLD MEETINGS AND EDUCATIONAL PROGRAMS                                                                                                                          | 3,933    |
| <b>4</b>                                                                                                                                                                                                                                               |          |

Part IX-B

Summary of Program-Related Investments (see instructions)

|                                                                                                                  |        |
|------------------------------------------------------------------------------------------------------------------|--------|
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
| <b>1</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| <b>2</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| All other program-related investments. See instructions.                                                         |        |
| <b>3</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| <b>Total.</b> Add lines 1 through 3 . . . . . ▶                                                                  |        |

**Part X Minimum Investment Return**

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

|          |                                                                                                                    |           |           |
|----------|--------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes         |           |           |
| <b>a</b> | Average monthly fair market value of securities. . . . .                                                           | <b>1a</b> | 0         |
| <b>b</b> | Average of monthly cash balances. . . . .                                                                          | <b>1b</b> | 777,380   |
| <b>c</b> | Fair market value of all other assets (see instructions). . . . .                                                  | <b>1c</b> | 1,975,777 |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c). . . . .                                                                     | <b>1d</b> | 2,753,157 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . . | <b>1e</b> | 0         |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets. . . . .                                                      | <b>2</b>  |           |
| <b>3</b> | Subtract line 2 from line 1d. . . . .                                                                              | <b>3</b>  | 2,753,157 |
| <b>4</b> | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .  | <b>4</b>  | 41,297    |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4         | <b>5</b>  | 2,711,860 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5. . . . .                                                      | <b>6</b>  | 135,593   |

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

|           |                                                                                                                  |           |         |
|-----------|------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b>  | Minimum investment return from Part X, line 6. . . . .                                                           | <b>1</b>  | 135,593 |
| <b>2a</b> | Tax on investment income for 2015 from Part VI, line 5. . . . .                                                  | <b>2a</b> | 40      |
| <b>b</b>  | Income tax for 2015 (This does not include the tax from Part VI ). . . . .                                       | <b>2b</b> |         |
| <b>c</b>  | Add lines 2a and 2b. . . . .                                                                                     | <b>2c</b> | 40      |
| <b>3</b>  | Distributable amount before adjustments Subtract line 2c from line 1. . . . .                                    | <b>3</b>  | 135,553 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions. . . . .                                               | <b>4</b>  |         |
| <b>5</b>  | Add lines 3 and 4. . . . .                                                                                       | <b>5</b>  | 135,553 |
| <b>6</b>  | Deduction from distributable amount (see instructions). . . . .                                                  | <b>6</b>  |         |
| <b>7</b>  | <b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . . | <b>7</b>  | 135,553 |

**Part XII Qualifying Distributions** (see instructions)

|          |                                                                                                                                                              |           |         |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes                                                                    |           |         |
| <b>a</b> | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .                                                                         | <b>1a</b> | 152,681 |
| <b>b</b> | Program-related investments—total from Part IX-B. . . . .                                                                                                    | <b>1b</b> |         |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .                                           | <b>2</b>  |         |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the                                                                                          |           |         |
| <b>a</b> | Suitability test (prior IRS approval required). . . . .                                                                                                      | <b>3a</b> |         |
| <b>b</b> | Cash distribution test (attach the required schedule). . . . .                                                                                               | <b>3b</b> |         |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4                                             | <b>4</b>  | 152,681 |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . . | <b>5</b>  |         |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .                                                                               | <b>6</b>  | 152,681 |

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

Part XIII

Undistributed Income (see instructions)

|                                                                                                                                                                                     | (a)<br>Corpus | (b)<br>Years prior to 2014 | (c)<br>2014 | (d)<br>2015 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2015 from Part XI, line 7                                                                                                                                |               |                            |             | 135,553     |
| 2 Undistributed income, if any, as of the end of 2015                                                                                                                               |               |                            |             |             |
| a Enter amount for 2014 only. . . . .                                                                                                                                               |               |                            | 74,840      |             |
| b Total for prior years 20____, 20____, 20____                                                                                                                                      |               |                            |             |             |
| 3 Excess distributions carryover, if any, to 2015                                                                                                                                   |               |                            |             |             |
| a From 2010. . . . .                                                                                                                                                                |               |                            |             |             |
| b From 2011. . . . .                                                                                                                                                                |               |                            |             |             |
| c From 2012. . . . .                                                                                                                                                                |               |                            |             |             |
| d From 2013. . . . .                                                                                                                                                                |               |                            |             |             |
| e From 2014. . . . .                                                                                                                                                                |               |                            |             |             |
| f Total of lines 3a through e. . . . .                                                                                                                                              |               |                            |             |             |
| 4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 152,681                                                                                                              |               |                            |             |             |
| a Applied to 2014, but not more than line 2a                                                                                                                                        |               |                            | 74,840      |             |
| b Applied to undistributed income of prior years (Election required—see instructions). . . . .                                                                                      |               |                            |             |             |
| c Treated as distributions out of corpus (Election required—see instructions). . . . .                                                                                              | 0             |                            |             |             |
| d Applied to 2015 distributable amount. . . . .                                                                                                                                     |               |                            |             | 77,841      |
| e Remaining amount distributed out of corpus                                                                                                                                        |               |                            |             |             |
| 5 Excess distributions carryover applied to 2015<br>(If an amount appears in column (d), the same amount must be shown in column (a) )                                              |               |                            |             |             |
| 6 Enter the net total of each column as indicated below:                                                                                                                            |               |                            |             |             |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                                   |               |                            |             |             |
| b Prior years' undistributed income Subtract line 4b from line 2b. . . . .                                                                                                          |               |                            |             |             |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . |               |                            |             |             |
| d Subtract line 6c from line 6b Taxable amount—see instructions . . . . .                                                                                                           |               |                            |             |             |
| e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .                                                                             |               |                            |             |             |
| f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015. . . . .                                                                |               |                            |             | 57,712      |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .       |               |                            |             |             |
| 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .                                                                                  |               |                            |             |             |
| 9 Excess distributions carryover to 2016.<br>Subtract lines 7 and 8 from line 6a. . . . .                                                                                           |               |                            |             |             |
| 10 Analysis of line 9                                                                                                                                                               |               |                            |             |             |
| a Excess from 2011. . . .                                                                                                                                                           |               |                            |             |             |
| b Excess from 2012. . . .                                                                                                                                                           |               |                            |             |             |
| c Excess from 2013. . . .                                                                                                                                                           |               |                            |             |             |
| d Excess from 2014. . . .                                                                                                                                                           |               |                            |             |             |
| e Excess from 2015. . . .                                                                                                                                                           |               |                            |             |             |

