efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93491313013297

2016

OMB No 1545-0052

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	caler	ndar year 2016, or tax year	beginning 01-01-20)16 , aı	nd en	nding 12-31-	-2016	
		Indation		A Employer identification number				er
KINNIE FAMILY FOUNDATION				26-0015458				
		street (or P O box number if mail is no	ot delivered to street address)	Room/suite		B Telephone nu	ımber (see ınstructio	ins)
1	2915 N\	W SKYLINE BLVD			(503) 645-993:	·	,	
		n, state or province, country, and ZIP or OR 97231	foreign postal code				application is pendir	ng, check here
G CI	neck al	I that apply Initial return	☐ Initial return of a	former public charity		D 1 . Foreign of	ganizations, check h	ere -
• •	icci ui	Final return	Amended return	ronner public ename,			rganizations meeting	▶ ∟
		Address chang	_				k here and attach co	
H C	neck tv		501(c)(3) exempt private	foundation			undation status was on 507(b)(1)(A), che	
_		n 4947(a)(1) nonexempt charitable	_			under section	11 307(b)(1)(A), cile	ck liefe - —
		ket value of all assets at end		☑ Cash ☐ Accru	ıal	F If the found	ation is in a 60-mont	th termination
		from Part II, col (c), \$ 5,289,199	Other (specify)			under sectio	in 507(b)(1)(B), che	ck here 🕨 🗀
,,,,,	10)	\$ 3,203,133	(Part I, column (d) must	be on cash basis)				
Pa	rt I	Analysis of Revenue and	Expenses (The total	(a) Revenue and				(d) Disbursements
		of amounts in columns (b), (c), and (expenses per	(b)	Net investment income	(c) Adjusted net income	for charitable purposes
		equal the amounts in column (a) (see		books				(cash basis only
	1	Contributions, gifts, grants, etc , schedule)	received (attach	331,200)			
	2	<u></u>	not required to attach					
	_	Sch B						
	3	Interest on savings and temporar	·	10,013		10,013		
	4	Dividends and interest from secur	rities	68,783		68,783		
	5a	Gross rents						
۵.	b	Net rental income or (loss) Net gain or (loss) from sale of as:	sets not on line 10	361,952				
Ξ	6a	- , ,		301,932				
Revenue	b	Gross sales price for all assets on	n line 6a 785,413					
ă	7	Capital gain net income (from Pai	rt IV, line 2)			361,952		
	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allow	vances					
	b	Less Cost of goods sold	 	<u> </u>				
	C	Gross profit or (loss) (attach sche	•	65.1 400		400		
	11	Other income (attach schedule)		109		109		
	12			772,057		440,857		
	13	Compensation of officers, director	·					
	14 15	Other employee salaries and wag Pension plans, employee benefits						
Ses	16a	Legal fees (attach schedule)						
<u>e</u>	ь	Accounting fees (attach schedule						
Expenses	c	Other professional fees (attach so	,	31,367		31,367		
and Administrative	17	Interest		32,307				
rat	18	Taxes (attach schedule) (see inst	ructions)	6,336	,	951		
n st	19	Depreciation (attach schedule) ar	,	,				
Ē	20	Occupancy	·					
Ā	21	Travel, conferences, and meeting						
and	22	Printing and publications						
	23	Other expenses (attach schedule))	9 629		53		57
Operating	24	Total operating and administr	ative expenses.					
ber		Add lines 13 through 23		38,332	:	32,371		57
0	25	Contributions, gifts, grants paid		302,000)			302,00
	26	Total expenses and disbursen	nents. Add lines 24 and					
	27	Subtract line 26 from line 12		340,332	!	32,371		302,57
	27	Subtract line 26 from line 12 Excess of revenue over expen	ses and	431,725				
	а	disbursements	Jog unu	751,725				
	ь	Net investment income (if neg				408,486		
	С	Adjusted net income(If negative	· · · · · · · · · · · · · · · · · · ·				<u> </u>	
-0"	uance	WARK MAGUETIAN ACT NATICAL CO.	LECTPHOTIONS					

2

3

4

5

6

431,725

4,487,093

4,189,436 Form **990-PF** (2016)

297,657

2

3

4

5

Enter amount from Part I, line 27a

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Other increases not included in line 2 (itemize) -

