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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	. 01 111	20 10 Calendar year, or tax year beginning		enang		
В	Check if applicable	C Name of organization			D Employer identifi	cation number
F	Addre		3 m T A3 Y			
늗	Jchang Name	GRAY PLANT MOOTY FOUND	ATION		4.1 6	040407
늗	lchang lnitial					249497
-	ireturn Final	Number and street (or P.O. box if mail is not de		Room/suite	E Telephone numbe	
L_	—∕return. termin	_				397 413
Γ	ated Amen	City or town, state or province, country, and MINNEAPOLIS, MN 5540	2-3796		G Gross receipts \$	387,413.
=	lreturn Applic				H(a) Is this a group re	
L_	Itiòn pendii	SAME AS C ABOVE	IA OFFENHAUSER		for subordinates	
			4047(a)(1)	05 527	H(b) Are all subordinates i	
			✓ (insert no.) 4947(a)(1) or all a sert no.) 4947(a)(1) or all a sert no.	or 527	1	list (see instructions)
		te: ► GPMLAW. COM organization: Corporation X Trust As	ssociation Other >	Va==	H(c) Group exemption	
	art I	Summary	SSOCIATION Other		or formation: 1962 F	M State of legal domicile: MN
<u> </u>		Briefly describe the organization's mission or most	are from the structure IIO M	AVE CO	NTMD T DITM T ON C	TO OTHER
Activities & Governance		CHARITABLE ORGANIZATIONS	significant activities: 10 M	ARE CO	MIKIBULIONS	TO OTHER
nar	1	Check this box if the organization disco	ntinued its operations or dispos	end of more	than 25% of its net a	ecate
Ver		Number of voting members of the governing body	·	seu oi more	3	1 9
Ĝ		Number of voting members of the governing body Number of independent voting members of the go			. 3	0
ა	1	Total number of individuals employed in calendar y			. 5	0
ij		Total number of individuals employed in calendary	year 2010 (Fart V, line 2a)	•	6	0
ž	1			••	7a	0.
¥	1	Total unrelated business revenue from Part VIII, co Net unrelated business taxable income from Form		•	. 7a	0.
_	 	vet unrelated business taxable income nom Form	950-1, iiile 34	'	Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)			366,657.	387,413.
£Ş.		Program service revenue (Part VIII, line 2g)		.	0.	0.
Revenue	1				0.	0.
, R	1	Investment income (Part VIII, column (A), lines 3, 4		•	0.	0.
⊬≃ i		Other revenue (Part VIII, column (A), lines 5, 6d, 8d			366,657.	387,413.
7		Total revenue - add lines 8 through 11 (must equal			370,117.	395,265.
NO.	1	Grants and similar amounts paid (Part IX, column (• • -	0.	393,203.
		Benefits paid to or for members (Part IX, column (A			0.	0.
SCExpenses	160	Salaries, other compensation, employee benefits (-	0.	
ؠٞۻؙ	16a	Professional fundraising fees (Part IX, column (A), I Total fundraising expenses (Part IX, column (D), Iin		~~\ \		
ίΧ̈́	170			J-0	414.	500.
Ç	17	Other expenses (Part IX, column (A), lines 11a-11d Total expenses. Add lines 13-17 (must equal Part I Revenue less expenses. Subtract line 18 from line	, 111-24e)	- VI	370,531.	395,765.
V?	18	Pour out less augustes Culturet les 18 francières	X, Column (A) Alide (23)	17 100	<3,874.	
<u> </u>	19_	revenue less expenses. Subtract line 18 from line	12 / 13 20		ginning of Current Year	
Net Assets or Fund Balances	20	Total assets (Bort V. line 16)	MAY 19 20 MAY 19 20 OGDEN	1 Be	80,669.	End of Year 72,317.
ASS	20	Total assets (Part X, line 16)	OF MAY		0.	72,317.
鲤	21	Total liabilities (Part X, line 26)	Umage Photographic	<u> </u>	80,669.	72,317.
	art II	Net assets or fund balances. Subtract line 21 from Signature Block	Tilline 20	<u> </u>	00,009.	14,311.
		Ities of perjury, I declare that I have examined this return,	including accompanying schedule	c and etatem	ents, and to the hest of m	ny knowledge and helief it is
		t, and complete. Declare that I have examined this return,				ly knowledge and belief, it is
11 0 6,	, 001160	, and complete. Declaration of preparer (other than other	er) is based on an information of wi	licii pieparei		2017
Sigi		Signature of officer	<u> </u>		Date	2911
Her			STEE, CHAIRPERS	ON	,	
пеі	•	Type or print name and title	BIEE, CHAIRFERS	<u> </u>		
		Print/Type preparer's name	Preparer's signature	1	Date Check [PTIN
Paid	,	Time type preparer a traine	Lichaici e eighainic		if	 -1
	arer	Firm's name			self-employ	76u
	Only	Firm's address			THIH S EIN	
	Jy	Time addices			Phone no.	
Mar	the IE	S discuss this return with the preparer shown abo	ove? (see instructions)		Ti none no.	Yes No
	01 11-1			ons		Form 990 (2016)
		ACLIQUE	oo, ooo aho oopurato maa dotti	J. 101	\sim	