## Part XIV

|  |
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**b** Check box to indicate whether the organiza

| Tax year | Prior 3 years |          |          | (e) Total |
|----------|---------------|----------|----------|-----------|
| (a) 2015 | (b) 2014      | (c) 2013 | (d) 2012 |           |
|          |               |          |          |           |

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## Part XV

**1 Information Regarding Foundation Managers:**

Contributed more than 2% of the total contributions received by the foundation  
 (or have contributed more than \$5,000) (See section 507(d)(2) )

10% or more of the stock of a corporation (or an equally large portion of the stock of a partnership) in which the foundation has a 10% or greater interest

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

Contributions to preselected charitable organizations and does not accept  
makes gifts, grants, etc. (see instructions) to individuals or organizations under

-mail address of the person to whom applications should be addressed

PROPOSED USE OF FUNDS

as by geographical areas, charitable fields, kinds of institutions, or other

Part XV

Supplementary Information(continued)

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

| Recipient                                                              | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| Name and address (home or business)                                    |                                                                                                                    |                                      |                                     |        |
| <div>a Paid during the year</div> <div>See Additional Data Table</div> |                                                                                                                    |                                      |                                     |        |
| <div>Total . . . . .</div>                                             |                                                                                                                    |                                      | <div>▶ 3a</div>                     | 72,283 |
| <div>b Approved for future payment</div>                               |                                                                                                                    |                                      |                                     |        |
| <div>Total . . . . .</div>                                             |                                                                                                                    |                                      | <div>▶ 3b</div>                     |        |

Enter gross amounts unless otherwise indicated

[illegible]

**1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

|                                                                                                                                                                                                                                                                                                                                                                                                                     |              |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------|
| <b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of                                                                                                                                                                                                                                                                                                                          |              |           |
| <b>(1)</b> Cash. . . . .                                                                                                                                                                                                                                                                                                                                                                                            | <b>1a(1)</b> | <b>No</b> |
| <b>(2)</b> Other assets. . . . .                                                                                                                                                                                                                                                                                                                                                                                    | <b>1a(2)</b> | <b>No</b> |
| <b>b</b> Other transactions                                                                                                                                                                                                                                                                                                                                                                                         |              |           |
| <b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .                                                                                                                                                                                                                                                                                                                                          | <b>1b(1)</b> | <b>No</b> |
| <b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .                                                                                                                                                                                                                                                                                                                                    | <b>1b(2)</b> | <b>No</b> |
| <b>(3)</b> Rental of facilities, equipment, or other assets. . . . .                                                                                                                                                                                                                                                                                                                                                | <b>1b(3)</b> | <b>No</b> |
| <b>(4)</b> Reimbursement arrangements. . . . .                                                                                                                                                                                                                                                                                                                                                                      | <b>1b(4)</b> | <b>No</b> |
| <b>(5)</b> Loans or loan guarantees. . . . .                                                                                                                                                                                                                                                                                                                                                                        | <b>1b(5)</b> | <b>No</b> |
| <b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .                                                                                                                                                                                                                                                                                                                              | <b>1b(6)</b> | <b>No</b> |
| <b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .                                                                                                                                                                                                                                                                                                                  | <b>1c</b>    | <b>No</b> |
| <b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received. |              |           |