Decreases not included in line 2 (itemize) ▶

Form 990-PF (2016)					Page 3
Part IV Capital Gains	and Losses for Tax on Invest	tment Income			
	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a SEE ATTACHED US TRUS			Р		
b SEE ATTACHED US TRUS	T STATEMENT		Р		
<u>c</u>					
d					
e	(f)	<u> </u>	<u> </u> (g)	,	<u> </u> h)
(e) Gross sales price	Depreciation allowed (or allowable)	Cost or	other basis ense of sale	Gain d	or (loss) f) minus (g)
a 1	3,891		17,212	2	-3,321
b 73	2,608		406,249)	326,359
С					
d					
е					
Complete only for assets	showing gain in column (h) and ow			(Cal. ((1)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col (ı) (]), ıf any	Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
a			,		-3,321
b					326,359
С					
d					
e		If gain, also enter in P		<u> </u>	
	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi			3	361,952
Part V Qualification l	Jnder Section 4940(e) for Re	educed Tax on Net	Investment In	come	
For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on ne	t investment incon	ne)	
	eave this part blank e section 4942 tax on the distributa ot qualify under section 4940(e) Do		ın the base period	?	es 🗸 No
	nount in each column for each year,	see instructions before	making any entrie		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rat (col (b) divided by o	
2015	299,998		4,806,835		0 062411
2014	269,053		4,629,843		0 058113
2013	239,499		4,128,130		0 058016
2012 2011	202,862 147,042		3,727,240 3,607,271		0 054427 0 040763
2 Total of line 1, column (· · · · · ·		2		0 273730
· · · · · · · · · · · · · · · · · · ·	o for the 5-year base period—divide				0 2/3/30
number of years the four	dation has been in existence if less	than 5 years	<u>3</u>		0 054746
	ncharitable-use assets for 2016 fron	· ·	4		4,846,371
5 Multiply line 4 by line 3			5		265,319
	ent income (1% of Part I, line 27b)		6		4,085 269,404
	ons from Part XII, line 4 ,				302,576
	eater than line 7, check the box in Pa			ng a 1% tax rate Se	<u> </u>
				E.	orm 000-DE (2016)

Form 990-PF (2016)		Page 7
Part VIII Information About Officers, Directors, Truste and Contractors (continued)	es, Foundation Managers, Highly F	aid Employees,
3 Five highest-paid independent contractors for professional se	ervices (see instructions). If none, ente	r "NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		<u> </u>
Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year Include	le relevant statistical information such as the numb	er of
organizations and other beneficiaries served, conferences convened, research papers	produced, etc	Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (s	see instructions)	
Describe the two largest program-related investments made by the foundation dur	<u> </u>	Amount
1 N/A		
2		
		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•
		Form 990-PF (2016)

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

income Enter 1% of Part I. line 27b (see instructions).

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

the section 4940(e) reduction of tax in those years

4

5

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3a 3h

4

5

302.576

4.085

298.491

Form 990-PF (2016)

238,234

Form **990-PF** (2016)

(d)

Page 9

Part XIII Undistributed Income (see instructions)

Distributable amount for 2016 from Part XI, line 7

c Treated as distributions out of corpus (Election required—see instructions).

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

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 e Undistributed income for 2015 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 2017 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 2011 not applied on line 5 or line 7 (see instructions) . . .

6 Enter the net total of each column as

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . . **b** Excess from 2013. . c Excess from 2014. . . .

d Excess from 2015. . .

e Excess from 2016. .

Subtract lines 7 and 8 from line 6a

indicated below:

d Applied to 2016 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

2	Undistributed income, if any, as of the end of 2016							
а	Enter amount for 2015 only							
b	Total for prior years 20							
3	Excess distributions carryover, if any, to 2016							
а	From 2011							
b	From 2012							
C	From 2013							
d	From 2014							
е	From 2015							
f	Total of lines 3a through e							
4	Qualifying distributions for 2016 from Part							
	XII, line 4 > \$ 302,576							

a Applied to 2015, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions).