	m 990 (2016) GRAY PLANT MOOTY F			<u>41-624949</u>	7 Page 2
Pa	art III Statement of Program Service Accomplish	ments			
	Check if Schedule O contains a response or note to any	line in this Part III			. 🗀
1	Briefly describe the organization's mission.				
	MAKE GRANTS TO CHARITABLE ORGAN	TZATTONS			
	Oldered to Oldered Theorem	12111 1 0110			
					
					
2	Did the organization undertake any significant program service	s during the year which	were not listed on the	· · · · ·	
	prior Form 990 or 990-EZ?		•	. []	Yes 🗓 No
	If "Yes," describe these new services on Schedule O.				
3	Did the organization cease conducting, or make significant cha	nges in how it conduct	s, any program services?	. []	Yes X No
	If "Yes," describe these changes on Schedule O.	•	-, , , ,		
4	Describe the organization's program service accomplishments	for analy of its three lar	acet program convoce as	managered by avea	200
7					
	Section 501(c)(3) and 501(c)(4) organizations are required to re	port the amount of grai	nts and allocations to othe	rs, the total expens	ses, and
	revenue, if any, for each program service reported.				
4a		ling grants of \$	395,265.) (Revenu	e\$)
	GRANTS TO COMMUNITY CHARITABLE	<u>ORGANIZATION</u>	1S		
			 - -		
					
			····		
			·		
					
					
					
					
4b	(Code) (Expenses \$ inclu-	ling grants of \$) (Revenu	e \$)
					-
					
					
					
4.					
4c	(Code) (Expenses \$ inclu	ling grants of \$) (Revenu	e \$,
					
					
4d	Other program services (Describe in Schedule O.)				
-TU			\		
_	(Expenses \$ including grants of \$	CE) (Revenue \$		
<u>4e</u>	Total program service expenses ▶ 395,7	00.			
				Fo	rm 990 (2016)

	n 990 (2016) GRAY PLANT MOOTY FOUNDATION 41-624	9497	P	age 3
Ра	rt IV Checklist of Required Schedules		· —	
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			٠,,
	public office? If "Yes," complete Schedule C, Part I	3	 	<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection of the section 501(h) election in effection and the section 501(h) election in effection of the section 501(h) election in effection and the section 501(h) election in effection in effection of the section 501(h) election in effection in			- V
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u> _
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	į	\ v
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	ļ	<u>X</u> _
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	,		x_
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	/ 6		
′	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x_
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-	ļ.——	
0	Schedule D, Part III	8	Ì	x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	- 8	-	
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			1
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		 	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ĺ	Ī	
	Part VI	11a]	X _
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	İ		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u> </u>	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		ļ .	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	 	X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		1	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	_12b	ļ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	_14a	├	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1.4		
46	or more? If "Yes," complete Schedule F, Parts I and IV	14b	├	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		v
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	 	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	+	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''	 	
		1	1	1

complete Schedule G, Part III

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		i
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
JE	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34	Part V, line 1	34	x	
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a	_	<u> </u>
D		35b	İ	1
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	000		<u> </u>
36		36		x
07	If "Yes," complete Schedule R, Part V, line 2	36	 	 ^^
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
			L	 ** -
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<u> </u>		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016) GRAY PLANT MOOTY FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