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes  
☒ No

**b** If "Yes," complete the following schedule

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

|                      |                                                                                                                                                                                                                                                                                                                        |      |                                                                                                                                          |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sign<br/>Here</b> | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |      |                                                                                                                                          |
|                      | <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <span>*****</span> <span>2016-11-03</span> <span>*****</span> </div>                                                                                                | ▶    | <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center;">Title</div>       |
|                      | Signature of officer or trustee                                                                                                                                                                                                                                                                                        | Date | May the IRS discuss this return with the preparer shown below?<br>(see instr.)? <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                                       |                            |                      |      |                                                 |      |
|---------------------------------------|----------------------------|----------------------|------|-------------------------------------------------|------|
| <b>Paid<br/>Preparer<br/>Use Only</b> | Print/Type preparer's name | Preparer's Signature | Date | Check if self-employed <input type="checkbox"/> | PTIN |
|                                       | Firm's name ▶              |                      |      | Firm's EIN ▶                                    |      |
|                                       | Firm's address ▶           |                      |      | Phone no                                        |      |

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

| Recipient                                                                            | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                  | Amount |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------|--------|
| Name and address (home or business)                                                  |                                                                                                           |                                |                                                                                   |        |
| <b>a</b> <i>Paid during the year</i>                                                 |                                                                                                           |                                |                                                                                   |        |
| AEHSP-FLOURIDE ACTION NETWORK<br>104 WALNUT ST<br>BINGHAMTON,NY 13905                | NONE                                                                                                      | PC                             | FOR EDUCATION & RESEARCH ON HEALTH EFFECTS OF FLUORIDE                            | 1,500  |
| ANOTHER WAY ENTERPRISES<br>PO BOX 853<br>COTTAGE GROVE,OR 97424                      | NONE                                                                                                      | PC                             | FOR COMMUNITY BUILDING PROJECTS & KEEPING LOCAL ENVIRONMENT HEALTHY & SUSTAINABLE | 8,068  |
| BREAST CANCER ACTION<br>55 NEW MONTGOMERY ST SUITE 323<br>SAN FRANCISCO,CA 94105     | NONE                                                                                                      | PC                             | FOR BREAST CANCER EDUCATION & OUTREACH                                            | 2,000  |
| COAST FORK WILLAMETTE WATERSHED COU<br>28 SO 6TH ST A<br>COTTAGE GROVE,OR 97424      | NONE                                                                                                      | PC                             | TO IMPROVE WATER QUALITY & WATERSHED HEALTH                                       | 250    |
| BEYOND TOXICS<br>1192 LAWRENCE ST<br>EUGENE,OR 97402                                 | NONE                                                                                                      | PC                             | EDUCATION ABOUT TOXINS & TO PROMOTE PROTECTION OF COMMUNITY HEALTH                | 500    |
| CENTER FOR NEUROLOGICAL REPROGRAMMI<br>114 MIDDLE RINCON RD<br>SANTA ROSA,CA 95409   | NONE                                                                                                      | PC                             | FOR BRAIN INJURY RESEARCH & DEVELOPMENT OF RESTORATIVE THERAPIES                  | 7,500  |
| CONSUMERS FOR DENTAL CHOICE<br>316 F ST NE SUITE 210<br>WASHINGTON,DC 20002          | NONE                                                                                                      | PC                             | FOR EDUCATION & RESEARCH INTO SAFER DENTAL PRACTICES                              | 1,000  |
| CHARITY WATCH - AIP<br>3450 N LAKE SHORE DR STE 2802<br>CHICAGO,IL 60657             | NONE                                                                                                      | PC                             | RESEARCH & EDUCATE THE PUBLIC ON THE EFFICACY OF NONPROFIT ORGS                   | 100    |
| A PRIMARY CONNECTION<br>721 SO R ST<br>COTTAGE GROVE,OR 97424                        | NONE                                                                                                      | PC                             | TEACH PARENTING SKILLS, CRISIS INTERVENTION & RESOURCE CENTER                     | 1,000  |
| BEDS FOR FREEZING NIGHTS<br>PO BOX 1110<br>COTTAGE GROVE,OR 97424                    | NONE                                                                                                      | PC                             | PROVIDE A SAFE WARM PLACE FOR HOMELESS PEOPLE ON FREEZING NIGHTS                  | 1,000  |
| COTTAGE GROVE GLEANERS<br>1239 ADAMS AVE<br>COTTAGE GROVE,OR 97424                   | NONE                                                                                                      | PC                             | PROVIDE FOOD FOR INDIGENT POPULATION                                              | 1,000  |
| KIND TREE - AUTISM ROCKS<br>PO BOX 40847<br>EUGENE,OR 97404                          | NONE                                                                                                      | PC                             | PROVIDE FUNDS TO SERVE PEOPLE WITH AUTISM                                         | 5,000  |
| LYME LIGHT FOUNDATION<br>1229 BURLINGAME AVE STE 205<br>BURLINGAME,CA 94010          | NONE                                                                                                      | PC                             | PROVIDE FUNDING FOR TREATMENT OF POOR INDIVIDUALS WITH LYME DISEASE               | 900    |
| IRAQ AFGHANISTAN VETERANS OF AMERIC<br>114 W 41ST ST 19TH FLOOR<br>NEW YORK,NY 10036 | NONE                                                                                                      | PC                             | PROVIDE ASSISTANCE TO VETERANS TO GAIN HEALTH CARE & EMPLOYMENT                   | 1,000  |
| ENVIRONMENTAL WORKING GROUP<br>1436 U ST NW STE 100<br>WASHINGTON,DC 20009           | NONE                                                                                                      | PC                             | RESEARCH & EDUCATIONAL MATERIALS ON SAFETY OF FOODS & PERSONAL CARE PRODUCTS      | 1,000  |
| <b>Total . . . . . ▶ 3a</b>                                                          |                                                                                                           |                                |                                                                                   | 72,283 |