27.671

64.342

27.671

(a)

Corpus

64.342

92,013

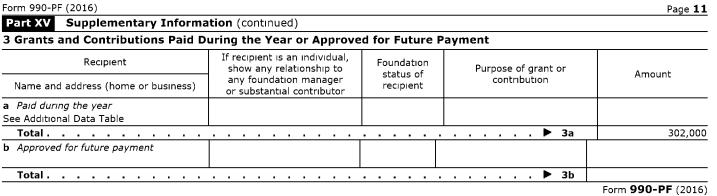
92,013

(b)

Years prior to 2015

(c)

2015



rm 990-P	Analysis of Tasama Dradusina					
art XVI	-A Analysis of Income-Producing	Activities		T		(-)
ter gross	amounts unless otherwise indicated		siness income	Excluded by section		(e) Related or exemp function income
. Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See instructions
	nd contracts from government agencies					
Member	ship dues and assessments					
	st on savings and temporary cash			1.4	10.012	
	nents			14	10,013 68,783	
	al income or (loss) from real estate				30,7.00	
	inanced property					
b Not de	bt-financed property					
Net rer	ntal income or (loss) from personal property					
	vestment income					
	r (loss) from sales of assets other than			25	361,952	
	me or (loss) from special events			23	301,332	
	rofit or (loss) from sales of inventory					
Other re						
	MENT INCOME			1	109	
_						
d						
d e					440,857	
d e 2 Subtota Total. /	Add columns (b), (d), and (e)			1	440,857 3	440,85
d e Subtota Total. A ee worksh	Add columns (b), (d), and (e)	ns)			· · · · · · · · · · · · · · · · · · ·	
d e Subtota Total. A ee worksh	Add columns (b), (d), and (e)	^{ns}) e Accomplish	ment of Exem	pt Purposes	3	
d Subtota Total. Ase worksh art XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which	ns) e Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
d e Subtota Total. A e worksh art XVI	Add columns (b), (d), and (e)	ns) e Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
d e Subtota Total. A e worksh art XVI ne No.	I Add columns (b), (d), and (e)	ns) e Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
d e Subtota Total. A e worksh art XVI ne No.	I Add columns (b), (d), and (e)	ns) e Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
d e Subtota Total. A e worksh art XVI ne No.	I Add columns (b), (d), and (e)	ns) e Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
d e Subtota Total. A e worksh art XVI ne No.	I Add columns (b), (d), and (e)	ns) e Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
d e Subtota Total. A e worksh art XVII ne No.	I Add columns (b), (d), and (e)	ns) e Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
d e Subtota Total. A e worksh art XVI ne No.	I Add columns (b), (d), and (e)	ns) e Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
d e Subtota Total. A e worksh art XVI ne No.	I Add columns (b), (d), and (e)	ns) e Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
d e Subtota Total. A e worksh art XVI ne No.	I Add columns (b), (d), and (e)	ns) e Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
d e Subtota Total. A e worksh art XVII ne No.	I Add columns (b), (d), and (e)	ns) e Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
d e Subtota Total. A e worksh art XVI ne No.	I Add columns (b), (d), and (e)	ns) e Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
d e Subtota Total. A e worksh art XVI ne No.	I Add columns (b), (d), and (e)	ns) e Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
d e Subtota Total. A e worksh art XVI ne No.	I Add columns (b), (d), and (e)	ns) e Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
d e Subtota Total. A e worksh art XVI ne No.	I Add columns (b), (d), and (e)	ns) e Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
d e Subtota Total. A e worksh art XVII ne No.	I Add columns (b), (d), and (e)	ns) e Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
d e Subtota Total. A e worksh art XVII ne No.	I Add columns (b), (d), and (e)	ns) e Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
d e Subtota Total. A e worksh art XVII ne No.	I Add columns (b), (d), and (e)	ns) e Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
d e Subtota Total. A e worksh art XVII	I Add columns (b), (d), and (e)	ns) e Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
d e Subtota Total. A e worksh art XVII ne No.	I Add columns (b), (d), and (e)	ns) e Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
d e Subtota Total. A e worksh art XVII	I Add columns (b), (d), and (e)	ns) e Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	
d e Subtota Total. A e worksh art XVII	I Add columns (b), (d), and (e)	ns) e Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes f Part XVI-A contribu	3	