ta Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		Check if Schedule O contains a response or note to any line in this Part V			
18 Enter the number reported in Box 3 of form 1096. Enter of in data policiable be fitted the number of Forms W208 included in this 18. Enter of in data policiable (19. 10. 0) c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with many enteresting the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the pay				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) with ownings to prize with exemption of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of th	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
gambling) winnings to prize winners? Enter the number of employees sported on Form W-3, Transmittal of Wage and Tax Statements, like for the calendar year ending with or within the year covered by this return If the form the calendar year ending with or within the year covered by this return Note. If the sum of lines 1 a and 2 as is greater than 250, you may be required to e-fife (see instructions) 30. Did the organization have unrelated business gross income of \$1,000 or more dump to they will all the sum of lines 1 a and 2 as is greater than 250, you may be required to e-fife (see instructions) 31. The first of the common of the sum of lines 2 and 2 as is greater than 250, you may be required to e-fife (see instructions) 32. Will have the common of the common of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 33. Will have a sum of the foreign country (such as a bank account, securities account, or other financial account)? 34. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in derivation or output, see the see instructions for filing requirements for FinoCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 35. Will be distributed to a prohibited tax shetter transaction at any time during the tax year? 36. Will be distributed as the organization file Form 8888-17 37. Will be distributed as the organization file Form 8888-17 38. Will have a sum of the organization file Form 8889 as charitable contributions and experts that such contributions or grits were not tax deductible? 38. Will have a sum of the organization related as charitable contributions under section 170(c). 39. Will have a sum of the organization file as form 108 organization file as form 108 organization file as form 108 organization file as form 108 organizatio	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	' l		
2a Enter the number of employees reported on Form W.3, Transmittal of Wago and Tax Statements. 2a 0 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b At any time during the celandary year, did the organization have an interest in, or a signature or or their authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) 5b If "Yes," and there the name of the foreign country. 5c Was the organization have to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes, "to line 3a or 5b, did the organization that if was or is a party to a prohibited as shelter transaction? 5c If Yes," to line 3a or 5b, did the organization that if was or is a party to a prohibited as shelter transaction? 5c If Yes, "to line 3a or 5b, did the organization that if was or is a party to a prohibited as shelter transaction? 5c If Yes," to line 3a or 5b, did the organization that if was or is a party to a prohibited as shelter transaction? 5c If Yes, "to line 3a or 5b, did the organization that if was or is a party to a prohibited as shelter transaction? 5c If Yes, "to line 3a or 5b, did the organization that if was or is a party to a prohibited as shelter transaction? 5c If Yes, "to line organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c). 5c If Yes, "Indicate the number of tax deductible as charitable contributions or despress attainment that such contributions or greater than \$100,000, and did the organization selection of the value of the goods or servoers p	C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
the for the calendary year endung with or within the year covered by this return Secondary		(gambling) winnings to prize winners?	1c		
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ff Ithe organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? B Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b If "Yes," enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves on hand 13b C Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sch	ام		/C		
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					177
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	<u>b</u>	IT "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	(0010)

41-6249497 GRAY PLANT MOOTY FOUNDATION Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Νo 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 0 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O $\mathbf{X}_{\underline{}}$ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? Х 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official ... 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a

Section	C.	Disc	losure
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exempt status with respect to such arrangements?

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

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

	statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	

<u>JULIA S.</u>	OFFENHA	<u>JSER, TRU</u>	USTEE-CHA	<u> IRPERSON</u>	_ ((61 <u>2</u>)	<u> 632-3000</u>
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b if "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

orm 990 (2016)	GRAY	PLANT	MOOTY	FOUNDATION

41-6249497

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

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

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

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

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

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

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

(A)	(B) (C)				iipei	134	(D)	(E)	(F)	
Name and Title	Average hours per week	box,	not c	Pos heck ss pe	ition more rson i	than o s both r/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Кеу етріоусе	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JESSICA JOHNSON TRUSTEE	0.30	X		<u></u>				0.	0.	0.
(2) CATHERINE BITZAN AMUNDSEN TRUSTEE	0.30	Х						0.	0.	0.
(3) WADE ANDERSON TRUSTEE	0.30	X						0.	0.	0.
(4) NORMAN M. ABRAMSON TRUSTEE	0.30	x						0.	0.	0.
(5) JULIA OFFENHAUSER TRUSTEE CHAIRPERSON	1.00	x						0.	0.	0.
(6) P. JASON THIBODEAUX TRUSTEE	0.30	x						0.	0.	0.
(7) QUENTIN R. WITTROCK TRUSTEE	0.30	x						0.	0.	0.
(8) SARAH DUNIWAY TRUSTEE	0.30	x						0.	0.	0.
(9) JOHN GREEN TRUSTEE	0.30	x						0.	0.	0.
(10) ERICA L. TOKAR TRUSTEE	0.30							0.	0.	0.
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Part VII Section A. Officers, Directors,		oloy	ees,	<u>anc</u>	Hi t	ghe	st C		es (continued)			
(A) Name and title	(B) Average hours per week	box,	not ci	ss pei	ntion more rson i	than is both or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amoun othe	t of r
	(list any hours for related organizations below line)	urs for palp palp palp palp palp palp palp pal			Key employee	Highest compensated employee	Former	the organization (W·2/1099-MISC)	organizations (W-2/1099-MISC	*)	ompens from the organization and relation organization	ne ition ited
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	<u> </u>											
1b Sub-total						•	>	0.		0.		0.
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)	rt VII, Section A	٠			•		▶	0.		0.		0.
2 Total number of individuals (including b		ose	liste	ed at	oove	e) wł	no r	eceived more than \$100	,000 of reportable			
compensation from the organization	<u></u> -										Yes	No
3 Did the organization list any former off line 1a? If "Yes," complete Schedule J	•		-	y en	nplo	yee	or	highest compensated e	mployee on		,	x
4 For any individual listed on line 1a, is the			 mpe	ensa	atior	n and	d otl	her compensation from	the organization		3	1
and related organizations greater thanDid any person listed on line 1a receive									 Idual for services	4	1	X
rendered to the organization? If "Yes,"	•				_				· · · · · · · · · · · · · · · · · · ·		5	х
Section B. Independent Contractors 1 Complete this table for your five highes	st compensated inc	depe	ende	nt c	onti	racto	ors t	that received more than	\$100,000 of comp	ensatio	on from	
the organization. Report compensation	for the calendar y							n the organization's tax				
(A) Name and busir		NC	ONE	<u> </u>				(B) Description of s	services	Com	(C) pensati	on_
											-	
						_						
							_					
											-	
2 Total number of independent contractor	ors (including but n	ot lii	mite	d to	tho	se la	stec	d above) who received n	nore than			
\$100,000 of compensation from the or	ganization >					0		· · · · · · · · · · · · · · · · · · ·		Fo	rm 990	(2016)