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

| Recipient                                                                          | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                     | Amount |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------|--------|
| Name and address (home or business)                                                |                                                                                                           |                                |                                                                      |        |
| <b>a</b> Paid during the year                                                      |                                                                                                           |                                |                                                                      |        |
| COTTAGE GROVE HIGH SCHOOL<br>1375 S RIVER RD<br>COTTAGE GROVE,OR 97424             | NONE                                                                                                      | NC                             | SUPPORT STUDENTS PURSUING HEALTH OCCUPATIONS & STUDENT ACTIVITIES    | 650    |
| NATURAL RESOURCES DEFENSE COUNCIL<br>40 W 20TH ST<br>NEW YORK,NY 10011             | NONE                                                                                                      | PC                             | PROTECT THE HEALTH OF THE ENVIRONMENT FOR PEOPLE, PLANTS & ANIMALS   | 500    |
| HEALING MATRIX PO BOX 234<br>COTTAGE GROVE,OR 97424                                | NONE                                                                                                      | PC                             | TO PROVIDE FREE WORKSHOPS & TALKS TO IMPROVE HEALTH IN THE COMMUNITY | 1,000  |
| DONORSCHOOSEORG<br>134 W 37TH ST 11TH FLOOR<br>NEW YORK,NY 10018                   | NONE                                                                                                      | PC                             | TO HELP FUND PUBLIC SCHOOL PROJECTS                                  | 500    |
| NATIONAL ALLIANCE ON MENTAL ILLNESS<br>76 CENTENNIAL LOOP STE A<br>EUGENE,OR 97401 | NONE                                                                                                      | PC                             | PROVIDE RESOURCES FOR PEOPLE AFFECTED BY MENTAL ILLNESS              | 2,400  |
| PLANNED PARENTHOOD<br>1450 BIRCH AVE<br>COTTAGE GROVE,OR 97424                     | NONE                                                                                                      | PC                             | PROVIDE ESSENTIAL HEALTH SERVICES & EDUCATION                        | 2,000  |
| SOUTH LANE SCHOOL DISTRICT<br>455 ADAMS AVE<br>COTTAGE GROVE,OR 97424              | NONE                                                                                                      | NC                             | FOR WORK-TRAINING FOR SPECIAL NEEDS CHILDREN & AT-RISK YOUTH         | 3,400  |
| SOUTH LANE SCHOOL DISTRICT<br>455 ADAMS AVE<br>COTTAGE GROVE,OR 97424              | NONE                                                                                                      | NC                             | SUPPORT FOR FAMILY RESOURCE CENTER & SAFETY EQUIPMENT                | 2,000  |
| ORGANIC CONSUMERS ASSOCIATION<br>6771 SO SILVER HILL DR<br>FINLAND,MN 55603        | NONE                                                                                                      | PC                             | EDUCATE THE PUBLIC ABOUT FOOD SAFETY & FARM SUSTAINABILITY           | 500    |
| PACIFICA FOUNDATION<br>1925 MARTIN LUTHER KING JR WAY<br>BERKELEY,CA 94704         | NONE                                                                                                      | PC                             | FOR HEALTH EDUCATION PROGRAMMING                                     | 1,250  |
| TREES WATER PEOPLE<br>633 REMINGTON ST<br>FORT COLLINS,CO 80524                    | NONE                                                                                                      | PC                             | PROVIDE SOLAR HEATING SYSTEMS FOR POOR NATIVE AMERICAN FAMILIES      | 1,000  |
| WHITE BIRD CLINIC<br>341 E 12TH AVE<br>EUGENE,OR 97401                             | NONE                                                                                                      | PC                             | PROVIDE HEALTH SERVICES TO HOMELESS & LOW-INCOME PEOPLE              | 1,000  |
| WILLAMETTE FAMILY TREATMENT SERVICE<br>149 W 12TH AVE<br>EUGENE,OR 97401           | NONE                                                                                                      | PC                             | PROVIDE DRUG & ALCOHOL TREATMENT SERVICES & CHILD CARE               | 500    |
| WOMENSPACE INC PO BOX 50127<br>EUGENE,OR 97405                                     | NONE                                                                                                      | PC                             | TO PROVIDE EDUCATION & SERVICES TO PREVENT DOMESTIC VIOLENCE         | 1,500  |
| PUBLIC CITIZEN 1600 20TH ST NW<br>WASHINGTON,DC 20009                              | NONE                                                                                                      | PC                             | RESEARCH & EDUCATION ABOUT MEDICATION SAFETY                         | 500    |
| <b>Total . . . . . ▶ 3a</b>                                                        |                                                                                                           |                                |                                                                      | 72,283 |