Part XV	Exempt Organi		ansters to	and Iransactio	ns and Kelat	ionsnips with Non	icnaritable		
	organization directly or in e Code (other than section	directly engage					on 501	Yes	No
a Transfer	s from the reporting four	ndation to a noi	ncharitable ex	kempt organization	of				
	sh						. 1a(1)		No
(2) Oth	ner assets						. 1a(2)		No
b Other tr	ansactions								
(1) Sales of assets to a noncharitable exempt organization							. 1b(1)		No
(2) Pur	chases of assets from a r	noncharitable e	exempt organi	ization			1b(2)		No
(3) Rer	ntal of facilities, equipme	nt, or other ass	sets				1b(3)		No
(4) Rei	mbursement arrangemer	nts					. 1b(4)		No
(5) Loa	ans or loan guarantees.						. 1b(5)		No
(6) Perf	ormance of services or m	nembership or f	fundraising so	olicitations			. 1b(6)		No
c Sharing	of facilities, equipment, r	mailing lists, ot	her assets, o	r paid employees.			. 1c		No
	nswer to any of the above								
	oods, other assets, or ser ransaction or sharing arra								
(a) Line No	(b) Amount involved	(c) Name of no	oncharitable exe	empt organization	(d) Description	of transfers, transactions,	and sharing arra	ngement	ts
2 7 11 6	1.1 1 11 1			1.					
	oundation directly or indir	•	•	*	, ,		Пν		
	d in section 501(c) of the	•	han section 5	01(c)(3)) or in sect	ion 52/?		. ∐Yes	✓ N	0
b If "Yes,"	complete the following s (a) Name of organization		1 /	/L) T 6	1	(-) D	-£ -h		
	(a) Name or organization	on		(b) Type of organization	on	(c) Description	or relationship		
	nder penalties of perjury, my knowledge and belief								
Sign∣ ^{w⊦}	nich preparer has any kno	owledge		ı		_			
Here 👠	*****			2017-11-03	*****		May the IRS discust the first the second the		
	Signature of officer or t	rustee		Date	Title		see instr)?		
I	Print/Type preparer's	s name	Preparer's Sig	ınature	Date		PTIN		
	, . , , , , , , , , , , , , , ,		-, 19			Check if self-		704	
	1AMIE 701 E771	10MIE 7015771			2017 11 02	employed ▶ □	P00912	2/84	
Paid	JAMIE L ZOLEZZI			201		2017-11-03			
Prepare	I II II O Hallic P DOIN	ES & ROTH PC			1	1 .	Fırm's EIN ▶93	-08196	46
Use Onl	•	OF NE FLAM V	OLING BIZMA	STE 100			11111 2 LIN F 33	20130	
	Firm's address ► 56	535 NE ELAM Y	OUNG PKWY	21E 100			N	٠	\F34
	H:	ILLSBORO, OR	971246488				Phone no (503) 648-C	J521
	1					1			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ALOHA COMMUNITY LIBRARY CHARITABLE GIFT 3,000 17455 SW FARMINGTON 25A BEAVERTON, OR 97007 **BOYS & GIRLS AID SOCIETY** CHARITABLE GIFT 14,000 018 SW BOUNDARY CT PORTLAND, OR 97239 000 000

CANDLELIGHTERS - PORTLAND PO BOX 2277 PORTLAND, OR 97208		CHARITABLE GIFT	16,00
CARE PARTNERS 900 SE OAK ST STE 202 HILLSBORO, OR 97123		CHARTIABLE GIFT	15,00

CHARITABLE GIFT

CLACKAMAS SERVICE CENTER 18,000 8800 SE 80TH AVE

CLACKAMAS, OR 97015

Total .

302,000 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

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

CLACKAMAS WOMEN'S SERV 5114 SE MELDRUM AVE MILWAUKIE, OR 97267		CHARITABLE GIFT	15,000
COMMUNITY ACTION ORG 1001 SW BASELINE		CHARITABLE GIFT	14,000

1001 SW BASELINE HILLSBORO, OR 97123		CHARITABLE GIFT	14,000
DIRECT RELIEF 27 S LA PATERA LANE SANTA BARBARA, CA 93117		CHARITABLE GIFT	35,000

DIRECT RELIEF 27 S LA PATERA LANE SANTA BARBARA, CA 93117	CHARITABLE GIF	T 35,000
DRESS FOR SUCCESS OREGON 6312 SW CAPITOL HWY 432 PORTLAND, OR 97239	CHARITABLE GIF	T 6,000
GOOD NEIGHBOR FAMILY PANTRY	CHARITABLE GIF	T 8,000

6312 SW CAPITOL HWY 432 PORTLAND, OR 97239		CHARITABLE GIFT	6,000
GOOD NEIGHBOR FAMILY PANTRY		CHARITABLE GIFT	8,000

,			
GOOD NEIGHBOR FAMILY PANTRY 21555 SW HELLS CANYON RD SHERWOOD, OR 97140		CHARITABLE GIFT	8,00

21555 SW HELLS CANYON RD SHERWOOD, OR 97140		
Total	 	 302,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

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

a Paid during the year

3a

PUUNENE, HI 96784		CHARITABLE GIET	4 000
HAWAII ANIMAL RESCUE FOUNDATION PO BOX 515		CHARITABLE GIFT	3,000
a Paid during the year	!		