Pa	rt VI	II Statement of Rever		OTI FOUNI	JATION		41-024	7491 Page 3
<u>. </u>		Check if Schedule O cont		or note to any line	o in this Bart VIII			
-		Oneck ii Scheddie O cont	ains a response	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gransimilar amounts not included above Noncash contributions included in lines Total. Add lines 1a-1f	ts, and ve 1f	387,413.	387,413.			
				Business Code	307,413.			
Program Service Revenue	'							
Other Revenue	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties		>				
	Į.	Less: rental expenses . Rental income or (loss) Net rental income or (loss)		>				
	b c d	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securities	(ii) Other				
	b	Less: direct expenses Net income or (loss) from fund	of 1c) See					
	b	Gross income from gaming ac Part IV, line 19 Less. direct expenses Net income or (loss) from gam	a b					
	b	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	a					
	11 a	Miscellaneous Revenu	e	Business Code				
	c d e	Tatal Add book 11a 11d						
	12	Total revenue. See instructions.			387,413.	0.	0	. 0.

Form 990 (2016) GRAY PLANT MOOTY FOUNDATION Part IX Statement of Functional Expenses Section 501(c)(2) and 501(c)(4) proprietors must complete all activities All other expenses

	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising			
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21	395,265.	395,265.					
2	Grants and other assistance to domestic							
_	individuals See Part IV, line 22							
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
4	Individuals. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members . Compensation of current officers, directors,							
3	trustees, and key employees							
6	Compensation not included above, to disqualified							
•	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)			İ				
7	Other salaries and wages							
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes							
11	Fees for services (non-employees)							
а	Management							
b	· · · ·							
С	Accounting							
d	Lobbying				-			
e	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	,	1						
10	column (A) amount, list line 11g expenses on Sch 0.)							
12 12	Advertising and promotion Office expenses							
13 14	Information technology							
15	Royalties		-					
16	Occupancy		· · · · 		- 22-2			
17	Travel							
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest							
21	Payments to affiliates .							
22	Depreciation, depletion, and amortization							
23	Insurance							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)							
а	BANK FEES	500.	500.					
b								
С								
d		- :-						
е	All other expenses				<u> </u>			
25	Total functional expenses. Add lines 1 through 24e	395,765.	395,765.	0.	0.			
26	Joint costs. Complete this line only if the organization							
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here if following SOP 98-2 (ASC 958-720)				000 (co			

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 1 Cash - non-interest-bearing 72,317. 80,669. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a b Less. accumulated depreciation 10c 10b 11 Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related, See Part IV, line 11 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 72,317 80,669. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🛣 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 80,669. 72,317. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 72,317.

Form 990 (2016)

80,669.

80,669.