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

| Recipient                                                                  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                       | Amount |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------|--------|
| Name and address (home or business)                                        |                                                                                                           |                                |                                                                        |        |
| <b>a</b> Paid during the year                                              |                                                                                                           |                                |                                                                        |        |
| EARTH JUSTICE<br>50 CALIFORNIA ST STE 500<br>SAN FRANCISCO,CA 94111        | NONE                                                                                                      | PC                             | SAFEGUARD HUMAN HEALTH BY PROTECTING AIR, FOOD & WATER                 | 500    |
| VITAMIN ANGELS PO BOX 4490<br>SANTA BARBARA,CA 93140                       | NONE                                                                                                      | PC                             | PROVIDE VITAMINS & MINERALS TO AT-RISK MOTHERS & CHILDREN              | 500    |
| FLIPPIN LYME FOUNDATION<br>PO BOX 40903<br>EUGENE,OR 97404                 | NONE                                                                                                      | POF                            | EDUCATE & MEET THE NEEDS OF THOSE WITH LYME DISEASE                    | 2,000  |
| SOUTH LANE MENTAL HEALTH<br>1345 BIRCH AVE<br>COTTAGE GROVE,OR 97424       | NONE                                                                                                      | PC                             | FOR MENTAL HEALTH SERVICES                                             | 2,500  |
| THE TRAUMA HEALING PROJECT<br>2222 COBURG RD STE 300<br>EUGENE,OR 97401    | NONE                                                                                                      | PC                             | PROVIDE EDUCATION & SUPPORT TO SURVIVORS OF VIOLENCE                   | 500    |
| UNION OF CONCERNED SCIENTISTS<br>2 BRATTLE SQUARE<br>CAMBRIDGE,MA 02138    | NONE                                                                                                      | PC                             | DEVELOP SCIENCE-BASED SOLUTIONS TO ENSURE A HEALTHY ENVIRONMENT        | 500    |
| UNIVERSITY OF CALIFORNIA<br>2080 ADDISON ST<br>BERKELEY,CA 94720           | NONE                                                                                                      | PC                             | FUND MEDICAL RESEARCH ON CANCER & AIDS                                 | 7,500  |
| FOOD WATER WATCH<br>1616 P ST NW<br>WASHINGTON,DC 20036                    | NONE                                                                                                      | PC                             | TO PROTECT ACCESS TO HEALTHY FOOD & CLEAN WATER                        | 1,000  |
| FOOD FOR LANE COUNTY<br>770 BAILEY HILL RD<br>EUGENE,OR 97402              | NONE                                                                                                      | PC                             | PROVIDE EMERGENCY FOOD BOXES FOR POOR & DISABLED PEOPLE                | 1,000  |
| FREEDOM FROM AERIAL HERBICIDES<br>PO BOX 261<br>COTTAGE GROVE,OR 97424     | NONE                                                                                                      | NC                             | TO LIMIT AERIAL APPLICATION OF TOXIC CHEMICALS                         | 1,000  |
| GEOENGINEERING WATCH<br>PO BOX 9<br>BELLA VISTA,CA 96008                   | NONE                                                                                                      | NC                             | EDUCATE THE PUBLIC ABOUT HEALTH EFFECTS FROM GEOENGINEERING            | 1,000  |
| HARRISON ELEMENTARY SCHOOL<br>1000 SO 10TH<br>COTTAGE GROVE,OR 97424       | NONE                                                                                                      | NC                             | FOR THE BUILDING FUND                                                  | 250    |
| KPFKPACIFICA FOUNDATION<br>PO BOX 748419<br>LOS ANGELES,CA 90074           | NONE                                                                                                      | PC                             | FOR HEALTH EDUCATION PROGRAMMING                                       | 365    |
| LOOKING GLASS RURAL SERVICES<br>1790 W 11TH AVE STE 200<br>EUGENE,OR 97402 | NONE                                                                                                      | PC                             | PROVIDE EMERGENCY FOOD, SHELTER & TREATMENT SERVICES FOR AT-RISK YOUTH | 1,000  |
| SENIOR MEALS PROGRAM<br>1015 WILLAMETTE ST<br>EUGENE,OR 97401              | NONE                                                                                                      | GOV                            | PROVIDE FREE HOT FOOD TO SENIORS                                       | 500    |
| <b>Total . . . . . ▶ 3a</b>                                                |                                                                                                           |                                |                                                                        | 72,283 |