PO BOX 205 HILLSBORO, OR 97124		CHARTABLE GITT	4,000
MEDICAL TEAMS INTERNATIONAL 14150 SW MILTON COURT PORTLAND, OR 97224		CHARITABLE GIFT	25,000

PORTLAND, OR 97224			
MERCY CORPS 3015 SW 1ST AVE PORTLAND, OR 97201		CHARITABLE GIFT	1
OHSTI EOTINDATION		CHADITABLE CIET	1

MERCY CORPS 3015 SW 1ST AVE PORTLAND, OR 97201		CHARITABLE GIFT	10,000
OHSU FOUNDATION 3181 SW SAM JACKSON RD		CHARITABLE GIFT	15,000

OHSU FOUNDATION 3181 SW SAM JACKSON RD PORTLAND, OR 97239		CHARITABLE GIFT	15,000

3181 SW SAM JACKSON RD PORTLAND, OR 97239		CIVILLIVIDEE CIT	13,0
Total	 		302,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

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

Total . . 3a

OREGON STATE PARKS TRUST PO BOX 581 BEND, OR 97709		CHARITABLE GIFT	5,000
OUTSIDE IN 1132 SW 13TH AVE PORTLAND, OR 97205		CHARITABLE GIFT	15,000

302,000

PARKINSONS RESOURCES OF O 3181 SW SAM JACKSON RD PORTLAND, OR 97239		CHARITABLE GIFT	6,000
PORTLAND RESCUE MISSION		CHARITABLE GIFT	14,000

PORTLAND, OR 97239			
PORTLAND RESCUE MISSION 34 NW 1ST AVE PORTLAND, OR 97209		CHARITABLE GIFT	14,000
CEVILAL ACCALUT DECOUDES CENTED		CHARITARI E CIET	7.000

PORTLAND, OR 97209			
SEXUAL ASSAULT RESOURCE CENTER 4900 SW GRIFFITH DR 100 BEAVERTON.OR 97005		CHARITABLE GIFT	7,000

PORTLAND, OR 9/209			
SEXUAL ASSAULT RESOURCE CENTER 4900 SW GRIFFITH DR 100 BEAVERTON, OR 97005		CHARITABLE GIFT	7,
			1

•			
SEXUAL ASSAULT RESOURCE CENTER 4900 SW GRIFFITH DR 100 BEAVERTON, OR 97005		CHARITABLE GIFT	7

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SONRISE BAPTIST CHURCH CHARITABLE GIFT 8,000 770 NE ROGAHN ST HILLSBORO, OR 97124 ST VINCENT DE PAUL OF PORTLAND CHARITABLE GIFT 20,000

PORTLAND, OR 97202		
TO BE PROVIDED UPON REQUEST 12915 NW SKYLINE BLVD PORTLAND, OR 97231	CHARITABLE GIFT	14,000
AMERICARES 88 HAMILTON AVE	CHARITABLE GIFT	12,000

Total	 		302,000
AMERICARES 88 HAMILTON AVE STAMFORD, CT 06902		CHARITABLE GIFT	12,000
PORTLAND, OR 97231			

V 2016 In	voetmonte	Corporato	Ronds S	Schodul	0	
1 2010 IU	vestments	Corporate	Bonas S	cneau	е	

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

Name: KINNIE FAMILY FOUNDATION

EIN: 26-0015458

Name of Bond	End of Year Book Value	End of Year Fair Market Value
SEE ATTACHED - US TRUST	1,239,611	1,240,653

DLN: 93491313013297

- DLN: 93491313013297
edule

Name: KINNIE FAMILY FOUNDATION

EIN: 26-0015458

Name of Stock	End of Year Book Value	End of Year Fair Market Value
SEE ATTACHED - US TRUST	2,311,954	3,409,867