33

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

	1990 (2016) GRAY PLANT MOOTY FOUNDATION	41-624	9497	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	387	7,413.
2	Total expenses (must equal Part IX, column (A), line 25)	2	395	765.
3	Revenue less expenses Subtract line 2 from line 1	3	<8	3,352.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	80),669.
5	Net unrealized gains (losses) on investments .	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	72	2,317.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	1	ļ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both:		1	ļ
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis		1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	1 1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt		
	Act and OMB Circular A-133?		3a	X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b_	
			Form 9	990 (2016)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

GRAY PLANT MOOTY FOUNDATION 41-6249497 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 L An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (I) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 GRAY PLANT MOOTY FOUNDATION 41-6249497 Page 2

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	382,700.	369,433.	369,648.	366,658.	387,413.	1875852.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf		_				
3	The value of services or facilities		-				
	furnished by a governmental unit to						
	the organization without charge	_					
4	Total. Add lines 1 through 3	382,700.	369,433.	369,648.	366,658.	387,413.	1875852.
5	The portion of total contributions			•			
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the		,				
	amount shown on line 11,						
	column (f)						4,167.
6	Public support. Subtract line 5 from line 4						1871685.
	ction B. Total Support		<u></u>		<u> </u>		10,10001
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	382,700.	369,433.	369,648.	366,658.	387,413.	1875852.
8	Gross income from interest,				000,000	,	
•	dividends, payments received on			'			
	securities loans, rents, royalties						
	and income from similar sources				1		
9	Net income from unrelated business						
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital					ļ	
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						1875852.
	Gross receipts from related activities,	etc /eee instruction	one)		L	12	10730321
	First five years. If the Form 990 is for	•	• •	d fourth or fifth to	av vear as a sectio		
	organization, check this box and stop	=	3 m3t, 3000ma, tim	d, router, or marte	ax your as a soono	11 00 1(0)(0)	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage		<u> </u>		
	Public support percentage for 2016 (I			column (f))		14	99.78 %
	Public support percentage from 2015	. ,,	•		•	15	99.97 %
	33 1/3% support test - 2016. If the c			n line 13, and line	14 is 33 1/3% or n		
	• •	-				,	▶ X
h	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
_	and stop here. The organization qual	-					▶□
172	10% -facts-and-circumstances tes	•		• • •	e 13. 16a or 16b s	and line 14 is 10%	or more.
	and if the organization meets the "fac	•					
	meets the "facts-and-circumstances"			•	•	t villow the organ	▶
L	10% -facts-and-circumstances tes	•	•		_	17a and line 15 in	10% or
D	more, and if the organization meets the					•	
	-				•		,
10	organization meets the "facts-and-circ Private foundation. If the organization		-	•			· 【
	Tivate loundation. If the organization	in did not check a	DOX OIT III IO 13, 10	a, 100, 17a, 01 171		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2016 GRAY PLANT MOOTY FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	·				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	membership fees received. (Do not						
	ınclude any "unusual grants ")		·			<u> </u>	
2	Gross receipts from admissions,						1
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus						
	iness under section 513						
4	Tax revenues levied for the organ-			- 			
	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
6	Total, Add lines 1 through 5						
	Amounts included on lines 1, 2, and				 	 	
′ '	3 received from disqualified persons						
Ł	Amounts included on lines 2 and 3 received				 	 	}
_	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year Add lines 7a and 7b				 	 	
							
	Public support. (Subtract line 7c from line 6) ction B. Total Support			<u> </u>	<u> </u>	<u> </u>	<u> </u>
		(m) 2010	(h) 0012	(-) 2014	(-D 001E	(-) 001G	(O Tatal
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
-	Gross income from interest.		-		 		
106	dividends, payments received on						
	securities loans, rents, royalties			1	1		
	and income from similar sources		·		 -		<u> </u>
r	Unrelated business taxable income						
	(less section 511 taxes) from businesses			i			
	acquired after June 30, 1975						
-	Add lines 10a and 10b			 			·
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is			•			
	regularly carried on				_	<u> </u>	<u> </u>
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)				<u></u>	<u> </u>	<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organi	zation,
	check this box and stop here				<u>.</u>		
	ction C. Computation of Publi						
	Public support percentage for 2016 (li			olumn (f)) .		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (f))		17	%
18	Investment income percentage from 2	015 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2016. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than :	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation .	▶□
b	33 1/3% support tests - 2015. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 $1/3\%$, che	ck this box and sf	t op here. The orga	anızatıon qualifies	as a publicly supp	orted organization	. ▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check ti	his box and see in	structions	▶□

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

C 1: A	All Supporting Organi	
Section A	All Silphorting Organi	ITATIANA
CCCUCII A.	All Subbol tillu Sidail	IZALIVIIS

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	- OD		
	3c		
	4a		
	ти		
	4b		
	4c		
	5a		
	5b 5c		
	3		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
_			

Sche	edule A (Form 990 or 990-EZ) 2016 GRAY PLANT MOOTY FOUND	ATTON		<u> 1 - 6 2 4 9 4 9 7 Page 6</u>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must of	omplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Mınimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year).	i		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			:
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_ 3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_ 5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		<u> </u>
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount Subtract line 5 from line 4 unless subject to			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

emergency temporary reduction (see instructions)

instructions)