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

| Recipient                                                                        | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                 | Amount |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------|--------|
| Name and address (home or business)                                              |                                                                                                           |                                |                                                                  |        |
| <b>a</b> <i>Paid during the year</i>                                             |                                                                                                           |                                |                                                                  |        |
| SHELTER BOX USA<br>8374 MARKET ST 203<br>LAKEWOOD RANCH,FL 34202                 | NONE                                                                                                      | PC                             | PROVIDE HUMANITARIAN RELIEF FOR DISASTER VICTIMS                 | 250    |
| SOUTH LANE CHILDRENS DENTAL CLINIC<br>1275 SO RIVER RD<br>COTTAGE GROVE,OR 97424 | NONE                                                                                                      | NC                             | PROVIDE FREE DENTAL SERVICES TO NON-INSURED CHILDREN             | 250    |
| TAMARACK WELLNESS CENTER<br>3575 DONALD ST STE 300<br>EUGENE,OR 97405            | NONE                                                                                                      | PC                             | SUPPORT MAINTENANCE OF A THERAPEUTIC POOL FOR PAIN & FLEXABILITY | 500    |
| UNITED WAY OF LANE COUNTY<br>3171 GATEWAY LOOP<br>SPRINGFIELD,OR 97477           | NONE                                                                                                      | PC                             | IMPROVE HEALTH THROUGH COMMUNITY PARTNERSHIPS                    | 150    |
| DOWNTOWN INITIATIVE FOR VISUAL ARTS<br>PO BOX 422<br>DRAIN,OR 97435              | NONE                                                                                                      | PC                             | PROVIDE ART ACTIVITIES & FREE MOVIES FOR POOR CHILDREN           | 500    |
| <b>Total . . . . . ▶ 3a</b>                                                      |                                                                                                           |                                |                                                                  | 72,283 |

**TY 2015 Accounting Fees Schedule****Name:** TAUBERT MEMORIAL FOUNDATION**EIN:** 95-4705413**Software ID:** 15000324**Software Version:** 2015v2.0

| Category | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|----------|--------|--------------------------|------------------------|---------------------------------------------|
|          | 1,517  | 0                        | 0                      | 0                                           |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2015 Depreciation Schedule

**Name:** TAUBERT MEMORIAL FOUNDATION

**EIN:** 95-4705413

**Software ID:** 15000324

**Software Version:** 2015v2.0

| Description of Property   | Date Acquired | Cost or Other Basis | Prior Years' Depreciation | Computation Method | Rate / Life (# of years) | Current Year's Depreciation Expense | Net Investment Income | Adjusted Net Income | Cost of Goods Sold Not Included |
|---------------------------|---------------|---------------------|---------------------------|--------------------|--------------------------|-------------------------------------|-----------------------|---------------------|---------------------------------|
| RESEARCH EQUIPMENT        | 2005-03-10    | 26,000              | 25,144                    | 200DB              | 3 28 %                   | 427                                 |                       |                     |                                 |
| BUILDING                  | 2007-03-16    | 1,133,305           | 226,446                   | SL                 | 2 56 %                   | 29,058                              |                       |                     |                                 |
| CANON CAMERA              | 2010-04-21    | 472                 | 372                       | 200DB              | 8 87 %                   | 42                                  |                       |                     |                                 |
| SERVER & HARD DRIVES      | 2010-04-21    | 745                 | 714                       | 200DB              | 4 26 %                   | 31                                  |                       |                     |                                 |
| BUILDING - EXEMPT PURPOSE | 2011-07-18    | 306,406             | 27,174                    | SL                 | 2 56 %                   | 7,856                               |                       |                     |                                 |
| WATER HEATER - HM         | 2010-12-13    | 500                 | 374                       | 200DB              | 8 73 %                   | 44                                  |                       |                     |                                 |
| FREQUENCY GENERATOR       | 2011-04-04    | 2,370               | 1,630                     | 200DB              | 8 93 %                   | 212                                 |                       |                     |                                 |
| SECURITY CAMERAS          | 2010-11-18    | 1,880               | 1,408                     | 200DB              | 8 73 %                   | 164                                 |                       |                     |                                 |
| DE-HUMIDIFIER             | 2011-01-07    | 899                 | 617                       | 200DB              | 8 93 %                   | 80                                  |                       |                     |                                 |
| CHAIRS FOR EDUCATN EVENTS | 2011-07-18    | 1,499               | 1,030                     | 200DB              | 8 93 %                   | 134                                 |                       |                     |                                 |
| COUCH & 3 TABLES          | 2011-07-18    | 840                 | 578                       | 200DB              | 8 93 %                   | 75                                  |                       |                     |                                 |
| BOOKCASE                  | 2011-04-04    | 398                 | 274                       | 200DB              | 8 93 %                   | 36                                  |                       |                     |                                 |
| IMAC COMPUTER             | 2011-07-18    | 1,344               | 1,112                     | 200DB              | 11 52 %                  | 155                                 |                       |                     |                                 |
| RACK FOR FOLDING CHAIRS   | 2011-07-18    | 380                 | 260                       | 200DB              | 8 93 %                   | 34                                  |                       |                     |                                 |
| IMAC COMPUTER PART&WARNTY | 2011-07-18    | 1,100               | 910                       | 200DB              | 11 52 %                  | 127                                 |                       |                     |                                 |
| COUCH & FUTON             | 2011-07-18    | 650                 | 447                       | 200DB              | 8 93 %                   | 58                                  |                       |                     |                                 |
| IMAC 27"                  | 2011-07-18    | 2,878               | 2,382                     | 200DB              | 11 52 %                  | 166                                 |                       |                     |                                 |
| FURNITURE FOR PUBLIC      | 2011-07-18    | 748                 | 514                       | 200DB              | 8 93 %                   | 67                                  |                       |                     |                                 |
| NEON SIGN-HM              | 2011-09-08    | 404                 | 278                       | 200DB              | 8 93 %                   | 36                                  |                       |                     |                                 |
| MEMORY BACKUP &BATTERY PK | 2011-10-09    | 499                 | 342                       | 200DB              | 8 93 %                   | 45                                  |                       |                     |                                 |