As Filed Data -

Name: KINNIE FAMILY FOUNDATION

FTN: 26-0015458

US TRUST - REAL ESTATE FUND

US TRUST - HEDGE FUNDS

	Description		Beginning of Year -
1	Other Assets Schedule		
		 0010.00	

Book Value

83,071

330,285

172,366

350,646

End of Year - Book

Value

Market Value

181,566

342,226

DLN: 93491313013297



efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491313013297				
TY 2016 Other Decreases Schedule							
Name:	KINNIE FAMIL	Y FOUNDATION					
EIN:	26-0015458						
De	escription		Amount				
OTHER DECREASES			297,657				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	: 93491313013297		
TY 2016 Other Expenses Schedule						
Name:	KINNIE FAMILY	FOUNDATION				
EIN:	N: 26-0015458					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
EXPENSES						
CT-12 FEES	576			576		
INVESTMENT EXPENSES	53	53				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491313013297
TY 2016 Other Income Schedul	e	

Name: KINNIE FAMILY FOUNDATION

EIN: 26-0015458

Chief Theolife Schedule						
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income			
SETTLEMENT INCOME	109	109				

TY 2016 Other Professional Fees Schedule								
Name: KINNIE FAMILY FOUNDATION EIN: 26-0015458								
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				

31,367

MANAGEMENT FEES

31,367

efile GRAPHIC print - DO NOT PR	OCESS As Filed Data	-	DLN: 93491313013297			
TY 2016 Taxes Schedule						
Name: KINNIE FAMILY FOUNDATION EIN: 26-0015458						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
Category FOREIGN TAXES	Amount 951	Net Investment Income	_	for Charitable		

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491313013297					
Schedule B (Form 990, 990-EZ,	Schedule of Contributors		OMB No 1545-0047		
or 990-PF) Department of the Treasury Internal Revenue Service	F) ► Attach to Form 990, 990-EZ, or 990-PF to fithe Treasury ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at		2016		
Name of the organizat		Employer id	dentification number		
		26-0015458			
Organization type (ch	eck one)				
Filers of:	Section:				
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	☐ 527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	ration filing Form 990, 990-EZ, or 990-PF that received, during the year, contriburr property) from any one contributor. Complete Parts I and II. See instructions fo				
Special Rules					
under sections received from a	tion described in section $501(c)(3)$ filing Form 990 or 990-EZ that met the $33^13\%$ $509(a)(1)$ and $170(b)(1)(A)(vi)$, that checked Schedule A (Form 990 or 990-EZ), Finy one contributor, during the year, total contributions of the greater of (1) \$5,000 ne 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	Part II, line 13,	16a, or 16b, and that		
during the year,	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rectotal contributions of more than \$1,000 exclusively for religious, charitable, scient the prevention of cruelty to children or animals. Complete Parts I, II, and III				
during the year, If this box is che purpose Do no	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recontributions exclusively for religious, charitable, etc., purposes, but no such contected, enter here the total contributions that were received during the year for an accomplete any of the parts unless the General Rule applies to this organization able, etc., contributions totaling \$5,000 or more during the year	ntributions tota n <i>exclusively</i> re because it rec	aled more than \$1,000 eligious, charitable, etc, eived <i>nonexclusively</i>		
990-EZ, or 990-PF), bu	on that is not covered by the General Rule and/or the Special Rules does not file tit must answer "No" on Part IV, line 2, of its Form 990, or check the box on line Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of	H of its			
For Paperwork Reduction for Form 990, 990-EZ, or 9		iule B (Form 990), 990-EZ, or 990-PF) (2016)		

Name of organization Employer identification number KINNIE FAMILY FOUNDATION 26-0015458 Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person D CRAIG CYNTHIA A KINNIE **Payroll** 12915 NW SKYLINE BLVD \$ 331,200 Noncash PORTLAND, OR 97231 (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 No. Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions)

Schedule B (Forr	n 990, 990-EZ, or 990-PF) (2016)		Page 3	
Name of organization KINNIE FAMILY FOUNDATION		Employer identi	Employer identification number	
		26-00	15458	
Part II	Noncash Property		_	
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
1	9000 SHARES INTEL STOCK	\$ 331 200	2016-12-14	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		Schedule B (Form 9	90, 990-EZ, or 990-PF) (2016)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)