Schedule A (Form 990 or 990-EZ) 2016

c Excess from 2014
 d Excess from 2015
 e Excess from 2016

Schedule A	(Form 990 or 990 EZ) 2016 GRAY	PLANT MOOTY	FOUNDATION	41-6249497 Page 8
	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1, Part IV, Section D, lines 2 and	Provide the explanation 4, 4b, 4c, 5a, 6, 9a, 9b, 9d d 3; Part IV, Section E, Iii	is required by Part II, line 10, Part II, line 1, 115, 116, and 11c, Part IV, Section nes 1c, 2a, 2b, 3a, and 3b; Part V, line , and 6. Also complete this part for an	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,

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SCHEDULE (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

OMB No 1545-0047	2016	
	i	

Open to Public Inspection Employer identification number

}	I MOOTY I	OUNDATION					41-6249497
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of	o substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
	tance?		•				X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for moni	toring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to Domestic Organizations and	Somestic Organ		c Governments.	omplete if the orga	ınızatıon answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Part II car	be duplicated if additi	onal space is need	led.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AVENUES FOR HOMELESS YOUTH							
1708 OAK PARK AVE N				C			
MINNEAPOLIS, MN 55411		501(C)(3)	7 344.				TOOLH COMMONTLY EVENT
DISTRICT OF COLUMBIA BAR PRO BONO							
PROGRAM - 1101 K STREET, NW, SUITE							2016 PRESIDENT'S
200 - WASHINGTON, DC 20005	ļ	501(C)(3)	5,000.	0			RECEPTION
							2016 ONE HOUR OF SHARING,
FUND FOR LEGAL AID SOCIETY				-			GENERAL COUNSEL SILENT
430 FIRST AVENUE NORTH, SUITE 300							AUCTION PLEDGE, LAW DAY
MINNEAPOLIS, MN 55401		501(C)(3)	32,640.	0			DINNER
				-			
GREATER TWIN CITIES UNITED WAY							
404 SOUTH 8TH STREET							
MINNEAPOLIS, MN 55405		501(C)(3)	40,000.	0			GENERAL OPERATING
UNITED WAY OF CENTRAL MINNESOTA							
3001 CLEARWATER ROAD SUITE 201		-					
		501(C)(3)	21,000.	0			GENERAL OPERATING
l							UNIVERSITY OF MN
UNIVERSITY OF MINNESOTA FOUNDATION							PHYSICIANS, SCHOLARSHIP
200 OAK STREET SE, SUITE 500							FUND, GENERATIONS
MINNEAPOLIS, MN 55455	į	501(C)(3)	62,500.	0			CAMPAIGN
2 Enter total number of section 501(c)(3) and government organizations	id government or		listed in the line 1 table				•
3 Enter total number of other organizations listed in the line 1 table	listed in the line	1 table					★
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	ions for Form 990.					Schedule I (Form 990) (2016)
	000		THU THU TOU				

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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FOUNDATION	•
MOOTY	
GRAY PLANT MOOTY F	
GRAY	
(Form 990)	Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Continue to Contin
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Schedule (Form 990) GRAY PLANT MOOTY FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II)	PLANT MOOTY I	FOUNDATION Governments and Organ	nizations in the U	nited States (Sche	dule I (Form 990). Par		41-6249497 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL MINNESOTA HABITAT FOR HUMANITY - 3335 WEST ST. GERMAIN ST.#108 - ST. CLOUD, MN 56301		501(C)(3)	5,000.	0			150TH COMMUNITY EVENT
DOING GOOD TOGETHER 5141 16TH AVE S MINNEAPOLIS, MN 55417		501(C)(3)	12,000.	0			150TH FAMILY SERVICE EVENT
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433		501(¢)(3)	7,000.	0			150TH COMMUNITY EVENT
HENNEPIN COUNTY BAR FOUNDATION 600 NICOLLET MALL #390 MINNEAPOLIS, MN 55402		501(C)(3)	6,735.	0			2016 35TH BAR BENEFIT EVENT
ECUMEN 3530 LEXINGTON AVE N SHOREVIEW MN 55126		501(c)(3)	7,500.	0			GENERAL OPERATING
1 2 . "		501(C)(3)	.000.5	0			CENTER FOR LAW AND BUSINESS CAMPAIGN
MINNESOTA URBAN DEBATE LEAGUE 2211 RIVERSIDE AVENUE BOX 142 MINNEAPOLIS, MN 55454		501(C)(3)	5,000.	0			LEAGUE FELLOWSHIP SPONSORSHIP
NATIONAL AMERICAN UNIVERSITY FOUNDATION - 5301 S, HWY 16 - RAPID CITY, SD 57701		S01(C)(3)	10,000.	0			ACADEMIC EXCELLENCE AWARD SCHOLARSHIP
ST. CLOUD DOWNTOWN COUNCIL 501 W. ST. GERMAIN ST. ST. CLOUD, MN 56303		501(¢)(3)	6,000.	0			PROMOTING DOWNTOWN ST. CLOUD, 150TH EVENT Schedule I (Form 990)