| Description of Property   | Date Acquired | Cost or Other Basis | Prior Years' Depreciation | Computation Method | Rate / Life (# of years) | Current Year's Depreciation Expense | Net Investment Income | Adjusted Net Income | Cost of Goods Sold Not Included |
|---------------------------|---------------|---------------------|---------------------------|--------------------|--------------------------|-------------------------------------|-----------------------|---------------------|---------------------------------|
| 2 COUCHES FOR PUBLIC      | 2011-10-10    | 600                 | 413                       | 200DB              | 8 93 %                   | 54                                  |                       |                     |                                 |
| KITCHEN CABINETS          | 2011-08-05    | 1,868               | 1,284                     | 200DB              | 8 93 %                   | 167                                 |                       |                     |                                 |
| KITCHEN REMODEL           | 2012-10-03    | 10,137              | 574                       | SL                 | 2 56 %                   | 260                                 |                       |                     |                                 |
| BROTHER COPIER            | 2011-11-05    | 260                 | 178                       | 200DB              | 8 93 %                   | 23                                  |                       |                     |                                 |
| STAINLESS COUNTERTOP      | 2011-08-05    | 788                 | 542                       | 200DB              | 8 93 %                   | 70                                  |                       |                     |                                 |
| HD LCD PROJECTOR          | 2012-01-11    | 2,150               | 768                       | SL                 | 14 28 %                  | 307                                 |                       |                     |                                 |
| DOLLY                     | 2012-01-03    | 200                 | 72                        | SL                 | 14 28 %                  | 29                                  |                       |                     |                                 |
| HP TOUCHSMART 520T        | 2012-03-15    | 930                 | 663                       | 200DB              | 11 52 %                  | 107                                 |                       |                     |                                 |
| STOVE HOOD                | 2012-08-03    | 13,000              | 4,644                     | SL                 | 14 28 %                  | 1,856                               |                       |                     |                                 |
| FIRE SUPPRESSION SYSTEM   | 2012-08-03    | 3,140               | 1,122                     | SL                 | 14 28 %                  | 448                                 |                       |                     |                                 |
| 2 PART SINK & PRE-RINSE   | 2012-08-03    | 901                 | 322                       | SL                 | 14 28 %                  | 129                                 |                       |                     |                                 |
| 1 PART SINK & PRE-RINSE   | 2012-08-03    | 630                 | 225                       | SL                 | 14 28 %                  | 90                                  |                       |                     |                                 |
| 24"X30" STAINLESS TABLE   | 2012-08-03    | 210                 | 75                        | SL                 | 14 28 %                  | 30                                  |                       |                     |                                 |
| 30"X72" STAINLESS TABLE   | 2012-08-03    | 300                 | 107                       | SL                 | 14 28 %                  | 43                                  |                       |                     |                                 |
| FOGEL PREP TABLE          | 2012-08-03    | 2,157               | 770                       | SL                 | 14 28 %                  | 308                                 |                       |                     |                                 |
| ROYAL 6 BURNER STOVE/OVEN | 2012-08-03    | 1,590               | 568                       | SL                 | 14 28 %                  | 227                                 |                       |                     |                                 |
| STEERO DISHWASHER         | 2012-08-03    | 1,500               | 535                       | SL                 | 14 28 %                  | 214                                 |                       |                     |                                 |
| HANDWASHING SINK          | 2012-08-03    | 259                 | 92                        | SL                 | 14 28 %                  | 37                                  |                       |                     |                                 |
| MANITOWOC ICE MACHINE     | 2012-08-03    | 2,000               | 715                       | SL                 | 14 28 %                  | 286                                 |                       |                     |                                 |
| COMPACT FRIDGE            | 2012-08-13    | 158                 | 57                        | SL                 | 14 28 %                  | 23                                  |                       |                     |                                 |

| Description of Property | Date Acquired | Cost or Other Basis | Prior Years' Depreciation | Computation Method | Rate / Life (# of years) | Current Year's Depreciation Expense | Net Investment Income | Adjusted Net Income | Cost of Goods Sold Not Included |
|-------------------------|---------------|---------------------|---------------------------|--------------------|--------------------------|-------------------------------------|-----------------------|---------------------|---------------------------------|
| FOGEL COOLER            | 2012-11-06    | 458                 | 163                       | SL                 | 14 28 %                  | 65                                  |                       |                     |                                 |
| FIREPROOF SAFE          | 2012-12-14    | 1,519               | 542                       | SL                 | 14 28 %                  | 217                                 |                       |                     |                                 |
| CONCRETE SLAB           | 2013-09-21    | 6,550               | 655                       | SL                 | 6 67 %                   | 437                                 |                       |                     |                                 |
| KITCHEN SHELVING        | 2013-04-08    | 792                 | 170                       | SL                 | 14 29 %                  | 113                                 |                       |                     |                                 |
| 15" MACBOOK             | 2014-03-31    | 3,253               | 325                       | SL                 | 20 00 %                  | 651                                 |                       |                     |                                 |
| MAC COMPUTER            | 2015-08-24    | 1,570               |                           | SL                 | 10 00 %                  | 157                                 |                       |                     |                                 |

**TY 2015 Investments - Land Schedule****Name:** TAUBERT MEMORIAL FOUNDATION**EIN:** 95-4705413**Software ID:** 15000324**Software Version:** 2015v2.0

| Category/ Item | Cost/Other Basis | Accumulated Depreciation | Book Value | End of Year Fair Market Value |
|----------------|------------------|--------------------------|------------|-------------------------------|
| Buildings      | 1,133,305        | 255,504                  | 877,801    | 781,700                       |
| Land           | 1,650,545        |                          | 1,650,545  | 1,138,300                     |

**TY 2015 Land, Etc.  
Schedule****Name:** TAUBERT MEMORIAL FOUNDATION**EIN:** 95-4705413**Software ID:** 15000324**Software Version:** 2015v2.0

| Category / Item         | Cost / Other Basis | Accumulated Depreciation | Book Value | End of Year Fair Market Value |
|-------------------------|--------------------|--------------------------|------------|-------------------------------|
| Furniture and Fixtures  | 8,526              | 6,312                    | 2,214      | 3,750                         |
| Machinery and Equipment | 52,392             | 31,848                   | 20,544     | 18,400                        |
| Buildings               | 306,406            | 35,030                   | 271,376    | 210,000                       |
| Improvements            | 16,687             | 1,926                    | 14,761     | 11,000                        |
| Land                    | 65,000             |                          | 65,000     | 66,000                        |

**TY 2015 Other Assets Schedule****Name:** TAUBERT MEMORIAL FOUNDATION**EIN:** 95-4705413**Software ID:** 15000324**Software Version:** 2015v2.0

| Description                 | Beginning of Year -<br>Book Value | End of Year - Book<br>Value | End of Year - Fair<br>Market Value |
|-----------------------------|-----------------------------------|-----------------------------|------------------------------------|
| SECURITY DEPOSIT - ELECTRIC | 1,495                             | 1,495                       | 1,495                              |

**TY 2015 Other Expenses Schedule****Name:** TAUBERT MEMORIAL FOUNDATION**EIN:** 95-4705413**Software ID:** 15000324**Software Version:** 2015v2.0

| Description              | Revenue and Expenses<br>per Books | Net Investment<br>Income | Adjusted Net Income | Disbursements for<br>Charitable Purposes |
|--------------------------|-----------------------------------|--------------------------|---------------------|------------------------------------------|
| COMPUTER & INTERNET EXP  | 1,014                             |                          |                     | 913                                      |
| DUES & SUBSCRIPTIONS     | 159                               | 159                      |                     |                                          |
| EDUCATIONAL DEVT         | 349                               |                          |                     | 349                                      |
| LICENSES, FEES & PERMITS | 175                               |                          |                     |                                          |
| OFFICE EXPENSE           | 1,258                             |                          |                     |                                          |
| OUTSIDE SERVICES         | 114                               |                          |                     | 54                                       |
| POSTAGE & DELIVERY       | 203                               |                          |                     |                                          |
| Rental Expenses          | 120,606                           |                          |                     |                                          |
| REPAIRS-EQUIP            | 461                               |                          |                     | 250                                      |
| SECURITY                 | 401                               |                          |                     |                                          |
| SUPPLIES                 | 1,452                             |                          |                     | 830                                      |
| WEBSITE DEVT             | 1,129                             |                          |                     | 1,129                                    |

**TY 2015 Other Income Schedule****Name:** TAUBERT MEMORIAL FOUNDATION**EIN:** 95-4705413**Software ID:** 15000324**Software Version:** 2015v2.0

| Description                            | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |
|----------------------------------------|-----------------------------------|--------------------------|---------------------|
| Rental Income - Noninvestment Property | 307,896                           |                          |                     |

**TY 2015 Other Liabilities Schedule****Name:** TAUBERT MEMORIAL FOUNDATION**EIN:** 95-4705413**Software ID:** 15000324**Software Version:** 2015v2.0

| Description                | Beginning of Year -<br>Book Value | End of Year - Book<br>Value |
|----------------------------|-----------------------------------|-----------------------------|
| CREDIT CARD PAYABLE        | 117                               | 1,651                       |
| PAYROLL TAX PAYABLE        | 1,386                             | 1,906                       |
| TENANT SECURITY DEPOSITS   | 3,650                             | 3,650                       |
| EMPLOYEE ADVANCE REPAYMENT | 200                               |                             |
| Rounding                   | 1                                 |                             |

**TY 2015 Taxes Schedule****Name:** TAUBERT MEMORIAL FOUNDATION**EIN:** 95-4705413**Software ID:** 15000324**Software Version:** 2015v2.0

| Category           | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|--------------------|--------|--------------------------|------------------------|---------------------------------------------|
| CALIF TAX          | 10     |                          |                        |                                             |
| CG BID ASSESSMENT  | 100    |                          |                        |                                             |
| OR DEPT OF JUSTICE | 85     |                          |                        |                                             |
| PAYROLL TAXES      | 6,953  |                          |                        | 5,048                                       |