லட	T MOOTY	OUNDATION					41-6249497 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	overnments and Organ	nizations in the Ur	nited States (Sch	edule I (Form 990), Pa		.
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. DAVID'S CENTER FOR CHILD DEVELOPEMENT - 3395 PLYMOUTH ROAD - MINNETONKA, MN 55305		501(C)(3)	5,000.	0.			150TH CHARITABLE DRIVE
THE FILM SOCIETY OF MINNEAPOLIS ST. PAUL - 125 SE MAIN ST. #341 - MINNEAPOLIS, MN 55414		501(C)(3)	5,000,	0			150TH COMMUNITY EVENT
VOLUNTEER LAWYER'S NETWORK MINNESOTA LAW CENTER SUITE 390A MINNEAPOLIS, MN 55402		501(C)(3)	7,220.	0			ANNUAL RIVERFRONT CELEBRATION EVENT
ST. CLOUD AREA FAMILY YMCA 1530 NORTHWAY DRIVE ST. CLOUD, MN 56303		501(C)(3)	,000,3	0			YMCA COMMUNIY AND AQUATIC CENTER

Schedule I (Form 990)

Schedule I (Form 990) (2016)

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632102 11-01-16

Page 2

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GRAY PLANT MOOTY FOUNDATION

Schedule I (Form 990) (2016)

Part III

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SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

GRAY PLANT MOOTY FOUNDATION 41-6249497
FORM 990, PART VI, SECTION A, LINE 2:
ALL TRUSTEES ARE EMPLOYEES OF GRAY, PLANT, MOOTY, MOOTY & BENNETT, P.A. AND
SEVERAL TRUSTEES ARE SHAREHOLDERS OF GRAY, PLANT, MOOTY, MOOTY & BENNETT,
P.A.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS PREPARED AND REVIEWED BY SEVERAL TRUSTEES PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 15:
THE FOUNDATION DOES NOT HAVE ANY PAID STAFF.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE
PUBLIC.

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ▶ Attach to Form 990. GRAY PLANT MOOTY FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Parti

Open to Public Inspection 2016

OMB No 1545-0047

Employer identification number 41-6249497

Direct controlling End-of-year assets **e** Total income 9 Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. PartII

(1)	iz(b) is)	ty?	No								
(a)	Section 3	ent	Yes					-			
E	Direct controlling	entity									
(e)	Public charity	status (if section	501(c)(3))								_
						 					_
(၁)	Legal domicile (state or	foreign country)									
(q)	Primary activity										
(a)	Name, address, and EIN	of related organization									
-		-	-	-	 - =	 _ =	-		-	_	

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

Schedule R (Form 990) 2016

41-6249497 Page 2

Schedule R (Form 990) 2016 GRAY PLANT MOOTY FOUNDATION

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

(k) ' Percentage ownership			
(j) ieneral or nanaging partner?	3		
Code V-UBI General or Percentage amount in box managing ownership 20 of Schedule Patrick (Form 1065) Nes No			
(h) Disproportionate allocations?	 		
(g) Share of end-of-year assets			
(f) Share of total income			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			
(d) Direct controlling entity			
(c) Legal domicile (state or foreign			
(b) Primary activity			
(a) Name, address, and EIN of related organization			

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

(a)	(q)	<u>©</u>	(Q)	(e)	(j)		(h)	()	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	olling	Type of entity (C corp, S corp	Share of total	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	13) ed
		country)		OI iidat)				Yes	<u>ء</u>
GRAY, PLANT MOOTY, MOOTY & BENNETT P.A									
	LAW FIRM	MN		C CORP					×
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Schedule R (Form 990) 2016

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632162 09-06-16

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	Ņ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	slated organizations listed in	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			19		×
b Gift, grant, or capital contribution to related organization(s)				Ð		×
c Gift, grant, or capital contribution from related organization(s)				5		×
d Loans or loan guarantees to or for related organization(s)				5		×
e Loans or loan guarantees by related organization(s)				<u> </u>		×
					_	
f Dividends from related organization(s)				#		×
g Sale of assets to related organization(s)		•		19		×
h Purchase of assets from related organization(s)				#	_	×
i Exchange of assets with related organization(s)	,			; =		×
j Lease of facilities, equipment, or other assets to related organization(s)				;=		×
				į		>
K Lease of lacinities, equipment, of other assets not related organization (s) Deformance of contract of membership of fundersing collectations for related organization (s)	onization(s)	:		≚ ₹	1	4 >
Ferromaine of services of membership of fundraising solicitations by related organization(s)	anization(s)			= 1		4 >
III reflormance of services of members in portained service assets with related organization(s)	anization(s) non(s)	· :	÷ .	\$		4 2
	(2)	•		,		>
 Sharing of paid employees with related organization(s) 				2	+	اه
Reimhiliseament naid to related organization(s) for expenses				Ş		×
	•	:		\$		
ן וופוווטמוספוופון אמום בין ופומופט פושמוובמנופון פין ופו כאספווסכי		:		•	-	اء
r Other transfer of cash or property to related organization(s)				; =		×
s Other transfer of cash or property from related organization(s)	3			15		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered re	elationships and transaction thresholds.	1		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nt involved		
(2)				,		
(8)						-
(4						
(9)						
(9)						
632163 09-06-16	33		Sched	Schedule R (Form 990) 2016	2 (ספפ ר	016

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

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

s, and EN Primary activity Legal dominel Registron Size of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Contr	(a) (b) (c)	9	(5)	e) (p)		9	(5)	3	9	9	3
sections 512-514) Yes No Income assets	vame, address, and EIN of entity		Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under		rs iare of cotal	Share of end-of-year	Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?	Percentage ownership
				sections 512-514) Yes	_	соше	assets	Yes No	(Form 1065)	Yes No	
						-					
				-							
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Schedule R (Form 990) 2016

	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			41-624949/ Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Dot /// Co. :
•	other Type III non-functionally integrated supporting organizations must co			Part VI.) See Instructions. Al
Sect	ion A - Adjusted Net Income	Jinpiere Si	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	71		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1		1
	maintenance of property held for production of income (see instructions)	6		1
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		T
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):	}		1
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		\
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	11		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4_	Enter greater of line 2 or line 3	4		
5_	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		<u> </u>
7	Check here if the current year is the organization's first as a non-functional	lv integrat	ed Type III supporting ord	ganization (see

instructions).

Sch	edule A (Form 990 or 990 EZ) 2016 GRAY PLANT MO			1-6249497 Page 7			
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
oeci	ion D - Distributions	Current Year					
2	Amounts paid to supported organizations to accomplish exe	 					
~	Amounts paid to perform activity that directly furthers exemp organizations, in excess of income from activity	1					
3	Administrative expenses paid to accomplish exempt purpose	 					
4	Amounts paid to acquire exempt use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
_ <u>5</u> _	Other distributions (describe in Part VI) See instructions	 					
7	Total annual distributions. Add lines 1 through 6	 					
8	Distributions to attentive supported organizations to which the	 					
-	(provide details in Part VI). See instructions	1					
9	Distributable amount for 2016 from Section C, line 6	 					
10	Line 8 amount divided by Line 9 amount	 					
		(i)	(ii)	(iii)			
_		Excess Distributions	Underdistributions	Distributable			
Sect	ion E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016			
1	Distributable amount for 2016 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2016 (reason-						
	able cause required explain in Part VI) See instructions						
3	Excess distributions carryover, if any, to 2016						
a							
b							
c	From 2013						
ď	From 2014						
е	From 2015						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2016 distributable amount						
<u>j</u>	Carryover from 2011 not applied (see instructions)						
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			ļ			
4	Distributions for 2016 from Section D,						
	line 7: \$		<u> </u>				
	Applied to underdistributions of prior years			ļ			
	Applied to 2016 distributable amount		!				
С	Remainder Subtract lines 4a and 4b from 4		<u> </u>	ļ			
5	Remaining underdistributions for years prior to 2016, if						
	any Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI See instructions						
6	Remaining underdistributions for 2016. Subtract lines 3h						
	and 4b from line 1 For result greater than zero, explain in						
	Part VI See instructions			 			
7	Excess distributions carryover to 2017. Add lines 3j			1			
	and 4c			 			
8	Breakdown of line 7:			 			
<u>a</u>	F (0040			 			
	Excess from 2013			 			
	Excess from 2014			 			
ď	Excess from 2015	į ,		ľ			

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Schedule A	(Form 990 or 990-EZ) 2016 GRAY	PLANT MOOTY	FOUNDATION	41-6249497 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3d line 1, Part IV, Section D, lines 2 ar	Provide the explanation c, 4b, 4c, 5a, 6, 9a, 9b, 9 d 3; Part IV, Section E, II	ns required by Part II, line 10; Part II, line 17a cc, 11a, 11b, and 11c; Part IV, Section B, lines nes 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part i, and 6. Also complete this part for any addition	or 17b, Part III, line 12; 1 and 2, Part IV, Section C, V, Section B, line 1e; Part V,
				
				
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